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Excluding To Be Determined Partners

2007

South Africa

Country Contacts

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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:

Please see the attachment under supporting documents.

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
	End of Plan Goal: 1,806,271			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		23,397	126,603	150,000
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		99,717	500,283	600,000
Care				
	End of Plan Goal: 2,500,000	694,309	296,799	991,108
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		493,182	185,309	678,491
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		20,691	154,309	175,000
Number of OVC served by OVC programs		201,127	111,490	312,617
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		435,613	1,264,387	1,700,000
Treatment				
	End of Plan Goal: 500,000	146,548	118,452	265,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		146,548	118,452	265,000

2.2 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
	End of Plan Goal: 1,806,271			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		54,678	120,322	175,000
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		198,396	451,604	650,000
Care				
	End of Plan Goal: 2,500,000	1,215,383	126,000	1,341,383
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		798,902	126,000	924,902
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		114,743	85,458	200,201
Number of OVC served by OVC programs		416,481	0	416,481
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		777,763	1,258,237	2,036,000
Treatment				
	End of Plan Goal: 500,000	213,388	166,612	380,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		213,388	166,612	380,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4446
Planned Funding($): $ 5,630,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Absolute Return for Kids
New Partner: No

Mechanism Name: LINKAGES

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4447
Planned Funding($): $ 1,275,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6151
Planned Funding($): $ 2,800,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner:

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8590
Planned Funding($): $ 500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4364
Planned Funding($): $ 2,975,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Africa Center for Health and Population Studies
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8592
Planned Funding($): $ 500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Africa Medical Research Foundation
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4626
Planned Funding($): $ 1,950,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: African Medical and Research Foundation
New Partner: No

Sub-Partner: Elandskraal Home-Based Care
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Itembalesiswe Drop in centre
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Itsoseng Youth Development
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Makuduthamakaga Home Based Care Umbrella Organisation
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Nduma Drop in Centre

Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner:

Associated Program Areas: HKID - OVC

Sub-Partner: Ubombo Drop in Centre
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4366
Planned Funding($): $ 3,050,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Africare
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4628
Planned Funding($): $ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: American Association of Blood Banks
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4367
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: American Center for International Labor Solidarity
New Partner: No

Mechanism Name: Twinning Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4436
Planned Funding($): $ 650,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: American International Health Alliance
New Partner: No

Sub-Partner: Foundation for Professional Development
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Voluntary HealthCare Corp
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: New APS 2006

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4745
Planned Funding($): $ 1,000,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Anglican Church of the Province of Southern Africa
New Partner: No

Mechanism Name: ASPH Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4368
Planned Funding($): $ 900,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Association of Schools of Public Health
New Partner: No

Sub-Partner: Harvard University School of Public Health
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HKID - OVC
OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: CR transfer GHAI to GAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6043
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Association of Schools of Public Health
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4369
Planned Funding($): $ 14,746,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Aurum Health Research
New Partner: No

Sub-Partner: Toga Laboratories
Planned Funding: $ 1,918,618.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: S Buys Purchasing
Planned Funding: $ 2,348,166.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs

Sub-Partner: Chris Hani Baragwanath Hospital
Planned Funding: $ 306,271.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXS - ARV Services

Sub-Partner: Eastern Cape Department of Health
Planned Funding: $ 173,993.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Faranani Health Solutions
Planned Funding: $ 458,154.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: Kimera Solutions
Planned Funding: $ 35,225.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV
HTXS - ARV Services

Sub-Partner: Metro Evangelical Services Impilo
Planned Funding: $ 120,635.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: Medical Research Council of South Africa
Planned Funding: $ 853,734.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: Re!Action Consulting
Planned Funding: $ 185,841.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: Kings View Clinic
Planned Funding: $ 143,551.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: Madwaleni
Planned Funding: $ 126,944.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: AIDS Economic Impact Surveys

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4448
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Boston University
New Partner: No

Sub-Partner: Wits Health Consortium, Health Economics Research Unit
Planned Funding: $ 61,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4449
Planned Funding($): $ 13,620,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Broadreach
New Partner: No

Sub-Partner: Harvard University, Medical School - Division of AIDS
Planned Funding: $ 171,133.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Mechanism Name: CDC Umbrella Grant

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4616
Planned Funding($): $ 2,337,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: CARE International
New Partner: No

Sub-Partner: Tucker Strategy
Planned Funding: $ 287,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Muslim AIDS Program
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4458
Planned Funding($): $ 398,083.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: CARE USA
New Partner: No

Sub-Partner: Vongani Child and Youth Care Development Project
Planned Funding: $ 21,613.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Choice Health Care Trust
Planned Funding: $ 50,206.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Nhlayiso Community Health and Counseling Centre
Planned Funding: $ 35,161.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Manoke Home Based Care Group
Planned Funding: $ 20,968.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Fetaakgomo Home Based Care Groups
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Kingdom Trust
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Civil Society
Planned Funding: $ 38,065.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Lesedi Educare Association
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Aganang Home Based Care
Planned Funding: $ 20,968.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Boikhucho Home Based Care
Planned Funding: $ 8,756.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Anglican Church of the Province of Southern Africa
Planned Funding: $ 20,968.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: National Association of Persons Living with HIV/AIDS, South Africa
Planned Funding: $ 9,678.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Ntsoanatsatsi Educare Trust
Planned Funding: $ 20,023.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Ramontshinyadi HIV/AIDS Youth Guide
Planned Funding: $ 24,194.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: CR transfer GHAI to GAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6044
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: CARE USA
New Partner: No

Mechanism Name: Track 1 buy in

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4499
Planned Funding($): $ 700,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: CARE USA
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4437
Planned Funding($): $ 7,563,740.00
Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: South African Catholic Bishops Conference AIDS Office
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: Institute for Youth Development
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: The Futures Group International
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Children's AIDS Fund
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4438
Planned Funding($): $ 11,568,370.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 1,822,091.00
Early Funding Request Narrative: This is a track 1 partner that receives country funding to supplement the program. Early funding is requested for drug procurement to cover the period from February 2007-June 2007 based on the February 07 start of the CRS budget year.

Early Funding Associated Activities:

Program Area:HTXD - ARV Drugs
Planned Funds: $6,068,370.00
Activity Narrative: INTEGRATED ACTIVITY FLAG: Catholic Relief Services (CRS) provides a comprehensive service including

Sub-Partner: Institute for Youth Development
Planned Funding: $ 844,469.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: South African Catholic Bishops Conference AIDS Office
Planned Funding: $ 4,406,087.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: Catholic Medical Mission Board
Planned Funding: $ 35,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Constella Futures
Planned Funding: $ 86,749.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: Rural KZN Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4370
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Center for HIV/AIDS Networking
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4459
Planned Funding($): $ 1,800,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Child Welfare South Africa
New Partner: No

Mechanism Name: CINDI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4619
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Children in Distress
New Partner: Yes

Sub-Partner: Project Gateway
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: LifeLine PMB
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Sinani Survivors of Violence programme
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Youth for Christ South Africa (YfC)
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: Childrens AIDS Fund - Expected Track One

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4465
Planned Funding($): $ 167,988.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Children's AIDS Fund
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4502
Planned Funding($): $ 4,446,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4371
Planned Funding($): $ 9,250,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 1,138,000.00
Early Funding Request Narrative: This is a track 1 partner. Early funding is requested to maintain the ART program from the time period February 2007-June 2007 when country funding is estimated to be available.

Early Funding Associated Activities:

Program Area:HTXD - ARV Drugs
Planned Funds: $1,138,000.00
Activity Narrative: INTEGRATED ACTIVITY FLAG: Columbia University's in-country activity is part of a comprehensive pro

Sub-Partner: Ikhwezi Lokusa Wellness Centre
Planned Funding: $ 520,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: Fort Hare University
Planned Funding: $ 720,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Foundation for Professional Development
Planned Funding: $ 1,000,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: The Mothers' Programmes
Planned Funding: $ 300,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: National Health Laboratory Services
Planned Funding: $ 72,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Yale University, School of Medicine
Planned Funding: $ 500,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: University of Kwazulu-Natal
Planned Funding: $ 270,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: University of Stellenbosch, South Africa
Planned Funding: $ 45,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: United Nations Children's Fund
Planned Funding: $ 400,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXD - ARV Drugs

Sub-Partner: Small Projects Foundation
Planned Funding: $ 32,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Nelson Mandela Metropole Municipality
Planned Funding: $ 460,000.00
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Health Information Systems Programme
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Wonk'umuntu ProHealth Wellness Center
Planned Funding: $ 250,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6156
Planned Funding($): $ 3,750,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Columbia University Mailman School of Public Health
New Partner:

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4466
Planned Funding($): $ 1,060,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: CompreCare
New Partner: No

Sub-Partner: Pretoria Child and Family Care Society
Planned Funding: $ 560,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Hospivision
Planned Funding: $ 500,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: SA AIDS Conference

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4373
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Dira Sengwe
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8585
Planned Funding($): $ 1,719,796.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Education Labour Relations Council
New Partner: Yes

Mechanism Name: track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4504
Planned Funding($): $ 5,283,351.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: McCord Hospital
Planned Funding: $ 2,600,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

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

Associated Program Areas: HTXS - ARV Services

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

Associated Program Areas: HTXS - ARV Services

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

Associated Program Areas: HTXS - ARV Services

Sub-Partner: KwaZulu-Natal Department of Health

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

Associated Program Areas: HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4505
Planned Funding($): $ 7,700,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: McCord Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: AIDS Healthcare Foundation
Planned Funding: $ 700,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: Africa Centre Kwamsane Clinic
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Free State Department of Health
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: KwaZulu-Natal Department of Health
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4469
Planned Funding($): $ 1,580,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: EngenderHealth
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4473
Planned Funding($): $ 382,895.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: South African Catholic Bishops Conference AIDS Office
Planned Funding: $ 500,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: CTR

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4476
Planned Funding($): $ 2,970,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Project Support Association
Planned Funding: $ 250,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: South African Council of Churches
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support

Sub-Partner: University of Limpopo
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Hospice and Palliative Care Assn. Of South Africa
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Makhuduthama (MK) Umbrella
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Nightingale Hospice
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: South African Red Cross Society Kimberley
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Free State University
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: University of the Western Cape
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: FHI Country buy in to track 1

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4652
Planned Funding($): $ 100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6154
Planned Funding($): $ 2,200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner:

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4481
Planned Funding($): $ 20,500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Foundation for Professional Development
New Partner: No

Sub-Partner: John Snow, Inc.
Planned Funding: $ 200,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4483
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Fresh Ministries
New Partner: No

Sub-Partner: Episcopal Diocese of Washington
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Church of the Southern Province of Africa
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: Global HIV/AIDS Nursing Capacity Building Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4645
Planned Funding($): $ 250,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: Georgetown University
New Partner: Yes

Sub-Partner: Association of Nurses in AIDS Care
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: University of Incarnate Word
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: New APS 2006

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4747
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: GOLD Peer Education Development Agency
New Partner: Yes

Sub-Partner: Christian Assemblies Welfare Organisation
Planned Funding: $ 2,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Community Care Project
Planned Funding: $ 3,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Institute for Social Concerns
Planned Funding: $ 2,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Leadership South
Planned Funding: $ 5,000.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: MaAfrika Tikkun
Planned Funding: $ 1,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Masoyi
Planned Funding: $ 5,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: OIL Reach Out Adolescent Training
Planned Funding: $ 2,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Planned Parenthood Association of South Africa
Planned Funding: $ 5,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Spades
Planned Funding: $ 5,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Uniting Christian Students Association
Planned Funding: $ 2,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Ukuthasa
Planned Funding: $ 2,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Wagon of Hope
Planned Funding: $ 4,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: YMCA - Cape Flats
Planned Funding: $ 5,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7331
Planned Funding($): $ 750,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Hands at Work in Africa
New Partner: Yes

Mechanism Name: New APS 2000

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4748
Planned Funding($): $ 500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Health Science Academy
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7330
Planned Funding($): $ 750,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Heartbeat
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4374
Planned Funding($): $ 4,050,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: HIVCARE
New Partner: No

Sub-Partner: Health Share
Planned Funding: $ 231,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4395
Planned Funding($): $ 814,653.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Hope Worldwide South Africa
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4485
Planned Funding($): $ 3,810,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Hope Worldwide South Africa
New Partner: No

Sub-Partner: Witwatersrand Hospice
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Children's HIV/AIDS Network
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Emthonjeni
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Vuka
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: LAMLA
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4487
Planned Funding($): $ 5,020,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Hospice and Palliative Care Assn. Of South Africa
New Partner: No

Sub-Partner: Aids Care Training Centre
Planned Funding: $ 60,200.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Breede River Hospice
Planned Funding: $ 27,627.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: St. Josephs Care Centre
Planned Funding: $ 26,693.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: St. Lukes Hospice
Planned Funding: $ 68,693.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: St. Nicholas Hospice
Planned Funding: $ 29,693.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Stellenbsoch Hospice
Planned Funding: $ 3,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Sungardens Hospice
Planned Funding: $ 57,027.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Tapologo Hospice
Planned Funding: $ 23,333.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Transkei Hospice
Planned Funding: $ 15,027.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Verulam Hospice
Planned Funding: $ 11,667.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Viljoenskroon Hospice
Planned Funding: $ 15,027.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Wide Horizons
Planned Funding: $ 6,360.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Hospice Association Witwatersrand
Planned Funding: $ 65,333.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Zululand Hospice
Planned Funding: $ 26,693.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Brits Hospice
Planned Funding: $ 3,360.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Centurion Hospice
Planned Funding: $ 28,467.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Cotlands
Planned Funding: $ 15,027.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Drakenstein Hospice
Planned Funding: $ 11,667.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Estcourt Hospice
Planned Funding: $ 3,360.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Golden Gateway
Planned Funding: $ 26,693.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Goldfields Hospice
Planned Funding: $ 43,493.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Good Shephard Hospice
Planned Funding: $ 23,333.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Grahamstown Hospice
Planned Funding: $ 15,027.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Helderberg Hospice
Planned Funding: $ 40,133.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Highway Hospice
Planned Funding: $ 77,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: East Rand Hospice
Planned Funding: $ 15,027.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Hospice in the West
Planned Funding: $ 15,027.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Howick Hospice
Planned Funding: $ 3,360.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Khanya Hospice
Planned Funding: $ 38,360.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Knysna/Sedgefield Hospice
Planned Funding: $ 35,933.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Ladybrand Hospice
Planned Funding: $ 3,360.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Mzunduzi Hospice
Planned Funding: $ 3,360.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Naledi Hospice
Planned Funding: $ 28,560.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: North West Hospice
Planned Funding: $ 40,133.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Rustenberg Hospice
Planned Funding: $ 11,667.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: South Coast Hospice
Planned Funding: $ 77,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: St. Bernards Hospice
Planned Funding: $ 3,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: St. Francis Hospice
Planned Funding: $ 77,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: HSRC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4375
Planned Funding($): $ 4,900,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Human Science Research Council of South Africa
New Partner: No

Mechanism Name: Male Circumcision

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4489
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Human Science Research Council of South Africa
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4491
Planned Funding($): $ 2,100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Humana People to People in South Africa
New Partner: No

Mechanism Name: New APS 2006

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4749
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Ingwavuma Orphan Care
New Partner: Yes

Sub-Partner: Lulisandla Kumntwana
Planned Funding: $ 250,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: Branson

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4494
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Ingwe Autonomous Treatment Center
New Partner: No

Mechanism Name: Capacity Building 1

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4495
Planned Funding($): $ 3,445,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: Male circumcision

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8584
Planned Funding($): $ 600,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4496
Planned Funding($): $ 500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: Safe Medical Practices

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4376
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: John Snow, Inc.
New Partner: No

Sub-Partner: Mindset
Planned Funding: $ 117,854.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HMIN - Injection Safety

Sub-Partner: Khomanani
Planned Funding: $ 626,460.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HMIN - Injection Safety

Mechanism Name: Deliver 1

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4454
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4455
Planned Funding($): $ 12,025,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Sub-Partner: ABC Ulwazi
Planned Funding: $ 350,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Anglican Church of the Province of Southern Africa
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Center for AIDS Development, Research, & Evaluation
Planned Funding: $ 750,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HTXS - ARV Services
HVSI - Strategic Information

Sub-Partner: Community Health Trust Media
Planned Funding: $ 750,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HTXS - ARV Services

Sub-Partner: National Department of Correctional Services, South Africa
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: DramAidE
Planned Funding: $ 650,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Mindset
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: SABC Education
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Valley Trust
Planned Funding: $ 562,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: University of Witwatersrand, School of Public Health
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: University of Kwazulu-Natal
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Pollution Environmental Community Development Energy and Resource Africa
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Dance4Life
Planned Funding: $ 550,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: LifeLine Southern Africa
Planned Funding: $ 475,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Lutheran Church Lighthouse Foundation
Planned Funding: $ 300,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4640
Planned Funding($): $ 900,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Kagiso Media, South Africa
New Partner: No

Sub-Partner: Perinatal HIV Research Unit, South Africa
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Sonke Consulting
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Singisi Consulting
Planned Funding:
Funding is TO BE DETERMINED: Yes

New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Mechanism Name: Data Quality Contract

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4642
Planned Funding($): $ 1,800,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Khulisa
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4634
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Kingdom Trust
New Partner: No

Mechanism Name: PMTCT Community Health Worker Strategy

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4377
Planned Funding($): $ 700,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Leonie Selvan
New Partner: No

Mechanism Name: New APS 2006

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4753
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: LifeLine North West - Rustenburg Centre
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4456
Planned Funding($): $ 725,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Living Hope
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4751
Planned Funding($): $ 250,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: L-Step
New Partner: Yes

Mechanism Name: RPM Plus 1

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4464
Planned Funding($): $ 3,600,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Management Sciences for Health
New Partner: No

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

Associated Program Areas: HTXS - ARV Services

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

Associated Program Areas: HTXS - ARV Services

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

Associated Program Areas: HTXS - ARV Services

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

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Rhodes University

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

Associated Program Areas: HTXS - ARV Services

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

Associated Program Areas: HTXS - ARV Services

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

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Faranani IT Services
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HTXD - ARV Drugs

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

Mechanism Name: TASC2: Intergrated Primary Health Care Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4463
Planned Funding($): $ 2,925,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Management Sciences for Health
New Partner: No

Sub-Partner: Ikhwezi Lomso
Planned Funding: $ 46,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Inkwanca HBC
Planned Funding: $ 47,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Khanyiselani DT
Planned Funding: $ 47,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Makotse WC

Planned Funding: $ 45,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Maluti Skills
Planned Funding: $ 4,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HKID - OVC

Sub-Partner: Makhuduthamaga HBC
Planned Funding: $ 47,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Thibela Bolwetsi
Planned Funding: $ 32,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Bonukhanyo Youth Organization
Planned Funding: $ 40,827.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: House of Hope Hospice
Planned Funding: $ 46,394.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Ncedisizwe HBC
Planned Funding: $ 33,591.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Inkosinathi Community Centre
Planned Funding: $ 60,110.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Masakhane Women's Org
Planned Funding: $ 31,437.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Sibambiseni
Planned Funding: $ 42,895.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Direlang Project
Planned Funding: $ 39,630.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Lafata Home-Based Care
Planned Funding: $ 32,958.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Mohlarekoma Home-Based Care
Planned Funding: $ 36,862.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Luncedo Lwesive
Planned Funding: $ 28,268.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Thuthukani Home-Based Care
Planned Funding: $ 44,379.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Zimeleni
Planned Funding: $ 33,211.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Botho Jwa Rona
Planned Funding: $ 47,345.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Pholo Modi Wa Sechaba
Planned Funding: $ 34,530.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Progressive AIDS Project
Planned Funding: $ 31,371.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Winterveldt
Planned Funding: $ 19,572.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Sizanani Home-Based Care
Planned Funding: $ 30,422.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: NEW APS 2006

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4625
Planned Funding($): $ 1,700,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: McCord Hospital
New Partner: No

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

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: Hillcrest Aids Centre Trust
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: KWEZI HIV/AIDS Ministry
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services

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

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services

Mechanism Name: NEW APS 2006

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4624
Planned Funding($): $ 600,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Medical Care Development International
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4508
Planned Funding($): $ 8,625,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Medical Research Council of South Africa
New Partner: No

Sub-Partner: Foundation for Professional Development
Planned Funding: $ 1,050,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: Life Esidimeni - Richmond
Planned Funding: $ 500,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: World Vision South Africa
Planned Funding: $ 1,000,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8591
Planned Funding($): $ 500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Montefiore Hospital
New Partner: Yes

Mechanism Name: New APS 2006

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4754
Planned Funding($): $ 1,850,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Mothers 2 Mothers
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 45,000.00
Early Funding Request Narrative:

Mechanism Name: New APS 2006

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4755
Planned Funding($): $ 1,300,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Mpilonhle
New Partner: Yes

Sub-Partner: Education Development Center
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Perlcom CC
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Partnership for Supply Chain Management
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Mechanism Name: USAID GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4467
Planned Funding($): $ 3,550,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: National Association of Childcare Workers
New Partner: No

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

Sub-Partner: Asiphilenikahle Home Based Care
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Christian Social Council
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Far North Health Care Centre
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Highveld Anglican Board for Social Responsibility
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Illinge Children's Project
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

Sub-Partner: MFESANE
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Ubumbano Drop In Centre
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4394
Planned Funding($): $ 1,100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No

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

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4396
Planned Funding($): $ 2,000,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Department of Correctional Services, South Africa
New Partner: No

Mechanism Name: DoE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4471
Planned Funding($): $ 1,050,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: National Department of Education
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4397
Planned Funding($): $ 1,795,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Department of Health, South Africa
New Partner: No

Sub-Partner: AIDS Sexuality and Health Youth Organization
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Educational Support Services Trust
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Theatre for Life Developing Resilient Youth
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: South African San Restitution
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner:

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: CDC Support

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4393
Planned Funding($): $ 7,494,736.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Department of Health, South Africa
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 1,721,667.00
Early Funding Request Narrative: Early funding is requested to support the salary of technical specialist(s) working in this area, travel for site visits to monitor partners' activities,and small, necessary procurements to support ongoing activities. This amount reflects teh expenses for 6 months from October 1, 2006 through March 31, 2007. The funds are needed to ensure coverage of these activities while waiting arrival from OGAC FY 2007 funds.

Early Funding Associated Activities:

Program Area:HVSI - Strategic Information
Planned Funds: $800,000.00
Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity is one of five activities in support of the National Departm

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: $2,040,000.00
Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity is in support of the National Department of Health (NDOH).

Program Area:HVCT - Counseling and Testing
Planned Funds: $1,275,000.00
Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity is one of five activities in support of the National Depart

Program Area:HTXS - ARV Services
Planned Funds: $600,000.00
Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity is one of six that CDC funds in support of the National Dep

Program Area:MTCT - PMTCT
Planned Funds: $2,159,736.00
Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity is in support of the National Department of Health (NDOH) an

Program Area:HVAB - Abstinence/Be Faithful
Planned Funds: $620,000.00
Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity is one of six activities in support of the National Departm

Mechanism Name: CDC GHAI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4398
Planned Funding($): $ 8,429,060.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Institute for Communicable Diseases
New Partner: No

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

Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: Center for Disease Control and Prevention, Department of Sexually Transmitted Diseases
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4474
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Nelson Mandela Children's Fund, South Africa
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4475
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Northern Cape Department of Health
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4479
Planned Funding($): $ 2,060,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Nurturing Orphans of AIDS for Humanity, South Africa
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6155
Planned Funding($): $ 3,000,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Pact, Inc.
New Partner:

Mechanism Name: Supply Chain Management

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4480
Planned Funding($): $ 10,150,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Partnership for Supply Chain Management
New Partner:

Mechanism Name: New APS 2006

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4756
Planned Funding($): $ 3,190,264.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: PATH
New Partner: Yes

Sub-Partner: Health Information Systems Programme
Planned Funding: $ 115,627.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: South Africa Partners
Planned Funding: $ 257,727.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Mechanism Name: PHRU

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4482
Planned Funding($): $ 15,828,370.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Perinatal HIV Research Unit, South Africa
New Partner: No

Sub-Partner: HIV South Africa
Planned Funding: $ 550,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Rural AIDS Development and Action Research Center
Planned Funding: $ 220,000.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXS - ARV Services

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

Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXS - ARV Services

Mechanism Name: Frontiers

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4486
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Population Council
New Partner: No

Sub-Partner: Rural AIDS Development and Action Research Center
Planned Funding: $ 165,363.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Mechanism Name: Pop Council SA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7325
Planned Funding($): $ 3,050,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Population Council
New Partner: No

Mechanism Name: PSI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4609
Planned Funding($): $ 6,313,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Tucker Strategy
Planned Funding: $ 287,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Careworks
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Mechanism Name: New APS 2006

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4757
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Project Support Association of Southern Africa
New Partner: Yes

Mechanism Name: RHRU (Follow on)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5191
Planned Funding($): $ 17,205,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Reproductive Health Research Unit, South Africa
New Partner: No

Mechanism Name: Government Projects

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4457
Planned Funding($): $ 1,900,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Research Triangle Institute
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4460
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Right To Care, South Africa
New Partner: No

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4461
Planned Funding($): $ 70,298.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Salesian Mission
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8589
Planned Funding($): $ 500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Salesian Mission
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4462
Planned Funding($): $ 1,150,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Salvation Army
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4477
Planned Funding($): $ 1,850,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Save the Children UK
New Partner: No

Sub-Partner: Centre for Positive Care
Planned Funding: $ 48,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: New APS 2006

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4630
Planned Funding($): $ 950,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Scripture Union
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4758
Planned Funding($): $ 230,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Sekuhukune
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4759
Planned Funding($): $ 230,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Senzakwenzeke
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4400
Planned Funding($): $ 6,000,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Soul City
New Partner: No

Sub-Partner: National Institute for Community Development and Management
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: Planned Parenthood Association of South Africa
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: Valley Trust
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: Family and Marriage Association of South Africa
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: Robin Trust
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: TB Alliance DOTS Support Association
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: Institute of Training and Education for Capacity Building
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: South African Red Cross Society
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: South African National Tutor Services
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: Joint Education Project
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: Seboka Training and Development
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: Masibambane
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: River Queen-Ndzalama
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: Namaqualand Business Development
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: Alliance Against HIV/AIDS
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: Community Skills Training College
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: Dihlabeng Development Initiative Consortium
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HTXS - ARV Services

Sub-Partner: Cheshire Homes South Africa
Planned Funding: $ 3,702.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Marang Women in Agriculture and Development
Planned Funding: $ 6,287.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Ubuhle Learning Centre
Planned Funding: $ 7,264.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4399
Planned Funding($): $ 2,000,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: South Africa National Blood Service
New Partner: No

Mechanism Name: SANBS country buy-in

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6084
Planned Funding($): $ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: South Africa National Blood Service
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8586
Planned Funding($): $ 1,694,557.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: South African Business Coalition on HIV and AIDS
New Partner: Yes

Mechanism Name: SACBC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4401
Planned Funding($): $ 1,800,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: South African Catholic Bishops Conference AIDS Office
New Partner: No

Sub-Partner: Catholic Institute of Education
Planned Funding: $ 125,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Diocese of Aliwal OVC
Planned Funding: $ 107,143.00
Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Hlokomela wa Heno
Planned Funding: $ 275,714.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Sinosizo Home Base Care
Planned Funding: $ 28,571.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Dundee Diocese
Planned Funding: $ 14,286.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Sizanani Outreach Programme
Planned Funding: $ 35,714.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Inkanyezi HIV/AIDS Organization
Planned Funding: $ 35,714.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: St Josephs Ithuteng
Planned Funding: $ 21,429.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Tsibogang
Planned Funding: $ 14,286.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: AIDS Management Committee
Planned Funding: $ 14,286.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: St. Kizito's St. Anne's OVC
Planned Funding: $ 28,571.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Mercy Aids Project

Planned Funding: $ 28,571.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Good Shepherd Hebron
Planned Funding: $ 21,429.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Tapologo
Planned Funding: $ 21,429.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Kurisanani
Planned Funding: $ 28,571.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Centocow Mission
Planned Funding: $ 42,857.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Batho Ba Lerato
Planned Funding: $ 42,857.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Ingwavuma Orphan Care
Planned Funding: $ 28,571.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Sinosizo - Kokstad
Planned Funding: $ 42,857.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Diocesan Aids Committee
Planned Funding: $ 42,857.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Diocese of Dunee AIDS Commission
Planned Funding: $ 14,286.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: New APS 2006

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4632
Planned Funding($): $ 1,000,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: South African Clothing & Textile Workers' Union
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8587
Planned Funding($): $ 1,512,912.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: South African Democratic Teachers Union
New Partner: Yes

Mechanism Name: ARV

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4655
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: South African Military Health Service
New Partner: No

Mechanism Name: Masibambisane 1

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4419
Planned Funding($): $ 900,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: South African Military Health Service
New Partner: No

Mechanism Name: New APS 2006

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4760
Planned Funding($): $ 1,800,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: St. Mary's Hospital
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4478
Planned Funding($): $ 1,000,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Starfish
New Partner: No

Sub-Partner: Heartbeat
Planned Funding: $ 281,538.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Hands at Work in Africa
Planned Funding: $ 846,153.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Ikageng Itireleng
Planned Funding: $ 84,615.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: HPI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4484
Planned Funding($): $ 2,850,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: The Futures Group International
New Partner: No

Sub-Partner: University of Pretoria, Center for the Study of AIDS
Planned Funding: $ 95,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: University of Cape Town, Health Economics Unit
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Crossroads Baptist Church
Planned Funding: $ 7,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: South African Catholic Bishops Conference AIDS Office
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Positive Living Ambassadors
Planned Funding: $ 15,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6134
Planned Funding($): $ 1,300,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Toga Laboratories
New Partner: No

Mechanism Name: New APS 2006

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4761
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Training Institute for Primary Health Care
New Partner: Yes

Sub-Partner: AIDS Sexuality and Health Youth Organization
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Emthonjeni Peer Educators
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8588
Planned Funding($): $ 2,324,451.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Tsephang Trust
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6183
Planned Funding($): $ 1,500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Tuberculosis Care Association
New Partner: Yes

Sub-Partner: University of the Western Cape
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: University of Cape Town, Health Economics Unit
Planned Funding: $ 22,400.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: TB Alliance DOTS Support Association
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Mechanism Name: New APS 2006

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4762
Planned Funding($): $ 500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ubuntu Education Fund
New Partner: Yes

Mechanism Name: CAPRISA NIH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4441
Planned Funding($): $ 2,750,000.00
Agency: HHS/National Institutes of Health
Funding Source: GHAI
Prime Partner: University of Kwazulu-Natal
New Partner: No

Sub-Partner: Open Door
Planned Funding: $ 51,486.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Lancet Laboratories
Planned Funding: $ 207,154.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: TAI Counselors
Planned Funding: $ 103,614.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: Traditional Healers Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4414
Planned Funding($): $ 750,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of KwaZulu-Natal, Nelson Mandela School of Medicine
New Partner: No

Sub-Partner: Ethekwini Traditional Healers Council
Planned Funding: $ 148,468.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: KwaZulu Natal Traditional Healers Council
Planned Funding: $ 148,468.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Mechanism Name: MEASURE Evaluation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4490
Planned Funding($): $ 4,200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University of North Carolina
New Partner: No

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

Associated Program Areas: HVSI - Strategic Information

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

Associated Program Areas: HVSI - Strategic Information

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

Associated Program Areas: HVSI - Strategic Information

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

Associated Program Areas: HVSI - Strategic Information

Mechanism Name: University of Pretoria - MRC Unit

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4417
Planned Funding($): $ 250,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of Pretoria, South Africa
New Partner: No

Mechanism Name: New APS 2006/Desmond Tutu TB Centre

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4746
Planned Funding($): $ 1,060,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of Stellenbosch, South Africa
New Partner: No

Mechanism Name: University of Washington/I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4439
Planned Funding($): $ 1,750,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: University of Washington
New Partner: No

Sub-Partner: Owen Clinic, University of California San Diego
Planned Funding: $ 800,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4653
Planned Funding($): $ 1,400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University Research Corporation, LLC
New Partner: No

Mechanism Name: QAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4415
Planned Funding($): $ 4,275,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University Research Corporation, LLC
New Partner: No

Sub-Partner: Bambisanane Home Based Care
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Phaphamani
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Amakhumbuza Home Based Care
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV

Sub-Partner: St. Anthonys
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV

Mechanism Name: TB - TASC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4492
Planned Funding($): $ 5,575,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University Research Corporation, LLC
New Partner: No

Sub-Partner: World Health Organization
Planned Funding: $ 750,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Foundation for Professional Development
Planned Funding: $ 200,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Medical Research Council of South Africa
Planned Funding: $ 550,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: University of Limpopo
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: University of Stellenbosch, South Africa

Planned Funding: $ 120,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: South African Medical Association
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Mechanism Name: Management 1

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4500
Planned Funding($): $ 6,600,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Management (Base)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4682
Planned Funding($): $ 4,818,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4418
Planned Funding($): $ 1,907,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 591,000.00
Early Funding Request Narrative: Early funding is requested to support the salary of technical specialist(S) working in these areas, travel for site visits to monitor partner' activities, and small, necessary provurements to support ongoing activities. This amount reflects the expenses from October 1, 2006 through March 31, 2007. The funds are needed to ensure coverage of these activities while waiting arrival of OGAC FY 2006 funds.

Early Funding Associated Activities:

Program Area:HVMS - Management and Staffing
Planned Funds: $1,182,000.00
Activity Narrative: These funds of $1,182,000.00 partially support the management and staffing expenses of the HHS/CDC/S

Sub-Partner: National Institute for Communicable Diseases

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

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4432
Planned Funding($): $ 250,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: Emergency Plan Secretariat

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4435
Planned Funding($): $ 1,021,300.00
Agency: HHS/Office of the Secretary
Funding Source: GHAI
Prime Partner: US Department of Health and Human Services
New Partner: No

Mechanism Name: Public Affairs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4434
Planned Funding($): $ 200,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Small Grants Fund

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4433
Planned Funding($): $ 1,200,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Sub-Partner: ACVV Middleburg
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: ASHYO
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Barakah Educational Foundation
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Camdeboo Hospice
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Boitumelo Community Home Based Care
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Dikgale Home Community Based Care
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Good Samaritan Hospice
Planned Funding: $ 7,333.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Jesus Loves Voice
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Kungwini Care Support
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Npongele Ke Itirele
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Noncedo Home Based Care
Planned Funding: $ 8,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Ramotshinyadi HIV/AIDS Youth Guide
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Rise and Shine Home Based Caregivers Project
Planned Funding: $ 7,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: St. John the Baptist Catholic Clinic
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Ubuntu Ma Africa
Planned Funding: $ 9,667.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Victorious Woman Health and Welfare Ministry
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Vuyani Safe Haven
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Women for Change Home-based Care Project
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Tshepong Fountain
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Eastern Cape Gender & Development
Planned Funding: $ 8,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Arebaokeng Hospice and Home Based Care
Planned Funding: $ 10,000.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Baptist Children's Center
Planned Funding: $ 9,250.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Carletonville Home and Community Based Care
Planned Funding: $ 9,300.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Carroll Shaw Memorial Centre
Planned Funding: $ 8,600.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Good Hope Home Based Care
Planned Funding: $ 9,300.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Itireleng Community Advice Centre
Planned Funding: $ 8,100.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HKID - OVC

Sub-Partner: Katha Drop-in-Center
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Kizito Community AIDS Campaign Project
Planned Funding: $ 9,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Lithanza Community Development & Training Centre
Planned Funding: $ 8,667.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Mofolo Home Based Care Project
Planned Funding: $ 9,300.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Perservere Until Something Happens
Planned Funding: $ 9,633.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Thiboloha Bophelong
Planned Funding: $ 9,667.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Usis Thuso Community Center
Planned Funding: $ 9,667.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Zimbanathi Project
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Creative Young Women Group, Port St. Johns, Eastern Cape
Planned Funding: $ 9,100.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Development Education Leadership Teams in Action
Planned Funding: $ 6,850.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Hlomelikusasa Skills for the Future, Mount Frere, Eastern Cape
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Malungeni Youth Develpoment Association, Ngqeleni, Eastern Cape
Planned Funding: $ 6,950.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Nyandeni Community Health workers Association (Phelo Phepa Group)
Planned Funding: $ 9,600.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Ubuntu Hospice Mount Frere, Eastern Cape
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Umzi Wethemba Home Based Care Project
Planned Funding: $ 7,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Amangwe Village, KwaMbonambi
Planned Funding: $ 7,695.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Bhekuzulu Self-Sufficient Projects
Planned Funding: $ 9,838.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Gezubuso Projects
Planned Funding: $ 9,625.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Icebolethu Women in Support HIV/AIDS Organization
Planned Funding: $ 9,365.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Inkosinathi AIDS/HIV Project
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Isiphosethu Primary Health Care, St. Joseph Church
Planned Funding: $ 8,550.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Khula Youth Empowerment Organization
Planned Funding: $ 9,800.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Maskey Health Services
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Mpilonhle Project, U Thukela District
Planned Funding: $ 10,000.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Musawenkosi Ministries, KwaMethethwas and Entoweni Areas
Planned Funding: $ 7,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: PUSH Evangelical Lutheran Church Faith Based Organization
Planned Funding: $ 9,700.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: RiverLife International, Cinderella Park
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: St. Anna and Joachim Roman Catholic Organization
Planned Funding: $ 8,760.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Umnini sinethemba HIV/AIDS & Health Crisis centre
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Umvoti AIDS Centre, Enhlalakahle, Umvoti Minicipality
Planned Funding: $ 9,165.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Diocese Aids Ministries – Keimoes
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Helping Hands
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Hope House Counseling Centre
Planned Funding: $ 8,665.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Hospice Moeder Theresa
Planned Funding: $ 6,670.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Ikhaya Le Themba
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Kgatelopele Women's Group
Planned Funding: $ 5,520.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Khayellitsha Community HBC and Support Group
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Luvuyo Drop-in Centre
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Masakhanbe Youth Centre
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Nightingale Hospice
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Nosakhele AIDS Project
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Tlokomelo Otshelo HBC Group
Planned Funding: $ 9,145.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Worcester AIDS Action Committee
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Phela O Phedishe Ramokgopa Community Home Based Care Project
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Refenste Health Care Giving Programme
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4445
Planned Funding($): $ 727,900.00
Agency: Peace Corps
Funding Source: GHAI
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4503
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Wits Health Consortium, Reproductive Health Research Unit
New Partner: No

Mechanism Name: World Vision

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4498
Planned Funding($): $ 1,400,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: World Vision South Africa
New Partner: No

Mechanism Name: New APS 2006

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4763
Planned Funding($): $ 1,327,284.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Xstrata Coal SA & Re-Action!
New Partner: Yes

Sub-Partner: Re!Action Consulting
Planned Funding: $ 900,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Mechanism Name: NEW APS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4644
Planned Funding($): $ 750,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Youth for Christ South Africa (YfC)
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: $ 20,077,000.00

Program Area Context:

The national PMTCT program is in its final stages of expansion, and although universal coverage has not been achieved, PMTCT service delivery is accessible to almost all women, if not at the service point then via referral to a nearby facility. Service delivery is available at all hospitals and in more than 75% of clinics and community health centers, totaling 3,264 public sector facilities offering PMTCT.

Although coverage of PMTCT services is extensive, the number of women who need PMTCT is staggering. The latest antenatal survey (National Department of Health, 2005) indicates that the national HIV prevalence among pregnant women is 30.2%. This translates into more than 300,000 babies being born to HIV-infected women annually. While quality data on PMTCT access from the National Department of Health (NDOH) is not readily available, all indications are that the need far outweighs availability.

Supporting PMTCT is a USG priority, especially with respect to: (1) increasing the uptake of PMTCT services within an integrated maternal and child health (MCH) system; (2) promoting mandatory counseling and opt-out testing for all pregnant women; (3) strengthening the quality of PMTCT services; (4) including counseling services for positive and negative women; (5) providing follow-up for mother-baby pairs post delivery and ensuring HIV testing for infants; and (6) referring both the mother and the infant to treatment, care and support programs.

Since the inception of the PMTCT program in South Africa, the USG has played an integral role in the development of national guidelines, protocols and policies, and has participated in the National PMTCT Steering Committee. The USG has also facilitated program implementation at national and provincial levels. FY 2007 activities will ensure continued support for the national PMTCT program, with a particular focus on quality improvement, capacity building, infant feeding, maternal and infant follow-up, and the development of linkages between PMTCT, reproductive health and treatment, and care and support services. USG support will strengthen approaches to infant follow-up by developing and implementing strategies to support infant feeding choices, providing nutritional support for infants, ensuring cotrimoxazole prophylaxis and other basic preventive care, and scaling up early infant diagnosis.

These strategies will be accomplished by: (1) providing ongoing assistance to the NDOH, and to provincial and district health structures; (2) participating in policy reviews; (3) supporting expansion of projects for early infant diagnosis and those that focus on strengthening linkages between antenatal care and HIV service delivery and social services; (4) expanding efforts to offer a repeat HIV test at 36 weeks gestation for pregnant women who tested negative during the first 20 weeks of pregnancy; and (5) expanding the role of community-based support groups to target men to engage in and to understand the benefits of the PMTCT program. Furthermore, the USG will support capacity building of healthcare workers, lay counselors, community support groups and community health workers, as well as strengthening 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; and implement support groups for HIV-infected pregnant women. Activities targeting cultural attitudes to mixed feeding, male involvement in PMTCT and increasing uptake of services will also be supported.

There are numerous obstacles to successful implementation of the national PMTCT program. These include health systems challenges such as the verticalization of the PMTCT program and lack of integration of PMTCT into routine maternal and child health and reproductive health services. Human capacity development is a challenge primarily due to insufficient numbers of healthcare workers receiving training in PMTCT. In addition, community healthcare workers are often not well integrated into the PMTCT program, resulting in little interaction between the community healthcare workers on the one hand, and nurses and midwives on the other. Community healthcare workers are generally responsible for the HIV counseling component of the PMTCT program, while nurses are responsible for the testing component. This division of

responsibilities leads to a reluctance on the part of nurses and midwives to discuss HIV testing with pregnant women who have chosen not to have an HIV test. General program implementation obstacles also exist.

PEPFAR funding has contributed to the rapid expansion of PMTCT services around the country, including the provision of technical assistance to the NDOH and the nine provinces. Despite this, the national trend indicates that less than 50% of pregnant women agree to be tested, and of those that test positive only 30% receive nevirapine, translating to more than 50% of women being missed at entry into the program. It is evident that nurses and midwives have not made HIV a priority in antenatal and postnatal care. All these obstacles contribute to high national transmission rate of above 20%, despite the expansion of the nevirapine-based PMTCT program.

In FY 2007, the national PMTCT program has incorporated all USG PMTCT activities into the national PMTCT operational plan. This highlights the strong working relationship between the USG and NDOH.

The PMTCT program area narratives highlight the substantial efforts and contributions of USG-supported partners in the area of capacity building and PMTCT systems strengthening. Although it may appear that partners are implementing similar activities, there is no duplication or overlap of efforts, as careful planning and program review has ensured that partners work in different geographical areas, and that partners have the opportunity to link with each other, ensuring synergies and linkages. To further strengthen these synergies, USG will hold a PMTCT-specific technical meeting to address training and systems strengthening and to provide partners with the opportunity to standardize approaches. In addition, Leonie Selvan Communications will develop a PMTCT strategy based on the collaborative efforts of all PEPFAR partners and thus ensure standardized messaging and implementation across partner activities.

USG partners such as the Perinatal HIV and AIDS Research Unit, Program for Appropriate Technology in Health, Quality Assurance Project, Elizabeth Glaser Pediatric AIDS Foundation and the Wits Pediatric HIV Unit will continue to support PMTCT facilities as programs expand coverage, increase access, and ensure compliance with South African Government (SAG) guidelines and standards. USG assistance will also support SAG efforts to more fully integrate PMTCT services into primary health care and other HIV and AIDS services, and to increase male involvement with PMTCT within a family-centered approach. Finally, a grassroots PMTCT male involvement campaign will be implemented by Kagisio Educational Television to ensure greater awareness of issues relating to PMTCT at the community level and to address male norms and behaviors as they relate to PMTCT implementation.

Despite PMTCT being a priority area for USG support, there have been minimal increases in PEPFAR funding because of the need to accommodate increased support for ARV Services, AB and OVC as per the legislative budgetary requirements. However, PEPFAR is still the primary donor for PMTCT activities at the national and provincial level. Over the last six months, UNICEF's financial and technical support to the national PMTCT program has expanded. The USG and UNICEF have implemented a joint consultative working group that meets monthly and hosts joint partner meetings to ensure synergies and linkages between assistance provided to the SAG.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	1,361
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	54,678
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	198,396
Number of health workers trained in the provision of PMTCT services according to national and international standards	4,863

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:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	7315
Planned Funds:	$ 1,600,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This Human Science and Research Council (HSRC) PMTCT activity relates to other HSRC activities in Strategic Information (#7313), Injection Safety (#7316), Counseling and Testing (#8276) and Other Prevention (#7314) program areas.

SUMMARY:
HSRC will provide technical support, including monitoring and evaluation (M&E) of prevention of mother-to-child transmission (PMTCT) activities in 50 antenatal care clinics (ANCs) and surrounding communities in the Eastern Cape and Mpumalanga. Once the PMTCT program in the Eastern Cape is running smoothly, HSRC will embark on similar activities in an underserved district in Mpumalanga (to be determined).The major emphasis area will include quality assurance and supportive supervision, with community mobilization, local organization capacity development, strategic information, and training as minor emphases. The primary target populations include pregnant women, people living with HIV and AIDS (PLHIV), families affected by HIV and AIDS, public and private healthcare workers, community-based organizations (CBOs), faith-based organizations (FBOs), and non-governmental organizations (NGOs).

BACKGROUND:
This project will contribute to the PEPFAR objective of preventing HIV infections in the PMTCT priority area. The project was in the FY 2006 COP, but has not been implemented since the Cooperative Agreement with HSRC has not been awarded. Implementation will begin as soon as the award has been made. In partnership with provincial and district health authorities, HSRC will provide technical support for the implementation of PMTCT services according to national guidelines, and will seek to actively engage communities served by the specified ANCs. HSRC will also seek to establish partnerships with relevant CBOs and NGOs conducting HIV-related work in the area, develop reciprocal referral networks and set up peer support group systems to enhance family support (especially husbands, partners, mothers and mothers-in-law) and support from traditional birth attendants (TBAs) for the PMTCT program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Systems Strengthening
Once partnerships have been established with local and provincial health authorities, program strengthening activities will commence. Training activities will be directed towards ANC staff (both nurses and lay counselors), traditional birth attendants, community health workers and district health officials. Envisaged training activities may include basic education about PMTCT and its benefits, infant feeding options (breast versus formula), risk-reduction counseling, the benefits of antiretroviral therapy (ART), disclosure counseling and encouraging partner testing, and training to address HIV-related stigma.

HSRC will promote the use of health facilities for newborn delivery among pregnant women, their families (including mothers and mothers-in-law, husbands or partners), but will implement ART delivery systems (e.g., home nevirapine kits) for HIV-infected women who choose to deliver at home, and their infants. All pregnant women attending the 20 antenatal clinics in Region E of the Eastern Cape will be encouraged to have confidential counseling and testing (CT) for HIV infection during pregnancy. Women who test HIV-positive will be referred to the nearest accredited ART site for clinical staging, a CD4 count, and initiation of ART, if indicated (according to the national ART guidelines). Women who do not meet the criteria for initiation of ART, will be referred to a wellness program and/or relevant social support services. HIV-infected pregnant women will be counseled about disclosure, and encouraged to refer their partners for HIV testing. Women identified as HIV-infected during pregnancy (and who do not have long-term ART initiated prior to delivery), and their infants, will be given a course of nevirapine (NVP) prophylaxis at delivery for PMTCT. Infants born to HIV-infected mothers will be tested for HIV 6 to 14 weeks after delivery using PCR, and at 15 to 18 months using appropriate tests to determine their HIV infection status. Infants found to be infected with HIV will be referred to the local health services for follow-up. Most of the programmatic work will be done by staff already employed by district health services, or by traditional birth attendants in the target communities.

ACTIVITY 2: Technical Assistance
HSRC will provide technical assistance to strengthen M&E systems and will seek to coordinate the M&E and PEPFAR-related reporting activities with routine district health M&E activities to minimize any unnecessary duplication of work. At the clinic level this will be paper-based. HSRC will employ a dedicated M&E specialist and a community engagement and outreach activity specialist. HSRC will mobilize community leaders, FBOs, CBOs, district councils, traditional leaders and traditional birth attendants in the region to support PMTCT interventions.

ACTIVITY 3: Expansion
The impact of the project on the PMTCT delivery system in region E will be monitored, and when service delivery quality is satisfactory, support will gradually phase out and similar program implementation and support service activities will be initiated in a new geographic region in an underserved area of Mpumalanga province. The area will be selected based on discussion with the provincial department of health, and an analysis of key PMTCT indicators by district. The district with the most need will be selected. This activity will increase gender equity in HIV and AIDS programs by increasing women's access to HIV information, treatment, care and support.

This project will contribute to the PEPFAR 2-7-10 objectives by increasing the number of health workers trained to provide CT services and to administer NVP; increasing the number of pregnant women who receive confidential HIV CT and receive their results; and increasing the number of pregnant women and their infants provided with a complete course of NVP. In addition, the project will ensure that HIV-infected infants are referred to treatment programs, and hence increase pediatric ART enrollment.

Continued Associated Activity Information

Activity ID:	3553
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Human Science Research Council of South Africa
Mechanism:	HSRC
Funding Source:	GHAI
Planned Funds:	$ 700,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	50	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	19,320	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,318	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	174	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Other Health Care Worker
Traditional birth attendants
Traditional healers
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern Cape

Mpumalanga

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:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	7318
Planned Funds:	$ 700,000.00

Activity Narrative: SUMMARY:

At the request of the National Department of Health and CDC, Leonie Selvan Communications will use PEPFAR funding to broaden the current integrated prevention of mother-to-child transmission (PMTCT) strategy to ensure improved implementation and integration of PMTCT on national, provincial and facility levels. Leonie Selvan Communications are building on the integrated PMTCT strategies developed by Kagiso Communications using FY 2005 funding, while broadening the scope of the strategies to cut across the three levels of implementation. The primary emphasis area for the activity is local organization capacity development; with secondary emphasis on community mobilization/participation, training, development of network/linkages/referral systems, information, education and communication (IEC), quality assurance and supportive supervision. Target populations include South African Government workers, public healthcare workers, traditional leaders, traditional healers, traditional birth attendants, family planning clients, pregnant women, people living with HIV and AIDS (PLHIV), families of PLHIV, community-based organizations (CBOs) and non-government organizations (NGOs).

BACKGROUND:

Using FY 2005 and FY 2006 funding, Leonie Selvan Communications has facilitated the development of training curricula for professional healthcare workers and community healthcare workers, and the development of strategies to improve working relationships between these two cadres of workers at the clinic level. As a result, Leonie Selvan Communications is strategically placed to facilitate the development, implementation and expansion of national, provincial and community-based PMTCT strategies aimed at integration at the national and provincial level, improving quality of care and service delivery at the clinic/facility level and improving awareness and understanding of PMTCT and improving uptake at the community level. The integrated PMTCT strategy will cut across all levels of implementation by ensuring clear, consistent and uniform messaging around PMTCT, identification of gaps, bottlenecks and challenges and developing activities to address these. In addition, Leonie Selvan Communications will continue to work with PMTCT course directors and trainers ensuring that they incorporate the strategy into the existing PMTCT training curricula and facilitating the development of a mentoring system to support healthcare workers at the facility level. At the national and provincial level, the strategy will also focus on strengthening of linkages and networks between PMTCT and treatment programs, ensuring that pregnant women who test positive are staged and referred for monitoring.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Development of Clear and Consistent PMTCT Messages

Using PEPFAR funding, Leonie Selvan Communications will work with national and provincial health departments and NGOs to standardize PMTCT messaging targeting pregnant women. A workshop will be conducted with all stakeholders to review current PMTCT messaging and IEC materials, identify gaps in IEC materials, and develop standardized PMTCT messages that can be used by province, facilities, NGOs and communities to create awareness for PMTCT services and highlight the importance of testing during pregnancy. In addition, messages targeting the community will also focus on infant feeding. Leonie Selvan Communications will work with family planning clinics to ensure integration of PMTCT messaging into family planning services. In addition, information on nevirapine and the importance of PMTCT will be distributed to clinics, community centers, and universities. Community radio stations will be provided with material on PMTCT and encouraged to incorporate issues into their programming, and workshops will be held with community leaders around media issues relating to PMTCT. Expected results of this activity include the development and implementation of uniform messaging for PMTCT.

ACTIVITY 2: Identification of Gaps and Bottlenecks to PMTCT Implementation

Although the PMTCT program is five years old, challenges to implementation are still inherent in the program. PMTCT uptake remains at 50% and nevirapine only reaches

about 30% of women who need it. To understand why these challenges are still present in the program, it is necessary to hold a consultative technical meeting, bringing together stakeholders from government, universities, implementing partners, NGOs, CBOs, traditional healers and traditional leaders to understand the reasons behind the low uptake and develop specific activities to address these. In addition, the stakeholders' consultation will focus on implementation and integration challenges at the national and provincial level. Expected results of this activity include the development and implementation of program-specific activities to address challenges to PMTCT uptake. Since this will be a consultative process, details of the challenges and the activities will only be available after the consultative process has taken place.

ACTIVITY 3: Development of Mentorship Program

Using PEPFAR funding, Leonie Selvan Communications will continue to work with PMTCT course directors and trainers. FY 2007 funding will be used to set up a mentoring system for healthcare workers and community healthcare workers. A core group of course directors and trainers from each province will be identified and trained as mentors to assist healthcare workers with implementation at the facility level after they have attended training. The role of the mentor will be to ensure that training translates into improved service delivery. In addition, funding will be used to facilitate a mentor network allowing the mentors to support and assist each other. The mentorship program will also ensure that individuals working at the National AIDS hotline are trained in PMTCT issues and that counselors answering the phones are able to answer questions appropriately. Expected results of this activity will be capacity building of healthcare workers and community healthcare workers.

ACTIVITY 4: Development of Tools to Strengthen Linkages between PMTCT and Treatment Programs

One of the downfalls of the PMTCT program is that service delivery takes place away from the treatment program. Women are identified during antenatal care. The national policy states that all pregnant women testing positive should be staged and referred to antiretroviral services. However, the reality is that most HIV-infected pregnant women are not given a CD4 test and are not referred to treatment programs for monitoring. As a result, after delivery, most of these women are lost to follow up and only show up at health facilities with advanced stages of AIDS. To address this challenge, PEPFAR funding will be used to work with the national and provincial departments of health to develop strategies for healthcare workers to ensure better linkages between PMTCT and treatment programs.

These activities contribute to the 2-7-10 PEPFAR goals by ensuring improved PMTCT implementation, identifying women eligible for antiretroviral treatment (ART) early and ensuring appropriate monitoring of HIV-infected pregnant women. This will result in a significant number of infections averted via vertical transmission and a great number of women enrolled in ART programs.

ACTIVITY 5: Updating of PMTCT training curriculum

Using PEPFAR funding, Leonie Selvan Communiction will work with the National Department of Health, and the National PMTCT Steering Committee to update the existing PMTCT training curriculum. The curriculum will be updated to include a dual theraphy PMTCT regimine. In addition, Leonie Selvan Communication will work with the NDOH to develop a training plan to ensure successful rollout of the updated training curriculum.

Continued Associated Activity Information

Activity ID:	3338
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Leonie Selvan
Mechanism:	PMTCT Community Health Worker Strategy
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

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, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	2,100	☐

Indirect Targets

All targets are the same as the NDOH. As the activities are aimed at supporting the NDOH PMTCT program

Target Populations:

Community-based organizations
Family planning clients
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Pregnant women
Secondary school students
Women (including women of reproductive age)
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Traditional birth attendants
Traditional healers

Coverage Areas:

National

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:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	7369
Planned Funds:	$ 2,159,736.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is in support of the National Department of Health (NDOH) and is linked to other activities in support of NDOH, including those in the PMTCT (#7369), AB (#7966), TB/HIV (#7365), CT (#7366) and SI (#7364) program areas. These activities provide overall HIV and AIDS programmatic support to NDOH and supplement its 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. PMTCT-specific activities are represented on the NDOH operational plan, and contribute to the overall implementation of the national PMTCT program.

SUMMARY:
The aim of the "In Support of the NDOH PMTCT" project is to provide technical assistance to the NDOH and provincial health departments to ensure expansion and strengthening of PMTCT services in all nine provinces. The major emphasis area is training. Minor emphasis areas include development of network/linkages/referral systems, human resources, local organization capacity development, quality assurance and supportive supervision, and strategic information.

BACKGROUND:
The goal of the National PMTCT program is to reduce mother-to-child transmission of HIV by improving access to HIV counseling and testing in antenatal clinics, improving family planning services to HIV-infected women, and implementing clinical guidelines to reduce transmission during childbirth and labor. In addition, the National program is responsible for ensuring follow-up of infants born to HIV-infected mothers and ensuring that these infants are identified early and referred to treatment if necessary. The purpose of this project is to provide technical assistance to NDOH by funding two program assistants to work within the NDOH on all aspects of the program. The technical assistance focuses particularly on capacity building of healthcare workers and community healthcare workers, development and implementation of provincial PMTCT-specific operational plans, strengthening national and provincial reporting systems, coordinating the national PMTCT steering committee meeting, developing a monitoring and evaluation system for early infant diagnosis and strengthening service delivery by implementing systems strengthening activities.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Capacity Building
In FY 2004 and FY 2005, PEPFAR and the NDOH finalized the PMTCT and Infant Feeding Curricula and PEPFAR funding produced a trainers' guide, participants' guide and course directors' guide. In FY 2006, course directors and trainers were updated on the finalized curriculum and provincial training coordinators were assisted in developing provincial training plans to implement the curriculum at the provincial level. FY 2007 funding will be used to ensure that training for healthcare workers continues to expand throughout the provinces. Funding will be used to work with provincial training coordinators and ensure a minimum of two healthcare workers per health facility will be newly trained or re-trained to ensure improved PMTCT service delivery.

Since community healthcare workers are often the first point of contact for pregnant women at the health facility and are responsible for providing HIV counseling at antenatal care, FY 2006 funding was used to develop a training package and job-aids targeting community healthcare workers. FY 2007 funding will target NGOs and rollout the community health worker curriculum through training, supervising and monitoring a core group of course directors and trainers from NGOs for each of the nine provinces, and through assisting in development and implementation of provincial community health worker training plans.

In addition, the NDOH recently announced an important policy shift in ARV prophylaxis from monotherapy to dual therapy. PEPFAR funds will assist the NDOH and provincial DOH to implement this change. This may include training and technical assistance depending on requests from the SAG.

In ensuring that all healthcare workers offering antenatal care, postnatal and child health services receive training, these activities will contribute to the PEPFAR goal of averting 7

million new infections, as healthcare workers will be trained to integrate PMTCT into routine service, and more pregnant women will receive PMTCT services.

ACTIVITY 2: Monitoring Early Infant Diagnosis
FY 2006 funding supported formative work aimed at identifying psychosocial issues and implementation challenges related to early infant diagnosis. As a follow-on to this activity, FY 2007 funding will be used to create a full-fledged monitoring and evaluation system for early infant diagnosis, as no national system currently exists in this area. The system will include monitoring and evaluation training on the national protocol implementation, implementation itself and client adherence and follow-up. The activity is a logical follow-on from the formative/descriptive work conducted in FY 2006, and the results obtained from the formative work will serve as the basis for formulating monitoring and evaluation tools (both quantitative and qualitative, exploring both quality of care and service provision and client adherence and psycho-social impact) that can be used for early infant testing rollout.

Expected results include development of a draft monitoring and evaluation package to be tested in a number of facilities as the early infant testing training and protocol are progressively rolled out. The draft package will also include an assessment of the feasibility of implementing the package in different types of health facilities and how it can be adapted to facilities already offering the service. In addition, while the monitoring and evaluation package will be thorough and comprehensive, certain components may not be realistic for certain clinical settings. Therefore, part of the package will explore different levels of monitoring and evaluation (gold, silver, bronze standard) depending on the clinical environment. This will ensure exploration of quality of care issues in greater depth.

This activity will contribute to PEPFAR goals by facilitating a process where HIV-infected infants can be identified early and referred to antiretroviral therapy facilities for monitoring and ensuring that they receive treatment at the appropriate time. In addition, the focus on quality of care will ensure sustainable implementation of early infant diagnosis.

ACTIVITY 3: Technical Assistance
Technical assistance to NDOH will be conducted by two locally employed staff. Although both will engage with NDOH regularly, one locally employed staff person will work at the National program and be engaged in the day-to-day activities of the national PMTCT program. Specific technical assistance to the national PMTCT program will relate to capacity building for all cadres of healthcare workers, monitoring and evaluation, the development of protocols and guidelines, addressing challenges in implementation and integration of PMTCT into routine Maternal Child and Women's Health services and general day-to-day management of the national program. Funding will be used to assist the NDOH and provinical departments of health in the rollout of the New Strategic Plan (NSP) for HIV and AIDS, and the accelerated prevention strategy. Funding will ensure that the new PMTCT policy is disseminated throughout the country and that health care workers are trained in accordance with the NSP.

This program will contribute to 2-7-10 goals by ensuring implementation of quality PMTCT services and by preventing vertical transmission.

Added February 2008:
There is no change to this COP entry as these additional small amount of funds will be used to support activities at the request of the NDOH.

Continued Associated Activity Information

Activity ID:	3564
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Department of Health, South Africa
Mechanism:	CDC Support
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	2,000	☐

Indirect Targets

All indirect numbers are based on the data from the last 12 months from the DHIS system. For the last 12 months: 492226 women agreed to counseling and testing. 75000 received Nevirapine. Based on these figures we hope to improve Nevirapine coverage in FY07 and improve the number of women tested. These numbers are estimates.

Target Populations:

Family planning clients
Infants
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Pregnant women
Women (including women of reproductive age)
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
HIV positive infants (0-4 years)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: QAP
Prime Partner: University Research Corporation, LLC
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7431
Planned Funds: $ 500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This University Research Co., LLC/Quality Assurance Project (URC/QAP) PMTCT activity is linked to activities in Basic Health Care and Support (#7429), TB/HIV (#7430), Counseling and Testing (#7432) and ARV Services (#7428).

SUMMARY:

Through training, mentoring and the introduction of quality assurance (QA) tools and approaches, University Research Co., LLC/Quality Assurance Project (URC/QAP) will assist 130 South African Dept of Health (DOH) facilities in five provinces to improve the quality of PMTCT and follow-up services. URC/QAP will capacitate healthcare workers to ensure rapid identification and referral of HIV-infected pregnant women and their babies to appropriate services. The essential elements of QA include technical compliance with evidence-based norms and standards, interpersonal communication and counseling and increasing organizational efficiency. The major emphasis areas for this activity are QA and supportive supervision, with minor emphasis on development of networks, linkages, referral systems, training and needs assessment. The target populations include people living with HIV, HIV-infected pregnant women, HIV and AIDS affected families, HIV-infected infants, HIV-infected children, policy makers, public and private healthcare workers, community-based organizations (CBOs), and NGOs.

BACKGROUND:

URC/QAP has been supporting PMTCT programs in 120 facilities in four provinces. URC/QAP has also supported two home-based care organizations (HBOs) to improve the quality of their home-based care program targeting HIV-infected mothers and their babies. A collaborative model has been used to rapidly expand access to PMTCT services in a large number of antenatal care (ANC) facilities. In FY 2007, URC/QAP plans to expand the program to a total of 130 facilities and assist health facilities to integrate PMTCT with ANC services and improve postnatal follow-up of babies. This is a major area of concern as most HIV-exposed babies do not receive follow-up care. URC/QAP will assist healthcare facilities in integrating follow-up strategies into postnatal/well-baby services. Appropriate changes will be made and monitored to ensure implementation and compliance with national guidelines in all 130 facilities. URC/QAP coordinators will facilitate training in integrating clinical practices. Counseling on infant feeding, appropriate opportunistic infection prophylaxis and mother-baby follow-up will be improved. URC/QAP will continue to provide support to additional CBOs to improve the quality of their services to peripartum women. Support will focus on improving infant feeding practices and follow-up care of HIV-infected infants. URC/QAP will work with district supervisors to ensure that they provide ongoing support and mentoring to healthcare workers.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Establish Facility-level Quality Improvement Teams

URC/QAP will work with each facility to identify core teams representing various service delivery components such as ANC, and HIV Care and Treatment. Facility teams, with URC/QAP and DOH staff support, will be responsible for developing facility-based plans for increasing the uptake and quality of PMTCT services. Each facility team will conduct regular rapid assessments to identify and address quality gaps. Assessments will be conducted by using standardized quality assurance (QA) tools based on NDOH standards. URC/QAP will assist each facility team to develop a strategic plan for improving the uptake of PMTCT and follow-up services. Interventions will include: (1) use of QA tools to improve compliance with national and provincial guidelines; (2) re-design of clinical processes to improve patient flow and service times; and (3) train facility teams to analyze their performance and compliance in relation to standard indicators. URC/QAP will engage in social mobilization activities to address issues of psychosocial support, stigma reduction and prevention of domestic violence for HIV-infected pregnant women. These would involve working with communities, CBOs, and HBOs to improve the visibility of PMTCT activities: increasing VCT in communities by education (in facilities and door-to-door/household visits); and hosting open days for clinic staff and community members, to showcase improvement activities and encourage support for improvement

initiatives.

ACTIVITY 2: Referrals and Linkages

URC/QAP will facilitate linkages to treatment for eligible women and their infants by ensuring training and compliance of facility staff with national guidelines and implementing quality improvement plans including process re-design, integration of services, and enhancement of network development with CBOs to improve referral patterns. URC/QAP will strengthen the ability of healthcare workers to provide infant care follow-up, opportunistic infection (OI) prophylaxis, and basic preventive care to HIV-exposed infants identified in the PMTCT programs. URC/QAP will continue to promote improvements in counseling of mothers regarding infant follow-up and best practices, early infant diagnosis, ongoing training and onsite mentoring, and support for national initiatives. URC/QAP plans to strengthen linkages to Orphans and Vulnerable Children (OVC) programs and to routine maternal and child health services, including family planning. It is envisaged this will serve to identify and strengthen existing networks; highlight gaps in the quality of services provided; and provide information about the feasibility of incorporating relatively rapid QA approaches into ongoing OVC programs.

ACTIVITY 3: Strengthening Supervision

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 and ensuring that the improvement plans are implemented correctly. During these visits, URC/QAP and facility staff will compare performance data with expected results. 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-assisted facilities to assess compliance with quality assurance standards and other key performance indicators. URC/QAP will train district and facility-level supervisors in QA methods and develop supervision techniques to improve the sustainability of QA within the PMTCT program.

Although the coverage area for the URC/QAP PMTCT project is primarily Eastern Cape, KwaZulu-Natal, Limpopo, North West, and Mpumalanga, some activities are also directed at the national level. URC/QAP will actively participate in the training and development of the National NDOH PMTCT monitoring and evaluation framework, in collaboration with NDOH staff, to ensure accountability and long-term sustainability of the program. URC/QAP will advocate for strategies to address male norms and behaviors (Key Legislative Area) specifically seeking their involvement in PMTCT and highlight the importance of partner testing at all levels. Male involvement in the URC/QAP PMTCT program involves sensitizing staff to the importance of male testing and participation in PMTCT programs. Male counselors are being trained at some facilities, to enhance the current system. Promoting integration of services at the facility level ensures the development of links between services such as sexually transmitted infections, family planning and VCT, promoting holistic care.

URC/QAP will contribute to 2-7-10 PEPFAR goals by ensuring a strengthened PMTCT program, including rapid identification and referral of HIV-infected pregnant women and their babies to appropriate services and assuring quality service delivery, thus reducing the number of mother-to-child infections.

Continued Associated Activity Information

Activity ID:	3111
USG Agency:	U.S. Agency for International Development
Prime Partner:	University Research Corporation, LLC
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	130	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	26,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	7,500	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	200	☐

Target Populations:

Community-based organizations
Doctors
Nurses
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Teachers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7508
Planned Funds: $ 1,275,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG: The Academy for Educational Development (AED) will collaborate with other PEPFAR partners, including FHI (#7587) and JHPIEGO (#7888), in the PMTCT program area with links to Treatment, Basic Health Care and Support, and TB/HIV services.

SUMMARY: AED will use FY 2007 PEPFAR funding to support integration of maternal nutrition and Infant and Young Child Feeding (IYCF) in the context of HIV policy into healthcare and community services through three components: training of healthcare providers and community health workers from all nine provinces; assistance for implementation of integrated IYCF and PMTCT model in two districts of KwaZulu-Natal and one district each in North West, Mpumalanga and Eastern Cape; and support to enhance public awareness of the importance of maternal nutrition and IYCF in PMTCT.

BACKGROUND: This is an ongoing AED project, initiated in FY 2004 with PEPFAR funding. The first activity was development of guidelines on nutrition for pregnant and lactating women and IYCF in the context of HIV and AIDS. AED has been working in collaboration with the South African National Department of Health (NDOH) nutrition directorate and local NGOs to build health workers' capacity to integrate maternal nutrition and IYCF into existing healthcare and community services based on these guidelines. This will continue with FY 2007 funding. In addition, AED will continue to support efforts to enhance public awareness of the importance of improved nutrition for HIV-infected women in general and pregnant and lactating women in particular, as well as the importance of IYCF counseling as an aspect of PMTCT. Furthermore, AED will provide technical assistance to the National, Provincial and District Departments of Health and selected NGOs and FBOs to enhance male involvement to address gender issues in PMTCT. AED will also provide technical assistance to ensure sustainability through continuing support and monitoring of PMTCT data. AED will also provide technical assistance to provincial DOH staff to encourage expansion to other sub-districts in the provinces and promote greater sustainability.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Technical Assistance to NDOH, NGOs and FBOs
Building on the development of Maternal Nutrition Guidelines in collaboration with the NDOH, further technical assistance will be provided to National, Provincial and District Departments of Health and selected NGOs and FBOs. This technical assistance will increase Human Capacity Development (HCD) by training health workers to integrate counseling on maternal nutrition and IYCF in the context of HIV into existing healthcare and community services. AED will provide technical assistance to the targeted provincial Departments of Health in the implementation of the guidelines.

In addition, following last year's successful training of lecturers from universities and schools of nursing in the integrated model, AED will provide technical assistance to develop capacity to include the integrated program into existing professional development curricula of nurses and dieticians' pre-service orientation. Additional trainers from these institutions in the nine provinces will be trained at the national level as well as provincial level in Gauteng, Limpopo, Northern Cape, Western Cape and Free State provinces. Healthcare providers from each of the five target provinces will be trained to provide direct integrated services to clients in their respective districts.

Policies and guidelines on pregnant and lactating mothers and IYCF in the context of HIV will continue to be disseminated and implemented. Technical assistance will be provided to Mpumalanga, Eastern Cape and North West 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 service outlets. Facilities where AED is currently working will continue to receive support, mentorship and in-service training around issues not fully addressed during the initial implementation of the program, such as stigma and family planning. Program managers working with women and children (on integrated management of childhood illnesses, PMTCT, VCT, Maternal, Child and Women's Health, and Health Promotion) will be mobilized on the promotion of the Baby Friendly Community Initiative in the context of HIV.

ACTIVITY 2: Quality assurance
Building on the activities of FY 2006 in the four sub-districts (Kagisano Molopo, North

West; Qaukeni, Eastern Cape; Umzumbe, KwaZulu-Natal; and Kabokweni, Mpumalanga), AED will support existing facilities to increase the provision of quality care by supporting the provision of refresher courses for performance and quality improvement in the integration of nutrition to the basic PMTCT package. AED will provide technical assistance for the integration of safe-feeding practices in PMTCT into antenatal, labor and delivery practices, as well as post-natal care. Quality assurance and supervision will be provided using the trained Baby Friendly Hospital Initiative assessors to conduct internal and external assessments.

ACTIVITY 3: Family Centered Community Care
Technical assistance will be provided to three sub-districts to implement the "Family Centered Community Care" approach, with clear follow-up and referral system for mothers and infants. CBOs, NGOs and FBOs will contribute to community mobilization. Technical assistance will be provided to care workers and community volunteers to address stigma and discrimination, including gender issues. In addition, key community members, leaders, and religious leaders will be trained to organize behavior change communication activities on male involvement and people living with HIV in each of the three target facilities.

AED will support development of linkages and referrals to existing services such as family planning, TB treatment, and care and support for HIV-infected mothers and families. AED will strengthen linkages between facility interventions and community services for follow-up, couple counseling, family-based counseling and testing, specifically involving men in PMTCT activities, and will also encourage and facilitate public private partnerships.

ACTIVITY 4: Integrated IYCF/PMTCT expansion to Northern Cape
AED is intending to expand to the Northern Cape with FY 2007 funding. In the Northern Cape, AED will work in partnership with FHI and JPHEIGO to harmonize the PMTCT provincial guidelines and monitoring systems. Future expansion of the integrated IYCF/PMTCT model will target the Western Cape, Gauteng, Limpopo and Free State provinces.

Activity 5:
Plus-Up funds will support the roll-out of and training on the new NDOH PMTCT guidelines with the integration of maternal nutrition and Infant and Young Child Feeding practices. This will include capacity development of non-governmental organizations and community health care workers in existing provinces so they will be able to play a key role in achieving project targets, strengthening referrals and linkages; improving monitoring and evaluation to ensure program sustainability within the selected provinces. Funds also will be used to expand the program by providing onsite support to other service outlets within the existing districts.

These activities will directly contribute to the seven million infections averted component of the 2-7-10 objective of PEPFAR by training additional health workers on safe infant feeding practices, hence reducing the risk of transmission via mixed feeding. AED will contribute to the PEPFAR vision outlined in the five-year strategy for South Africa by expanding access to PMTCT services and by improving PMTCT related counseling of mothers.

Continued Associated Activity Information

Activity ID:	3285
USG Agency:	U.S. Agency for International Development
Prime Partner:	Academy for Educational Development
Mechanism:	LINKAGES
Funding Source:	GHAI
Planned Funds:	$ 620,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	83	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	387	☐

Indirect Targets

Through the newly trained health care workers in FY 2007, AED will be able to provide support to about 800 active carers in the field, therefore indirectly having an impact on PMTCT service delivery. The organization expects that each of these care providers will reach at least 25 pregnant and lactating women in their areas and encourage them to be counseled and tested for PMTCT and receive their results. The community health workers trained will actively refer clients to health facility providing PMTCT services.

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
Doctors
Nurses
Traditional healers
HIV/AIDS-affected families
Infants
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Pregnant women
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders
Other Health Care Worker
Doctors
Nurses
Traditional healers
Other Health Care Workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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 3.3.01: 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:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	7557
Planned Funds:	$ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This PMTCT activity relates to other activities implemented by Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in Basic Health Care and Support (#7554), OVC (#7555), CT (#7556), ARV Services (#7553), and TB/HIV (#7666). Technical assistance is provided by Management Sciences for Health/Rational Pharmaceutical Management (RPM Plus) project in ARV Services (#7559), PMTCT (#7854), and TB/HIV (#7856).

SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the National Department of Health (NDOH) will support the expansion of Prevention of Mother-to-Child Transmission (PMTCT) services at 150 public health facilities (hospitals and clinics) in eight districts in five provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West) by building human capacity of health workers to provide comprehensive PMTCT care. IPHC capacity building activities will include training, mentoring, coaching and supporting healthcare providers to provide quality PMTCT services to all antenatal care (ANC) clients. Providers' skills will be enhanced to promote better practices around infant feeding and contribute to a reduction in HIV transmission from mother to infant in line with South African Government (SAG) guidelines. The target populations include adults, pregnant women, HIV-infected pregnant women, HIV-infected infants (zero to five), nurses, other healthcare workers, community leaders and traditional healers. The major emphasis area is quality assurance and supportive supervision, with minor emphasis on community mobilization/participation and training.

BACKGROUND:

IPHC will continue activities initiated in FY 2006 in support of the National Department of Health (NDOH) PMTCT program and in line with the NDOH Comprehensive Plan for HIV and AIDS. IPHC will work with department of health (DOH) service providers at the facility level to increasthe uptake for HIV counseling and testing during antenatal care; increase the number of HIV-infected mothers and infants on prophylactic treatment; and to increase support for infant feeding practices and referral to antiretroviral treatment (ART) when required. IPHC will improve the quality of the service by integrating PMTCT into routine Maternal, Children and Women's Health (MCWH) services. IPHC will give special attention to HIV-infected mothers who fall pregnant after the first positive baby, through an integrated approach strengthening maternal and women's health and family planning programs. These programs will ensure HIV-infected women are aware of the risks associated with mother-to-child-transmission and are able to make informed choices about conception. Increasing partner testing and male support is also envisaged in this integrated approach. IPHC will strengthen the community support of HIV-infected mothers. Rational Pharmaceutical Management Plus (RPM Plus) will partner with IHPC to provide support with PMTCT drug logistics.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

IPHC Project will train healthcare providers (both professional and non-professional) in eight districts in five provinces on comprehensive PMTCT service delivery using the South African NDOH national PMTCT training guidelines. The training will be a participatory activity with the district management teams to ensure that the training is fully integrated into the provincial PMTCT training plans. Health service providers will be trained to counsel and test pregnant women and their partners, promote infant feeding for prevention of HIV transmission from mother-to-child, conduct clinical staging of the HIV-infected pregnant mother, tuberculosis (TB) screening and treatment of opportunistic infections (OI). They will also receive training on appropriate client screening mechanisms and referrals for antiretroviral (ARV) triple therapy and provision of ARV prophylaxis to HIV-infected mothers who do not qualify for triple therapy. IPHC will train service providers from the eight districts in five provinces, increasing the number of health service providers with PMTCT skills and improving the quality of PMTCT care. IPHC will coordinate

with provincial governments in each province to ensure the training is supportive of on-going provincial PMTCT training efforts and may include co-funding workshops to avoid duplication. The newly acquired skills will be strengthened through on-site mentoring and coaching by IPHC technical staff and in-service training of facility staff on specific interventions for increasing PMTCT uptake. These may include compulsory individual counseling and routine offering of HIV testing (opt-out) to all ANC clients.

ACTIVITY 2: System Strengthening

The focus of this activity will be to improve the quality of counseling services, logistics and commodity management to ensure adequate supply of PMTCT-related commodities such as HIV test kits, nevirapine and infant formula. Emphasis will also be placed on record keeping and reporting systems to improve data accuracy and the quality of reports. In addition IPHC will integrate PMTCT services into routine maternal and child health services to broaden the use and availability of PMTCT services and will focus on improving mother-baby follow-up to track the infants born to HIV-infected mothers. This is in line with the South African Government (SAG) policy of testing babies born to HIV-infected mothers at specified intervals. DOH Program managers and supervisors will be supported to strengthen referral systems between the three healthcare levels (e.g. Primary Health Care, district, and tertiary hospitals) and to ensure that ongoing support and mentoring is provided to facility staff. IPHC will provide technical assistance support, mentoring and coaching to the facility health service providers in the eight districts to standardize referrals and ensure that all referrals are followed up and monitored to ensure that the client has received the required service.

ACTIVITY 3: Building Community Networks

IPHC Project will support community groups to encourage couple counseling and testing (CT) and to encourage more men to get tested. Traditional leader forums, community-based organizations, and NGOs will identify community sources of supportive encouragement and follow-up for HIV-infected mothers and their infants. Traditional leaders will be trained to increase and mobilize male/partner understanding of HIV and AIDS and the need for CT and PMTCT and so strengthen the support network for the mother. Community healthcare workers will be trained to promote and counsel for exclusive infant feeding practices among HIV-infected women, tracking infants to ensure follow-up and nutrition support for mothers. IPHC will assist districts to implement and strengthen counseling and support for HIV-infected pregnant women.

The IPHC Project will assist PEPFAR in reaching the vision outlined in the USG South Africa five-year strategy by increasing access to PMTCT services, improving the quality of PMTCT care services and increasing the awareness and demand for PMTCT services, thereby contributing to the 2-7-10 goal of 7 million HIV infections averted. These prevention outcomes are in line with the USG goal of integrating maternal and child services into the primary healthcare system in South Africa.

Continued Associated Activity Information

Activity ID:	2952
USG Agency:	U.S. Agency for International Development
Prime Partner:	Management Sciences for Health
Mechanism:	TASC2: Intergrated Primary Health Care Project
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	150	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	19,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	5,000	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	350	☐

Indirect Targets

In addition to the direct reach in PMTCT, the IPHC project will mentor and coach provincial, district, sub-district level health managers as well as HIV and AIDS program managers in implementing, monitoring and evaluation PMTCT services at district, sub-district and facility level in all the 5 provinces. In addition the project will assist the designated provinces in implementing policy guidelines for the PMTCT program to reflect changes in national policy and to increase uptake of these services (this includes the compulsory counseling of all ANC clients for HIV). Provincial and district support will be extended to infant follow-up and designing, improving and finding solutions to data capture, recording, reporting and improvement in quality of service delivery.

Target Populations:

Adults
Community leaders
Nurses
Traditional healers
People living with HIV/AIDS
Pregnant women
Other Health Care Worker
HIV positive infants (0-4 years)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7587
Planned Funds: $ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This PMTCT activity relates to other activities implemented by Family Health International in Basic Care and Support (#7584), Abstinence/Be Faithful (#7585) and ARV Services (#7593) program areas.

SUMMARY:

Family Health International (FHI) will collaborate with PEPFAR-funded prevention of mother-to-child transmission (PMTCT) partners to strengthen PMTCT services in four provinces. FHI will provide a PMTCT Training of Trainers (TOT) course designed for program implementers. Auxiliary nurses and lay counselors will be equipped with appropriate knowledge and skills of PMTCT. With the provincial departments of health (DOH), FHI will design and provide technical assistance (TA) to PMTCT facilities to improve the quality of those services. This project will provide resources to other PEPFAR partners, including Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and JHPIEGO. The target populations include adult men and women of reproductive age; family planning clients; pregnant women; people living with HIV and AIDS; HIV-infected pregnant women; policy makers; National AIDS Control staff; nurses; and international counterpart organizations. The major emphasis area is training, with a minor emphasis on development of networks, linkages and referral systems; and information, education and communication.

BACKGROUND:

Since FY 2004, FHI has provided TA to select South Africa provincial DOH PMTCT facilities. The goal of this TA was to improve overall performance of selected PMTCT sites, with an emphasis on promoting best practices including the provision of antiretroviral (ARV) prophylaxis and family planning (FP) counseling and referrals. During FY 2004, FHI supported the provincial DOH in Limpopo and Northern Cape provinces by providing training to over 100 PMTCT service providers and on-site TA to 20 PMTCT facilities. In FY 2005, FHI collaborated with the Northern Cape DOH to select 30 new PMTCT facilities in five districts to participate in the project. FHI conducted trainings for 111 auxiliary nurses and lay counselors in the five districts. In FY 2006 FHI is continuing to work in Limpopo and Northern Cape provinces and has extended TA to Free State and North West provinces. At the request of these provincial Departments of Health, FHI is assisting in the development and adoption of provincial PMTCT protocols.

In FY 2007, FHI will continue to provide TA to Free State, North West, Northern Cape and Limpopo provinces and will expand the program to select facilities in Western Cape province. With FY 2007 funding, the project will build on the lessons learned from the two previous years of PEPFAR funding. FHI will develop and make available on CD-ROM an interactive tutorial that can be used by other PMTCT implementing agencies and the DOH. FHI will also provide TA to improve overall PMTCT performance and on strengthening the systems necessary to support PMTCT programs (e.g., supervision). FHI, in conjunction with clinics, will also design strategies to improve outreach to male partners of women availing themselves of PMTCT services, hence increasing gender equity in HIV programs and addressing male norms and behaviors by providing training on couple counseling, and promoting male attendance at antenatal visits with women (based on women's consent).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Capacity Building

FHI's activities will build on the FY 2006 program in which FHI developed human capacity by refining the current training course for auxiliary nurses and lay counselors and equipping them with the knowledge and skills necessary to strengthen PMTCT services, including: 1) counseling and testing; 2) provision of ARV prophylaxis; 3) counseling and support for safe infant feeding practices; and 4) counseling on FP. Focusing on transferring skills to trainers to train providers, as well as to providers directly, FHI will:

a) Finalize the curriculum and develop TOT training materials on CD-ROM, which will be a resource for the DOH, all PEPFAR partners, and other PMTCT stakeholders. The CD-ROM

will include the facilitator's guide and participant manual from the refresher course. Interactive in nature, the contents will focus on the main components of a comprehensive PMTCT program and will have an emphasis on increasing counselors' and nurses' knowledge of appropriate FP methods for women with HIV, including those women receiving ARV treatment, strengthening counselors' communication and counseling skills around FP for PMTCT clients, and providing referrals;

b) Provide the TOT course to other agencies supporting or implementing PMTCT programs (e.g., EGPAF, NDOH, JHPIEGO) and work closely with them to provide additional TA to rollout the TOT curriculum through their programs.

ACTIVITY 2: Technical Assistance

FHI will provide TA to the DOH in PMTCT facilities in four provinces, Free State, North West, Limpopo and Western Cape, to improve program performance. Specifically, the scope of work for the TA is:

a) Conduct training courses for auxiliary nurses and lay counselors to strengthen the four main components of the selected PMTCT programs; and design the TA with the DOH to ensure activities fit into the existing health system to help promote sustainability;

b) Clarify performance expectations of newly trained staff and managers and to strengthen supportive supervision processes;

c) Strengthen referral systems to successfully increase ability to make and track referrals;

d) Improve functional referrals from FP facilities to PMTCT facilities;

e) Conduct training on couple counseling and creating strategies to involve male partners in PMTCT visits, and;

f) Draw on the results of FHI's research on optimal timing for FP counseling to provide TA to facilities that will include the development of FP messages to be incorporated into points in the service delivery system that have shown to increase the likelihood of uptake of FP (e.g., pre-/post-test counseling, post-partum period, infant feeding counseling, infant testing, or child health services).

This project contributes to PEPFAR 2-7-10 goals by reducing the number of new infections infants exposed to HIV and ensuring that HIV-infected pregnant women and infants are appropriately referred to treatment, care and support services. In addition, FHI by strengthening the FP component of PMTCT programs to help prevent future unintended pregnancies in HIV-infected women.

Continued Associated Activity Information

Activity ID:	2929
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	CTR
Funding Source:	GHAI
Planned Funds:	$ 250,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	60	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	300	☐

Indirect Targets

Through the TA that FHI will provide to the DOHs 60 sites, they will have an indirect impact on PMTCT service delivery in those four provinces. Five providers per site will be trained, for a total of 300 individuals trained.

Based on FHI's experience providing TA to PMTCT sites in the FY 2004 and FY 2005, approximately 100 women per site were counseled, tested and received test results and about 20 percent of women tested will test positive and 70 percent of those who test positive will receive ARV prophylaxis.

Target Populations:

Adults
Family planning clients
Nurses
International counterpart organizations
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Pregnant women
HIV positive pregnant women
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Free State

North-West

Limpopo (Northern)

Western Cape

Table 3.3.01: Activities by Funding Mechanism

Mechanism: PHRU
Prime Partner: Perinatal HIV Research Unit, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7599
Planned Funds: $ 1,450,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to PHRU activities described in the following program areas: Basic Health Care and Support (#7598), TB/HIV (#7595), CT (#7596), Condoms and Other Prevention (#7881), ARV Services (#7597) and ARV Drugs (#7600 with funding through USAID and #7495 with funding through NIH).

SUMMARY:

The approach taken by the Perinatal HIV Research Unit (PHRU) is one of comprehensive, high quality care and support for PLHIV. The PHRU will use PEPFAR funds to provide high quality coverage of prevention of mother-to-child transmission of HIV (PMTCT) in Soweto (Gauteng Province), Limpopo and Mpumalanga Provinces. This will include support to pregnant women for post counseling and testing (CT), referral of women to appropriate HIV and AIDS treatment programs and support for early testing of infants exposed to HIV. The major emphasis area addressed is human resources; minor areas are information, education and communication, local organization capacity development and training. The target populations are adults, pregnant women, HIV-infected infants (0-4 years), PLHIV and their families. Issues of US legislative interest are: gender (increasing gender equity in HIV/AIDS programs, male norms and behaviors), stigma and discrimination and US-based volunteers.

BACKGROUND:

In partnership with the Gauteng Provincial Department of Health (DOH) the PHRU has been running the Soweto (Gauteng) PMTCT program since 2000. All pregnant women accessing public health antenatal clinics are reached, resulting in very high uptake rates. The PHRU offers post-partum counseling and testing (PPCT) in the maternity wards at the tertiary hospital (Chris Hani Baragwanath Hospital (Bara)) where most deliveries in Soweto take place, and provides post-exposure prophylaxis (PEP) to infants exposed to HIV. In partnership with the Rural AIDS Development Action Research Program (RADAR) and HIVSA the PHRU has supported the Limpopo Provincial DOH provide PMTCT service in the Bohlabela district since 2003. The PMTCT service is integrated into maternal and child health services. All activities are ongoing and are funded by PEPFAR. The close partnership with the DOH and emphasis on capacity building and training ensures sustainability of the programs.

All PMTCT sites use rapid HIV tests with results given on the same day. Each day a group health talk is given, followed by individual pre-test counseling. After a pregnant woman voluntarily consents to testing, the test is conducted and the results given during individual post-test counseling session. Women testing HIV-positive are then provided with ARV prophylaxis following the South African Government (SAG) guidelines. The PMTCT program is an important entry point for HIV-infected women to access palliative care and ARV treatment (ART) for themselves and their families. All women who test positive are referred for CD4 count tests, those with CD4 counts<200 cells/mm3 are referred for ART. Infants born to positive women are given nevirapine syrup in the labor wards and a PCR test is conducted at 4 - 6 weeks. Infants are given cotrimoxazole prophylaxis and other basic preventive care.

Psychosocial support is provided through on-going counseling and support groups. Information is provided on issues such as safe infant feeding practices, formula, nutrition, general healthcare, family planning, prevention for positives and disclosure. Negative women are provided with information on how to stay negative. Safe disclosure is encouraged to reduce stigma and violence (key US legislative issue). All women are encouraged to bring their partners for testing to increase male involvement in HIV and AIDS care and treatment programs and to improve male involvement in PMTCT and reduce stigma (key US legislature issues). Health workers and lay counselors are mentored, provided with debriefing and continuous in-service training on PMTCT and developments in the field.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: PMTCT, GAUTENG (urban township)

The PMTCT program in Soweto is considered a best practice model for PMTCT in South Africa with greater than 96% uptake at each stage of the cascade. The program is ongoing and will continue operating in all Soweto public antenatal clinics with funding from PEPFAR and Gauteng DOH. Staff employed with PEPFAR funding offer PMTCT to around 30,000 pregnant women annually. Around 30% are HIV-infected and about 27,500 receive their results. Following SAG guidelines for PMTCT, positive women and their babies are provided with ARV prophylaxis. Support groups run at all clinics with emphasis on HIV information, prevention for positives, informed infant feeding choices, nutrition, safe disclosure to partners, etc. Partners are encouraged to come for testing and be involved in PMTCT.

All HIV-infected women are referred for CD4 count tests and those with CD4<200 cells/mm3 are referred for ART. Currently over 60% of women accept the CD4 count test with half receiving their results. The introduction of PCR testing for infants by DOH provides the opportunity for early infant diagnosis of HIV and referral for appropriate treatment and care, currently more than 50% of babies are tested. Over time the program will become more closely integrated with ARV treatment and will improve gender equity in treatment programs.

ACTIVITY 2: PPCT, GAUTENG (urban township)

Each year, two thirds of births (around 20,000) in Soweto occur at Bara Hospital. Around 3,000 women at the time of delivery present with an unknown HIV status. In this ongoing activity, staff funded by PEPFAR work with DOH staff to provide PPCT. A PEP dose of Nevirapine syrup is provided for HIV-infected mothers' infants to reduce the risk of transmission. It has been shown that a post-exposure prophylactic dose of Nevirapine is effective if given to infants within 72 hours of birth. Approximately 2,500 women are offered PPCT, about 2,000 accept and receive their results. Around 30% of these test HIV-infected. Over 98% accept Nevirapine for their infant. The uptake of the program is high and operates seven days a week to ensure access for all women giving birth. Women who tested negative early in pregnancy will be offered a follow-up test. Positive women identified at the time of delivery are provided with psycho-social support through counseling and groups, referred for CD4 count tests and early infant diagnosis.

ACTIVITY 3: PMTCT, LIMPOPO/MPUMALANGA (rural facilities)

PMTCT in the Bohlabela District is run by the provincial DOH. The PHRU, through RADAR and HIVSA, supports PMTCT at Tintswalo hospital with PEPFAR funding. Activities include mentoring the counselors, assisting with referrals and providing education and support to pregnant women. Each year, around 4,000 women deliver at the hospital; about 25% are HIV-infected. RADAR will liaise with the PMTCT service providers to ensure increased uptake of HIV counseling and testing. Following SAG guidelines, ARV prophylaxis is given to the mother and infant. Women testing positive are referred for CD4 count tests and to ART if CD4<200cells/mm3. All women are encouraged to bring their infants for testing at 6 weeks. Support groups and counseling are available with emphasis on informed safe infant feeding practices, nutrition, disclosure to partners, early infant testing, HIV information, etc. HIVSA provides support groups in the district primary care clinics assisted by a US-based volunteer (key legislative issue).

These activities directly contribute to the PEPFAR 2-7-10 goals by improving access to and quality of PMTCT services, testing pregnant women, identifying HIV-infected persons, reducing transmission to infants and improving access to care and ARV treatment.

Continued Associated Activity Information

Activity ID:	3103
USG Agency:	U.S. Agency for International Development
Prime Partner:	Wits Health Consortium, Perinatal HIV Research Unit
Mechanism:	PMTCT and ART Project
Funding Source:	GHAI
Planned Funds:	$ 1,035,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	15	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	28,500	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	8,000	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	50	☐

Target Populations:

Adults
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Other Health Care Worker
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Volunteers

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Frontiers
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7613
Planned Funds: $ 0.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is linked to Population Council's other activities in AB (#7614), Other Prevention (#7611), Counseling and Testing (#7612), and ARV Services (#7861).

SUMMARY:

Population Council (PC) is using PEPFAR funding to provide technical assistance (TA) to the KwaZulu-Natal Department of Health (DOH) in the development of a provincial antenatal (ANC) and postnatal (PNC) policy and evidence-based comprehensive guidelines. These will incorporate aspects of HIV prevention, counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), antiretrovirals (ARV) and male involvement, which are aimed at providing pregnant women, their partners and infants with quality comprehensive care during the ANC and PNC period. Outputs will also include a provincial strategy for monitoring and supervision; a set of job aides; and training materials to support implementation. In FY 2007, PC will provide TA in the operational phase and assist in planning the implementation of guidelines in KwaZulu-Natal and other provinces. To date, this has been a provincial activity, with focus primarily on KwaZulu-Natal; however, in FY 2007 PC will work in close collaboration with the National Department of Health (NDOH) to identify new provinces for implementation. The target populations for this activity are people living with HIV and AIDS; HIV-infected pregnant women; program managers; policy makers; National AIDS Control Program Staff; other DOH Staff from three provinces; nurses and Non-governmental Organizations (NGOs). The emphasis areas for this activity are policy and guidelines, quality assurance and supportive supervision, strategic information, as well as training.

BACKGROUND:

PC currently provides TA using a participatory methodology aimed at ensuring that local, national and international evidence, and relevant guidance from the vertical HIV related programs (CT, PMTCT, ARV) feed into the development of comprehensive and integrated provincial ANC and PNC policies and guidelines. This ongoing project, commenced in 2004 with PEPFAR funding, is carried out in collaboration with the Reproductive Health and HIV Research Unit (PEPFAR funded) and three KwaZulu-Natal DOH directorates (Maternal Child and Women Health [MCWH], Sexually Transmitted Infections [STI] and PMTCT). The KZN MCWH is the lead for the provincial "Core Team." The overall function of the Core Team is to steer the development of policy and guidelines. To date, multiple stakeholders and the Core Team have developed drafts of both the policy and guidelines. As part of the process to inform the development of the policy and guidelines, the Core Team conducted focus group discussions with pregnant women to identify their maternal health needs. During this funding period, the project will move from the guideline development phase to an operational implementation phase.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Technical Assistance

PC will provide ongoing TA to the KwaZulu-Natal DOH as key drivers of the PMTCT policy and guideline development. PC will coordinate the operational implementation phase by developing further resources including guidelines for monitoring and evaluation tools, job aides and training material.

ACTIVITY 2: Strengthening Human Capacity Development

This activity is being co-funded with the KwaZulu-Natal MCWH Directorate. Once the tools are finalized, PC will coordinate the implementation planning. The KwaZulu-Natal MCWH directorate is committed to a province-wide effort to rollout PMTCT training. In alignment with a National Human Resources Plan for Health, PC will provide TA to the MCWH for the province-wide rollout of the guidelines and job aides. Using a training-of-trainers methodology, PC will use PEPFAR funds to conduct training of trainers' workshops; to coordinate and document the process; and to strengthen monitoring and evaluation systems.

ACTIVITY 3: Scale-up of the Policy/Guidelines

The final PMTCT policy and guidelines will be launched at a provincial stakeholder's workshop, which will involve all relevant local and national DOH counterparts. Dissemination will be important in order to learn from the key findings to inform future initiatives. It is anticipated that other provinces will be interested in similar initiatives and PC will offer technical assistance to adapt the tools to their specific context. PC will work with KwaZulu-Natal MCWH and the two new provinces identified by the NDOH to strengthen referral systems and linkages.

This activity will contribute to the overall PEPFAR goals of preventing 7 million new infections by strengthening PMTCT programs with policy and guidelines and an implementation plan in the province most affected by the HIV and AIDS crisis.

Continued Associated Activity Information

Activity ID:	2971
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Council
Mechanism:	Frontiers
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement 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 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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Indirect Targets

The Population Council will offer support to 3 directorates in the KZN Department of Health (MCWH, STI and PMTCT). Through this technical assistance, the Population Council will indirectly impact the PMTCT program in KZN. The KZN Department of Health has 64 hospitals and 636 clinics in total. As such, approximately 3,190 professional and enrolled nurses over two years and across the province will benefit as indirect targets through receiving training in quality comprehensive ANC and PNC new guidelines.

Target Populations:

Doctors
Nurses
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Pregnant women
Program managers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
HIV positive infants (0-4 years)

Key Legislative Issues

Other

Coverage Areas

KwaZulu-Natal

Table 3.3.01: Activities by Funding Mechanism

Mechanism: RPM Plus 1
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7854
Planned Funds: $ 300,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This RPM Plus PMTCT activity relates to other RPM Plus activities in ARV Drugs and Services (#7558 and #7559) and TB/HIV (#7856). In addition, RPM Plus is a member of the Partnership for Supply Chain Management (#8107 and #7935).

SUMMARY:

Management Sciences for Health's (MSH) Rational Pharmaceutical Management Plus (RPM Plus) Program will strengthen the pharmaceutical component of the Prevention of Mother-to-Child Transmission (PMTCT) services at the facility level and the role of pharmacy personnel in promoting and supporting PMTCT services. Three activities have been identified: conduct focused provincial assessment of the pharmaceutical component of PMTCT services; assist with the review of National PMTCT standard treatment guidelines (STGs); and train primary healthcare pharmacy personnel to increase their role in supporting National Department of Health (NDOH) prevention efforts. The major emphasis area is needs assessment, and minor emphasis areas include human resources, linkages with other sectors, logistics and training. Target populations include women, infants, family planning clients, people living with HIV and AIDS (PLHIV), policy makers, national program staff, and public doctors, nurses, pharmacists, and other healthcare workers.

BACKGROUND:

In South Africa, the implementation of PMTCT services is one of the key HIV and AIDS interventions, as prevention remains the cornerstone of the country's response to HIV and AIDS. PMTCT services are available through hospitals, midwife obstetric units, community health centers and primary healthcare clinics. In 2003, RPM Plus received funds from the USAID Child Survival program to assist in strengthening the "pharmaceutical component" of the PMTCT program. An in-depth analysis of existing policies and practices was conducted and an assessment tool was developed in collaboration with the National and all nine Provincial Departments of Health. This tool is being field tested at pilot facilities in selected provinces. RPM Plus is also providing support to the National Department of Health Pharmaceutical Policy and Planning Cluster (NDOH-PPP) and the Medicines Control Council (MCC) of the Medicines Regulatory Authority (MRA) with the selection, review of the drug(s) and regimen of choice for PMTCT.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Needs Assessment

RPM Plus will assist provinces and local government in identifying strengths and limitations of the pharmacy components of PMTCT services at the facility level and also resolving issues related to coordination and collaboration between department/directorates at the provincial level. The assessments will examine: (1) The management of nevirapine donations (Free State, KwaZulu-Natal, and Northern Cape provinces); (2) The availability of cotrimoxazole, infant formula and rapid HIV test kits; (3) The use of nevirapine single-dose regimens and identification of women requiring immediate access to combination regimens (without going through the antiretroviral treatment (ART) readiness program); (4) The integration of PMTCT commodities in the provincial supply chain; and (5) The role of pharmacy personnel in supporting PMTCT and counseling and testing (CT) services.

The assessment will identify critical issues in the systems and policies that may facilitate expanded access to PMTCT commodities and provide recommendations for strengthening the role of national and provincial pharmaceutical services in supporting PMTCT services at all levels.

The recommended approach combines an indicator-based assessment with in-depth analysis of critical pharmaceutical and commodity management areas. Input from various partners, counterparts and stakeholders will be sought, including the National and Provincial PMTCT Directorates and Committees, Pharmaceutical Services, the Health Information Evaluation and Research Directorate and staff at service delivery facilities. The

findings and recommended options for strengthening pharmaceutical and commodity management for PMTCT services will be communicated to partners, counterparts and stakeholders. At the request of the NDOH, these assessments will be conducted in all nine provinces using FY 2007 PEPFAR funding.

ACTIVITY 2: Dissemination of findings

RPM Plus will conduct one national workshop for PMTCT program managers and nine provincial workshops for pharmacists, pharmacist assistants and nurses to address issues identified during the assessment of PMTCT services and will include an update to health staff on recommended ART regimen(s) for pregnant women and the associated clinical pharmacology (i.e., drug of choice, adverse-drug-event while on ART). The focus of the provincial workshops will be on training primary healthcare (PHC) level workers, as PHC sites constitute one of the primary sites for prevention, and also diagnosis, staging, referral and routine follow-up of HIV-infected patients. Quantification of PMTCT related medicines and commodities will also be addressed during the training.

ACTIVITY 3: Technical Assistance

RPM Plus will continue the ongoing support provided to the NDOH Essential Drugs List Committee in reviewing PMTCT drug(s) of choice and standard treatment guidelines (STGs), to the MCC on regulatory issues, and to the NDOH PMTCT Task Force in planning implementation of the strategy. This activity also includes the review and development of training modules to include new PMTCT STG's in the training conducted by RPM Plus (e.g., HIV and AIDS management and Pharmaceutical and Therapeutic Committee training).

These activities contribute to the PEPFAR 2-7-10 goals by improving the quality of the PMTCT services provided at the facility level.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Needs Assessment	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	300	☐

Indirect Targets

By training 30-40 health workers (pharmacy personnel and nurses) to support PMTCT services; RPM Plus will indirectly stregthen service delivery for the overall PMTCT program in the provinces. In addition, RPM Plus will conduct focused provincial assessment of the pharmaceutical component of PMTCT services, as well as assist with the review of National PMTCT standard treatment guidelines.

Target Populations:

Family planning clients
Doctors
Nurses
Pharmacists
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Pregnant women
Women (including women of reproductive age)
Other Health Care Worker
HIV positive infants (0-4 years)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7888
Planned Funds: $ 0.00
Activity Narrative: None

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Table 3.3.01: Activities by Funding Mechanism

Mechanism: NEW APS 2006
Prime Partner: Medical Care Development International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7903
Planned Funds: $ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This Medical Care Development International (MCDI) PMTCT activity relates to other MCDI activities under the Counseling and Testing (#7905), and Basic Health Care and Support (#7904) program areas.

SUMMARY:

Medical Care Development International - South Africa (MCDI SA) seeks to prevent mother-to-child transmission (PMTCT) through a comprehensive training and support program. Target populations include women of reproductive age, pregnant women, HIV-infected infants, nurses, traditional birth attendants, traditional healers, and other healthcare workers. The major emphasis area is community mobilization and participation, and the minor emphasis areas are information, education and communication, local organization capacity building, and training. MCDI SA will address stigma and discrimination (a key legislative issue) and gender (a key legislative issue) by increasing gender equity in HIV programs.

BACKGROUND:

PEPFAR funding will be used to expand MCDI SA's ongoing PMTCT initiatives in rural Ndwedwe sub-district to three sub-districts of Ilembe District Municipality in KwaZulu-Natal province. MCDI SA PMTCT program is part of the Ndwedwe Integrated TB and HIV and AIDS program (NITHAP), funded by the USAID Child Survival Program, as well as Ilembe District Child Survival Project and UNICEF. Proposed activities are consistent with the South African Government's mission of preventing the spread of HIV. The main partner in this activity area is Ilembe District Department of Health. Other partners include The Valley Trust, National Association of People Living With HIV and AIDS (NAPWA) and University of KwaZulu-Natal (UKZN) Campus Law Clinic. Activities in this area will provide the means to empower women of reproductive age in general, pregnant women and HIV-infected pregnant women and mothers expanded access to voluntary counseling and testing (VCT), PMTCT and antiretroviral (ARV) services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

MCDI SA will continue to improve the capacity of local health workers to provide quality counseling and testing (CT), VCT and PMTCT; services, and educating the community on the importance of CT and PMTCT. Community Health Workers (CHWs), home-based care volunteers (HBCV), and other community influencers will ensure that HIV-infected pregnant women and mothers adhere to PMTCT treatment and feeding protocols, i.e. taking nevirapine at the onset of labor, either on arrival at the health facility for delivery, or at home in a community setting (assisted by a birth companion) and adhering to exclusive infant feeding practices until weaning commences.

Training of health providers and community outreach workers will include the following: (1) Training of sub-district trainers, Community Health Facilitators (CHF) and health facility personnel on PMTCT/VCT and household and community integrated management of childhood illnesses (C/HH IMCI) by MCDI SA and The Valley Trust; (2) CHFs will provide training to CHWs, HBCVs, Traditional Birth Attendants (TBAs), and Traditional Healers (THs) on C/HH-IMCI and Community PMTCT; (3) Households and communities as well as traditional healers and community and religious leaders will be reached by community workers and provided with information about C/HH-IMCI and PMTCT. All training activities are based on the South African Government (SAG) PMTCT protocols. In addition, community workers will be provided with sound knowledge of C/HH-IMCI and community PMTCT and will serve as community advocates for CT and PMTCT to pregnant women in the area. Community awareness is a key to increasing access to PMTCT services and adherence to government healthcare and treatment protocols.

ACTIVITY 2: Pre and Post-Natal Support Through HIV-infected Mothers Support Groups and Birth Companion Programs

MCDI SA will continue its current efforts in providing HIV-infected women with psychosocial and other support as part of the process of preventing the transmission of HIV to their child. With FY 2007 funding, MCDI SA will establish HIV-infected Mothers Support Groups in collaboration with the local NAPWA affiliate. Locally recruited lay counselors trained by MCDI SA and NAPWA will offer additional psychological support to mothers support groups, and legal support will be provided through a partnership with the University of KwaZulu-Natal (UKZN) Campus Law Clinic. These support groups will: (1) guide new mothers on appropriate feeding practices; (2) assist new mothers in developing income generation (a key legislative issue) and public awareness/anti-stigma projects (a key legislative issue); and (3) encourage information sharing on accessing and adhering to antiretroviral treatment (ART), childhood illness prevention, detection and treatment, and accessing social grants. HIV-infected mothers' support groups will be used as linkages between communities and health facility PMTCT/CT and ART services. Through the NAPWA sub-grant, four support group facilitators, who are themselves HIV-infected, will be employed to foster use of CT by pregnant women as a gateway to PMTCT services, and communities will be alerted to maternal and newborn danger signs by CHWs and HBCVs.

Furthermore, Birth Companions will be identified and trained to accompany pregnant women in all stages of the antenatal and postnatal periods. They will foster best practices in antenatal care, child bearing, and infant feeding and care, including ensuring that HIV-infected mothers adhere to PMTCT protocols related to self-administration of nevirapine in the home, when delivery does not take place in a facility. In addition, birth companions will promote referral to the two ARV service centers in Ilembe sub-district. The Support Group Facilitators will work with the district Department of Health Community Health Facilitators, TBAs, HBCVs and CHWs to identify Birth Companions among the community, family members or volunteers.

This project contributes to PEPFAR 2-7-10 goals by improving uptake and access of PMTCT services at public health facilities, facilitating the linkages between PMTCT and ART services, and providing psychosocial support to HIV-infected pregnant women and mothers, ensuring better adherence to PMTCT protocols and reducing the number of new infant infections.

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

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	30	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,500	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	525	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	75	☐

Indirect Targets

Althrough MCDI is directly reaching PMTCT clients, indirect support to the overall Ilembe District PTMCT program. Project activities done to support ongoing South African NDOH services, establishing of PMTCT service quality assurance, and training of all facility nurses on PMTCT protocols will provide sustainable benefits to all pregnant community members.

Target Populations:

Community-based organizations
Faith-based organizations
Nurses
People living with HIV/AIDS
Pregnant women
Women (including women of reproductive age)
Other Health Care Worker
Traditional birth attendants
Traditional healers
Other Health Care Workers

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

Table 3.3.01: Activities by Funding Mechanism

Mechanism: NEW APS 2006
Prime Partner: McCord Hospital
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7906
Planned Funds: $ 317,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This McCord Hospital PMTCT activity relates to other McCord Hospital activities in CT (#7907), Basic Health Care and Support (#7912), TB/HIV (#7910), ARV Drugs (#7908) and ARV Services (#7909), described elsewhere in the COP.

SUMMARY:

The McCord Hospital/Zoe Life's overall activities relate to building capacity at four municipal clinics in the Outer West area of Durban (KwaZulu-Natal province) to provide a strengthened and integrated prevention of mother-to-child transmission (PMTCT) service which is linked with tuberculosis (TB) and HIV care and treatment. Activities will strengthen services including opt-out counseling and testing of all pregnant women attending the antenatal clinics, testing of partners and children of the index patient where possible, TB screening of HIV-infected pregnant women with referral for treatment where needed, antiretroviral (ARV) prophylaxis for HIV-infected women and newborns, maternal nutrition and infant feeding counseling and infant follow-up. Emphasis areas include local organization capacity development, strengthening of referral networks between PMTCT and other vertical programs, human resource development through training, mentorship and supervision of PMTCT staff, quality assurance and improvement through supportive supervision, technical assistance and mentoring during site visits and strategic information strengthening through development of a simple integrated monitoring and evaluation system. The primary target populations are pregnant women, HIV-infected pregnant women, and their infants.

McCord Hospital currently receives funding for PMTCT and ARV treatment through the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). This program described here focuses on strengthening the capacity of public sector facilities, and it is distinct from the hospital-based program funded by EGPAF.

BACKGROUND:

The South African Government (SAG) recently published results of the PMTCT program per province (2005 Antenatal HIV and Syphilis Prevalence Survey). Results of this survey show that KwaZulu-Natal continues to have the highest antenatal prevalence of HIV at 39.1%. This is 9% higher than the national prevalence of 30.2%. Current statistics at the four municipal clinics in the Outer West area of Durban show suboptimal uptake of PMTCT and poor follow-up of infants from the PMTCT program. There are currently no statistics to indicate the success of infant feeding interventions, infant follow-up rates or involvement of partners.

This is a new activity designed to strengthen PMTCT services within the framework of a decentralization and integration of HIV care and treatment program. This project is supported by both municipal and provincial government. All protocols followed will be in line with the Provincial Treatment Guidelines, and outcomes of the program will be reported to the eThekwini (Durban) municipality as well as to the KwaZulu-Natal Department of Health. The implementing organizations, McCord Hospital and Zoe Life, will strengthen capacity of staff employed by the municipal government (eThekwini Municipality) at the four clinics to optimize current PMTCT services.

ACTIVITES AND EXPECTED RESULTS:

An emphasis on gender equity (key legislative issue) in this program area will focus on optimizing the number of pregnant women who receive care, support and prophylaxis, as well as developing strategies to include partners of pregnant women in decision-making and issues relating to PMTCT. Partners will be encouraged to test for HIV, and infected partners or family members will be integrated into the HIV palliative care and antiretroviral treatment (ART) services program areas. Access to couple counseling will be increased, with focus areas around family planning, risk reduction, infant feeding choices and testing of family members included in the counseling and support.

ACTIVITY 1: Human Resources Strengthening

PEPFAR-funded staff with PMTCT expertise will provide onsite mentorship and supervision of staff of the PMTCT program at the four facilities to improve quality of PMTCT care; training and onsite mentorship of counselors at the four facilities to increase skills in couple counseling and integration of partners into PMTCT related decision making; training of counselors and nurses in infant feeding choices and maternal nutrition; and training of nurses to draw blood from infants to increase access to infant testing.

ACTIVITY 2: Monitoring and Evaluation

This activity will focus on the development of a monitoring and evaluation (M&E) system that can integrate data from ART, TB, palliative care and PMTCT services. This M&E system will optimize the provincial PMTCT data protocols and ensure smooth referrals into other vertical programs.

ACTIVITY 3: Technical Support in Response to M&E Results

PEPFAR-funded staff will provide regular onsite technical support and training of staff to understand the outcomes of the M&E to improve quality of care and to highlight areas where necessary.

ACTIVITY 4: Follow-up of Infants

This activity will focus on the development of sustainable strategies to improve follow-up of infants using M&E tools and optimization of routine infant clinic visits (e.g., for immunizations, weighing).

Sustainability is addressed through the capacity building focus of this program area. PEPFAR-funded staff will not be permanently assigned to these clinics but will lend support and build capacity until South African Government-funded staff are able to sustain the program without assistance. The M&E system developed will be offered to the municipal and provincial government if it is useful within this context.

This program area expects to add quality to and to increase uptake of PMTCT services in four municipal clinics. Uptake of PMTCT services is expected to increase by 30-50%. Zoe Life and McCord Hospital expect to provide additional counseling services such as couple counseling, partner counseling and testing, and maternal nutrition testing. A follow-up system for infants will be developed which will capitalize on the routine immunization schedules, and an increase in infant and sibling testing is expected. HIV-infected infants or children will be supported according to the provincial pediatric treatment guidelines. Referral systems will be strengthened to ensure continuity of care. Infected infants will be referred for initiation of treatment and referred back to the ARV services program area for ongoing care once stabilized. This program area will thus increase access to treatment for infants and children.

The McCord Hospital/Zoe Life activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by integrating PMTCT and HIV services, strengthening the public sector and expanding access to care and treatment.

ACTIVITY 5: Pregnant Women and Pediatric ART

Plus up funding will be used to continue to provide ART to pregnant women with CD4 counts over 200 at McCord hospital and where possible at clinic sites. This will ensure that women receiving care at McCord hospital are treated optimally with ARVs, and will simplify integration into the clinic HIV care and treatment programs. In addition Plus up funding will enable the development of a community outreach and psychosocial program in partnership with an organization called BigShoes, aimed at testing vulnerable children in places of care (this may include children's home or schools) who will then be linked to receive HIV care and treatment in the municipal or NGO sites. This outreach will focus on capacity building of organizations and caregivers, as well as providing psychosocial support to HIV infected children. A psychosocial team will access children at risk of HIV and provide increased case finding and psychosocial services to both the children and their caregivers outside of the clinic setting.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement 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 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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	5	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,860	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,500	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	40	☐

Target Populations:

People living with HIV/AIDS

Pregnant women

HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

KwaZulu-Natal

Table 3.3.01: 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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7914
Planned Funds: $ 175,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This Africa Centre PMTCT activity is related to other Africa Centre activities in Basic Health Care and Support (#7274), TB/HIV (#7913) CT (#7911) and ART Services (# 7275).

SUMMARY:

The Africa Centre for Health and Population Studies, in partnership with the Hlabisa Department of Health (DOH), based in Hlabisa Health District in rural KwaZulu-Natal, operates the Hlabisa antiretroviral treatment (ART) program and aims to deliver safe, effective, efficient, equitable and sustainable ART to all who need it in Hlabisa district. The program emphasizes integration of the government Prevention of Mother-to-Child Transmission (PMTCT) Program and Antiretroviral Treatment (ART) Program. The target population for the integrated PMTCT and ART Program are pregnant women, people living with HIV and AIDS, HIV-infected pregnant women and HIV-infected infants (0 to 5 years). The major emphasis area of this program is development of network/linkages/referral systems, and minor emphasis areas include information, education and communication, local organization development and training.

BACKGROUND:

The Africa Centre, a population research department of the University of KwaZulu-Natal, implements a PMTCT program in partnership between the KwaZulu-Natal Department of Health (DOH). The program is based in Hlabisa sub-District, a rural health district in northern KwaZulu-Natal that provides healthcare to 220,000 people through one government district hospital and 13 peripheral clinics. The ART Program is embedded in the DOH ART rollout whereby the Africa Centre and KwaZulu-Natal DOH work to complement each others abilities and resources in providing ART. The Africa Centre has expertise in infectious diseases and management that are not available at the district DOH. In addition to clinical staff, and infrastructure, the district DOH provides the necessary drugs and laboratory testing for effective ART rollout.

With FY 2007 funds, the Africa Centre will continue to partner with the district DOH to improve and expand PMTCT services by providing additional human resources and training. In addition, Africa Centre will integrate PMTCT services with its tuberculosis (TB)/HIV, palliative care, counseling and testing, and treatment programs. Increased attention will be given to addressing gender inequality (including increasing male involvement in PMTCT) and promoting HIV service delivery amongst men and children.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Partnership with South African Government (SAG)

All government clinics within Hlabisa District offer PMTCT services. However, many of these clinics are under-resourced and require additional human capacity to ensure that HIV-infected women are enrolled in the PMTCT program. Africa Centre provides training, supervision, mentoring, and systems strengthening in support of PMTCT services in Hlabisa district. The PMTCT program is the main referral base for assisting HIV-infected women with ART. Africa Centre aims to address the lack of human resources and partners with the district DOH to recruit and place nurses and treatment counselors at government facilities to assist with pre and post-test counseling. During pregnancy, if criteria are met, or during post delivery when women become eligible, nurses will provide HIV rapid testing, CD4 counts and referrals to trained ART counselors. In turn, counselors will offer pre and post-test counseling and further facilitate enrollment into the ART program. In addition, counselors will offer pregnant women continued follow-up and support.

Africa Centre (AC) conducts workshops and meetings with DOH to promote linkages between the PMTCT and ART programs and educates clinic staff about available services. Africa Centre will develop and distribute informational materials for wider distribution in the hospital and clinics and will target pregnant women.

ACTIVITY 2: PMTCT and Treatment

Africa Centre will provide clinics with clinical service (via the provision of doctor/s and other health workers) to initiate HIV pregnant women enrolled in the PMTCT program on ART. Africa Centre's assistance provides the full package of PMTCT services in line with the National Department of Health's PMTCT standards. Doctors will be present in clinics at appointed times, on a weekly basis, and will provide treatment management including work-up, consultation, screening, symptom and pain management, and patient counseling (including maternal nutrition and family planning). PMTCT clients will be referred to Africa Centre supported ART services. These services will also provide patients who experience adverse side effects or treatment failure with additional monitoring and support. All patients transferred into the ART program from the PMTCT program will be tested for TB and receive TB treatment if necessary.

ACTIVITY 3: Counseling and support - safe infant feeding practices, family planning and referrals to support services

To reduce vertical transmission of HIV from mother-to-child, treatment counselors will provide counseling on appropriate infant feeding and support into routine PMTCT. The selection of counseling content and material will be informed by the results from a large local vertical transmission study conducted by the Africa Centre. In addition, counseling on family planning will be offered. The program will address gender, by attempting to increase gender equity (key legislative area) by promoting the involvement of male partners in the PMTCT and family planning sessions. The PMTCT counselors will ask pregnant women and mothers to come with their male partners during follow-up visits. Finally, counselors will refer eligible patients to the government services that are available (for instance, for food aid or to a social worker if domestic violence is suspected).

ACTIVITY 4: Human capacity development

The South African DOH and Africa Centre counselors and nurses will be trained in all aspects of the full PMTCT package according to government guidelines and standards. Refresher and on-the-job training will be provided as needed, keeping healthcare providers up to date in the delivery of PMTCT services. All healthcare providers who work in the PMTCT program will receive training on HIV and ART. A baseline course is based on the DOH curriculum and comprises four sessions of three hours each. The four sessions cover basics of HIV and ART, follow-up of patients, assimilation of follow-up and practical work with a patient (including blood taking for CD4 counts and viral loads). This training will be enhanced with clinic visits from training officers, during which the officers will monitor counseling and provide individual mentoring. In addition, nurses and treatment counselors will be offered to participate in short courses covering the management of ART side effects, opportunistic infections, and pediatric ART.

Africa Centre's integrated PMTCT and ART program contributes to PEPFAR's 2-7-10 goals for South Africa by improving capacity, access and demand for PMTCT and ART for pregnant women and mothers. These activities ensure that new infant infections are averted and the HIV-infected treatment-eligible women are referred and initiated on treatment in a timely matter.

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

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	14	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	700	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	350	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	70	☐

Target Populations:

People living with HIV/AIDS

Pregnant women

HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

KwaZulu-Natal

Table 3.3.01: Activities by Funding Mechanism

Mechanism: CDC GHAI
Prime Partner: National Institute for Communicable Diseases
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7917
Planned Funds: $ 0.00
Activity Narrative: None

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

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Target Populations:

Doctors
Nurses
Infants
Policy makers
Laboratory workers
HIV positive infants (0-4 years)

Coverage Areas

Gauteng

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kagiso Media, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7944
Planned Funds: $ 900,000.00

Activity Narrative: SUMMARY: Kagisio Educational Television (Kagisio) PMTCT activity is focused on male involvement in the prevention of mother-to-child transmission (PMTCT) to increase uptake of PMTCT through the expansion of a grassroots campaign targeting community-based men's groups. The campaign aims to create male awareness of PMTCT to ensure that men understand the implications of mother-to-child transmission (MTCT) and can support and encourage their pregnant partners' to uptake PMTCT services.

BACKGROUND: Low uptake of PMTCT services remains a challenge to successful implementation of PMTCT in South Africa. Although coverage of PMTCT exceeds 80%, PMTCT uptake still hovers around 50%, indicating that more than half of women who need PMTCT services are missed at entry point. The reasons for low uptake vary from health systems issues to social issues. Cultural and social values are prime factors, with fear of violence and abandonment from male partners due to HIV disclosure often cited as the primary reason for choosing not to be tested during antenatal care. Furthermore, many women assume that because they are faithful to their male partners, they cannot be HIV-infected and so choose not test for HIV during antenatal care. MTCT is also affected by the cultural perceptions that breastfeeding is a practice adopted by model mothers and wives. Many HIV-infected mothers report that they breastfeed in the presence of their husbands and mother-in-laws, but formula feed when they are absent. These mothers are not aware that mixed feeding practices increase the risk of vertical transmission. Anecdotal evidence suggests that many men are afraid to undergo HIV testing and use their wives' HIV test results as a proxy for determining their negative status. Conversely, when their wives test positive, they do not assume they are infected. These misconceptions contribute to vertical transmission of HIV, and led to a joint decision by the USG Inter-Agency Task Force and the National Department of Health (NDOH) to target the partners of pregnant women and to develop a PMTCT male involvement campaign targeting grassroots men's groups.

Using FY 2006 funding, this campaign is scheduled to begin implementation by January 2007, and will work directly with non-governmental and community-based organizations, sports clubs and other men's groups at the community level to ensure HIV, AIDS and PMTCT information transfer, and to address gender, stigma and masculinity in the context of South African culture and how it relates to PMTCT. Partners of women attending antenatal care will also be targeted by the campaign. The campaign aims to sensitize men to issues relating to PMTCT, to create a platform from which to address cultural and gender issues that impede the uptake of PMTCT.

A series of workshops will be conducted with male groups. At the conclusion of each workshop, the group will develop community-based activities to improve uptake of PMTCT. These activities will then be implemented by the men. These actions may range from wearing T-shirts with emblems supporting PMTCT, holding community meetings to address myths around PMTCT or encouraging men to go with their partners to antenatal care and to be tested. Using FY 2007 funding, Kagiso (a South African company specializing in community mobilization) will continue to target men's groups and to create awareness on PMTCT. Kagiso's activities will expand the reach of the campaign, ensuring that rural communities are reached. In addition, in FY 2007 the campaign will specifically target male partners of women attending antenatal care and family planning clinics to facilitate their understanding of HIV and AIDS and PMTCT issues, and to encourage them to get tested, "know their HIV status" and to support their partners, even if their results are discordant. Efforts will be made to hold support groups for men whose partners are in the PMTCT program, with a specific focus on the development of skills to reduce stigma, and to support their partners.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Conducting workshops
Creative facilitators for the workshops will be identified and trained. Refresher training will be offered periodically, and new facilitators will be trained as they are employed. Trained facilitators/community activists will be responsible for ongoing workshop activity with different male groups in their community. In each workshop or identified community activity, men will be asked to collectively assess the previous community-based action or activity illustrating male support for PMTCT and build on its outcomes. With monitoring and ongoing support from the workshop facilitators, the men will implement the activity in

their communities. These activities will be developed and implemented by the communities and will focus on creating support and awareness for PMTCT.

ACTIVITY 2: Development of a media campaign
This activity will facilitate the development of a higher profile media campaign focusing specifically on gender and HIV in the context of male involvement in PMTCT. This will be achieved through the identification of "success stories" from FY 2006 and profiling these stories in community newspapers, pamphlets, radio and television. This campaign will be linked with community meetings to ensure that communities, particularly men, have a platform to discuss issues raised by the campaign. In addition, Kagiso will investigate digital storytelling and website channels and opportunities.

ACTIVITY 3: Support groups
Kagiso will target women attending antenatal care and pregnant HIV-infected women attending support groups and encourage them to bring their partners to a discussion group. At the outset, all aspects of pregnancy, not just HIV and PMTCT, will be discussed. Groups will meet regularly and after some time when participants are comfortable with pregnancy issues, PMTCT and HIV will be introduced and become the focus of discussions. Men will be encouraged to attend antenatal care clinics with their partners and accept couple counseling and testing. Men who want to be tested but who do not want to go to the clinic will be referred to alternative sites. The aim of the group sessions will be the development of support networks for men whose partners are enrolled in PMTCT programs, and which will encourage improved support to their partners, ensuring better uptake and adherence of PMTCT service delivery.

Activity 4: Funding will be used to expand the workshops and media campaign by linking the campaign with the South African Football Players Association Union (SAFU). By linking the male involvement in PMTCT campaign to SAFU, Kagiso will be able to reach in excess of 50,000 men and create greater awareness around HIV, AIDS and PMTCT. In addition, this linkage will enable SAFU the opportunity to strengthen it HIV prevention campaign and incorporate messages around PMTCT hence creating greater awareness.

This activity contributes to PEPFAR 2-7-10 goals by increasing awareness of PMTCT, increasing uptake of PMTCT, and reducing vertical transmission. Targeting men and ensuring men identify and implement community-based activities in support of PMTCT will improve community-wide support for PMTCT services. This activity 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 7 million new infections.

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

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Indirect Targets

Indirect targets of the NDOH

Target Populations:

Community-based organizations
Faith-based organizations
Family planning clients
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Men (including men of reproductive age)
HIV positive infants (0-4 years)

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

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Medical Research Council of South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	7955
Planned Funds:	$ 1,400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This PMTCT activity of the Medical Research Council (MRC) is linked to activities described in the TB/HIV (#7662); ARV Services (#7660); ARV Drugs (#7661); Other Prevention (#7956) and CT (#7664) program areas.

SUMMARY:
This project is implemented by a consortium of organizations, including the Medical Research Council of South Africa (MRC), the Health Systems Trust, the University of the Western Cape (UWC) and Centre for AIDS Development, Research and Evaluation (CADRE). The project focuses on improving the outcomes of HIV-infected women and their infants through multiple approaches at the facility and the community level. The project will also serve as a targeted evaluation of PMTCT effectiveness. Emphasis areas include community mobilization/participation, needs assessment, quality assurance and supportive supervision, strategic information, and training. Target populations include infants, women, pregnant women, people living with HIV (PLHIV), HIV-affected families, nurses, and other healthcare workers.

BACKGROUND:
This ongoing project, started in 2006, builds on the PEPFAR-funded Good Start Cohort Study. The study results highlighted the need for greater community support for HIV-infected mothers in relation to infant feeding and postnatal care, and health systems weaknesses that have contributed to the poor performance of PMTCT programs.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Peer Support Project
With FY 2005 and FY 2006 PEPFAR funding, UWC developed training materials and trained 36 locally-identified peer supporters in basic child health services. In FY 2007, the project will be funded through the MRC and UWC will be a sub-partner. The project will focus on identifying pregnant women in 34 project clusters, followed by providing peer support to each of these households until the infants reach six months of age. The activity aims to support exclusive infant feeding practices (either exclusive breastfeeding or formula feeding); encourage mothers to attend antenatal care and to be tested for HIV; support disclosure of HIV status; support access to child support grants; encourage women to attend clinics postnatally for immunizations; provide cotrimoxazole and access to ARV therapy if required; and support early cessation of breastfeeding for HIV-infected women choosing to breastfeed. Funding for this activity will be used to provide a stipend to peer supporters, for supervision and mentoring of peer supporters and for transport to visit mothers in the clusters. The expected results from this activity include identifying HIV-infected women and providing community peer support to these women.

ACTIVITY 2: Monitoring and Evaluation
Data collectors will be recruited to determine if the provision of peer support leads to increases in exclusive infant feeding practices, and in turn, whether these practices lead to a reduction in postnatal mother-to-child transmission. Data will be collected in each of the three project districts (Umlazi, Rietvlei and Paarl). At three, six, 12, 24 weeks and 12 months after birth of the child, data collectors will visit mothers receiving peer support at home. Information on infant feeding practices, morbidity, infant growth and health-seeking behavior of mothers will be collected. Dried blood spots will be taken to determine the rate of mother-to-child transmission of HIV.

ACTIVITY 3: Peer Supporter Workshop
The project team will coordinate and host a workshop to bring together people working with peer supporter programs. The workshop will encourage participants to share experiences from different models of peer support and to make recommendations to scale up these programs. The workshop will ensure sustainability of peer supporters by incorporating lessons learned into existing programs.

ACTIVITY 4: Community Voluntary Counseling and Testing (VCT)
This activity will be integrated into the community peer support project. It was designed in response to the finding that many pregnant women in the community intervention facilities do not know their HIV status. The peer supporters will encourage all pregnant women in their community to attend the antenatal clinic to access VCT. The peer

supporters will receive training in HIV counseling and will be able to offer home-based VCT for expectant mothers and her family members.

ACTIVITY 5: PMTCT Integration
This project will develop a baseline assessment tool to assess the integration of PMTCT within maternal and child health services using FY 2006 funds. The assessments will begin in 2006 in all 11 districts of KwaZulu-Natal and will be undertaken as a participatory project with district management teams. During FY 2007 the assessments will continue until at least one facility in each of the districts in Kwazulu-Natal has been covered. The main focus will be on providing technical assistance to district management teams to act on the identified bottlenecks to integration by developing action plans. The project aims to have one district management team workshop on PMTCT integration to discuss the results of the integration assessment in each district in KwaZulu-Natal during a 12-month period.

ACTIVITY 6: Facility-based Intervention
This project will involve various interventions to improve the quality of PMTCT care. Interventions would include training health workers on HIV and infant feeding, a pilot opt-out VCT strategy for antenatal clients and strategies to include TB screening for HIV-infected pregnant women. The interventions will be site specific depending on the needs that are identified. All activities, except for the targeted evaluation and integration, take place in the same sites, namely Paarl, Rietvlei and Umlazi.

ACTIVITY 7: Targeted PMTCT Evaluation
At the request of the NDOH, MRC has been requested to evaluate the national PMTCT program. The evaluation will be undertaken at six sites in four provinces (KwaZulu-Natal, Free State, Western Cape and Eastern Cape). It will include four cohorts of HIV-infected women who will be recruited during pregnancy and followed until their infants reach 12 months of age. Regular follow-up visits will be undertaken to determine infant feeding practices, health-seeking behavior and vertical transmission. A cross-sectional component will also be undertaken at six sites where mothers attending immunization clinics at six weeks postpartum will be asked for consent to perform an ELISA test on their infants. A positive ELISA test indicates that the infant was exposed to HIV. In this event, a further blood spot will be tested with a DNA PCR to determine early transmission rates. Mothers will also be interviewed to determine their access to PMTCT during antenatal care. Data from the cohort studies will be used to model late transmission of HIV, and this data will be taken from results obtained from the cross-sectional approach as six week testing is the recommended testing point in the national program and most infants are lost to follow up after this point. Data from the evaluation will be used by provincial and national departments of health to strengthen PMTCT service delivery.

These activities will contribute to PEPFAR's 2-7-10 goals by promoting exclusive infant feeding practices among HIV-infected women, increasing the number of pregnant women who are aware of their HIV status and who can access PMTCT, improving the quality of PMTCT services and providing strategic information regarding the operational effectiveness of PMTCT. Ensuring that more pregnant mothers are aware of their HIV status will empower more women to access PMTCT interventions, and a significant number of postnatal HIV infections will be averted by increasing the number of women who practice exclusive feeding during their infants' first year of life. These activities are in line with the USG goal of integrating maternal and child health services into primary care systems.

Continued Associated Activity Information

Activity ID:	3550
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Medical Research Council of South Africa
Mechanism:	Monitoring PMTCT
Funding Source:	GHAI
Planned Funds:	$ 250,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	10	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,200	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	100	☐

Target Populations:

Nurses
HIV/AIDS-affected families
Infants
People living with HIV/AIDS
Pregnant women
Women (including women of reproductive age)
Other Health Care Worker
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing women's access to income and productive resources

Coverage Areas

Eastern Cape

Free State

KwaZulu-Natal

Western Cape

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7969
Planned Funds: $ 1,500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) carries out a number of activities using both Track 1 and In-Country funds. These include In-Coutnry activities in ARV Services (#7653), ARV Drugs (#7655), Basic Health Care and Support (#7654), TB/HIV (#7968) and Track 1 activities in ARV Services (#7650).

SUMMARY:
EGPAF will use FY 2007 PEPFAR funds to continue prevention of mother-to-child transmission (PMTCT) support for its existing partners as well as expanding its geographic coverage during FY 2007 to include direct support to provincial and district health departments. The key objective is to expand the coverage of PMTCT services, and thus ensure provision of quality PMTCT services, and increase the uptake of PMTCT services. The primary emphasis area is training, and minor emphasis areas are quality assurance, supportive supervision, development of networks, linkages, referral systems and local organization capacity building. Primary populations to be targeted include infants, men and women, pregnant women, HIV-infected pregnant women, people living with HIV (PLHIV), and public and private healthcare providers.

BACKGROUND:
The long-term goal of the EGPAF 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: the capacity of health facilities to deliver high quality PMTCT services in antenatal care (ANC), including screening and staging of HIV-infected pregnant women at EGPAF-supported sites; the uptake of voluntary counseling and testing (VCT) through the implementation of the opt-out policy at all EGPAF-supported sites; and the referral of eligible HIV-infected pregnant women to care and treatment at all EGPAF-supported sites.

USG support for the PMTCT program was initiated in 2003. This support was provided to McCord Hospital in KwaZulu-Natal, Hlabisa sub-district through the Africa Centre in KwaZulu-Natal, Mothers to Mothers (M2M) in KwaZulu-Natal and Mpumalanga, and the Johannesburg Metro District through the Perinatal HIV Research Unit (PHRU) in Gauteng. The Africa Centre, M2M and PHRU programs have been transitioned to the KwaZulu-Natal Department of Health (KZNDOH) and to direct USAID support, respectively.

McCord Hospital implements best practices for PMTCT through highly active antiretroviral therapy (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 is different from the national protocol. This resulted in a vertical transmission of <2% in 2005. McCord uses a family-centered approach for PMTCT.

New partnerships created at the end of FY 2006 include working directly with the Tshwane-Metsweding Region in Gauteng, and the Free State, North West and KwaZulu-Natal provincial health departments. To improve quality of PMTCT service delivery, EGPAF will continue to support the national and provincial Departments of Health by providing technical support, human capacity development, and infrastructure rehabilitation, where applicable.

Priority areas for the CTA/South Africa program that are implemented through the activities include:

a) Follow-up of HIV-exposed infants and referrals to care and treatment for HIV-infected infants.
b) Explore strategies for fast-tracking pregnant women to treatment services (better integration between PMTCT and antiretroviral (ARV) services).
c) Improve partner (i.e., couple) testing and increase male involvement in the PMTCT program.
d) Work directly with Government sites to strengthen PMTCT services.
e) Strengthen monitoring and evaluation (M&E) activities.
f) Encourage routine (opt-out) testing.
g) Tuberculosis (TB) screening, identification of eligible pregnant women for HAART and referral to care and treatment sites.

h) Integrating PMTCT into existing maternal and child health and family planning services.
i) Infrastructure rehabilitation, e.g., renovations to existing structures, acquisition of park homes.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: McCord PMTCT Program Activities
a) Implement the family-centered model encouraging couple counseling, providing partner testing and testing of other siblings.
b) Use the "opt-out" approach in the counseling and testing (CT) program
c) Provide polymerase chain reaction (PCR) testing at six weeks for early infant diagnosis and thus improve HIV-exposed infant testing and follow-up.
d) Strengthen the referral system between PMTCT and the wellness clinic or care and treatment services. This is achieved by offering routine CD4 testing to HIV-infected pregnant women and HIV-infected infants to identify those eligible for HAART.
e) Provide TB screening for HIV-infected pregnant women.
f) Offer complex ARV regimens depending on the clinical and immunological (CD4) staging.
g) Provide HIV and AIDS training to local community-based organizations such as churches and youth organizations to raise community awareness.
h) Provide cotrimoxazole prophylaxis for mothers and children.

ACTIVITY 2: Free State, Gauteng, KwaZulu-Natal and North West Provincial Departments of Health

a) Conduct needs and site assessments to identify gaps and address the needs of human resources, infrastructure, training of healthcare workers (HCW), technical support, monitoring and evaluation, commodity, and ways to strengthen PMTCT services.
b) Provide training in early infant diagnosis (PCR) to improve follow-up of HIV-exposed infants.
c) Incorporate CD4 testing of HIV-infected pregnant women and HIV-infected infants in the PMTCT program, and fast-track those eligible to care and treatment sites or wellness clinics.
d) Facilitate the provision of antiretroviral treatment for eligible HIV-infected women within the PMTCT program.
e) Develop comprehensive referral systems to care and treatment sites.

ACTIVITY 3: Support to National PMTCT Staff Capacity and Training; Participate in the National Pediatric AIDS Working Group

a) Provide training to the nine provinces on early infant diagnosis, antiretrovirals in pregnancy, clinical and immunological staging of HIV and AIDS in infants and children, and clinical manifestations of HIV and AIDS in infants and children.
b) Place a technical advisor within the National Department of Health.
c) Participate in the National Pediatric Working Group to discuss and advise on policy with regard to pediatric treatment guidelines and access to pediatric treatment services.

The EGPAF PMTCT activities contribute to the PEPFAR 2-7-10 goals by strengthening PMTCT at the provincial and national level.

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

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	55	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	30,600	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	5,782	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	110	☐

Target Populations:

Adults
Faith-based organizations
Doctors
Nurses
Pharmacists
Traditional birth attendants
Traditional healers
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional birth attendants
Traditional healers
Other Health Care Workers
HIV positive infants (0-4 years)

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

North-West

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8049
Planned Funds: $ 50,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This PMTCT activity is linked to Prevention/Other Prevention (#7569), Counseling and Testing (#7573), Basic Care and Support(#7570) and Treatment (#7575) as part of the Department of Defense Comprehensive Management, Prevention, Care and Treatment Program.

SUMMARY:
The South African Department of Defense (SA DOD) Prevention of Mother-to-Child Transmission (PMTCT) program will focus on training military healthcare workers with standardized educational materials based on World Health Organization (WHO) and South African National PMTCT guidelines to ensure appropriate and uniform PMTCT services for HIV-infected mothers and their babies. Healthcare workers in all military hospital and clinic settings throughout all nine provinces will be trained. The program will include counseling and testing of mothers as part of antenatal care, the provision of antiretroviral treatment for PMTCT, in line with national policy, appropriate management of infant deliveries, follow-up support for infant feeding practices, and linkages with treatment, care and support for HIV-infected women. It is envisioned that PMTCT will serve as an entry point for male partners and other family members to access counseling, testing, care and treatment services. The major emphasis area is training, with minor emphasis on information, education, and communication, and policy and guidelines. Target populations include adults, pregnant women, HIV-infected pregnant women, people living with HIV and AIDS, HIV-infected infants, military personnel, and public doctors, nurses, laboratory workers, pharmacists, and other healthcare workers.

BACKGROUND:
Since 2000, the SA DOD has provided a comprehensive care, management and treatment plan for HIV and AIDS to members of the military and their families that includes PMTCT as a mode of intervention. This PMTCT intervention has served as an entry point to treatment and care, thereby ensuring access to treatment for women. Although this intervention has already been integrated into the HIV and AIDS program, it has never received PEPFAR funding and is not standardized across all military units in all nine provinces. It is envisaged that future management of the DOD PMTCT project will include more vigorous PMTCT training for military healthcare workers and ensuring that healthcare workers are able to link PMTCT and antiretroviral treatment programs. In addition, healthcare workers will also be trained see PMTCT as a HIV and AIDS service delivery entry point for the whole family, including mothers, fathers, infants and other children. This expansion requires standardization of protocols, more vigorous implementation of a comprehensive package of PMTCT services according to WHO and national guidelines, and monitoring and evaluation of the PMTCT program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training
SA DOD will modify PMTCT clinical practice guidelines to be implemented in PMTCT programs. Existing guidelines will be reviewed annually during a PMTCT workshop attended by SA DOD doctors and nurses. The goal of this workshop will be to ensure that current WHO PMTCT guidelines and NDOH PMTCT guidelines are being incorporated into all SA DOD communication tools and educational aids for practitioners and patients and that PMTCT services available for whole families (including mothers, fathers, and babies) are standardized across all military health units in all nine provinces. SA DOD will provide standardized PMTCT training to healthcare providers using these evidence-based clinical practice guidelines as part of a comprehensive package of PMTCT services. Dependent upon human resource capacity within SANDF, the Director of the SA DOD HIV/AIDS Program will decide whether the training will be centralized within SA DOD or will need to be outsourced to an accredited training institution.

ACTIVITY 2: Service Delivery
SA DOD will provide a comprehensive package of PMTCT services to every pregnant woman. A large component of this PMTCT package is counseling and testing. All pregnant women will be counseled and offered HIV testing using the opt-out testing approach. Women who test positive will be post-test counseled and antiretrovirals for PMTCT will be provided. An important component of the comprehensive package of PMTCT services includes the referral of HIV-infected women to treatment, care and

support services. SA DOD will ensure that all women are supported post discovery of HIV status. This includes support on appropriate infant feeding practices. The SA DOD PMTCT program will ensure that PMTCT does not stop at delivery and an infant follow-up system will be implemented to ensure that the HIV status of the HIV-exposed infant can be determined and the infant can be referred to treatment, care and support services. This follow-up system will also ensure that HIV-exposed infants are monitored for signs and symptoms of HIV infection and that cotrimoxazole prophylaxis is provided appropriately. The SA DOD program will support HIV-infected pregnant women such that they are in a position to disclose their HIV status to their families and can encourage their families to participate in the program. This will be done by providing ongoing counseling and support to these women. SA DOD will also offer counseling and testing to other family members, and family members who test positive will be referred to treatment facilities as well. Presently, procurement of antiretrovirals for this purpose will be funded by PEPFAR as managed by USAID.

The PMTCT package also includes micronutrient supplements (multivitamins, iron therapy, folic acid) and recommendations for a well-balanced nutritious diet for pregnant and lactating women. Nutritional supplements will be procured through the SA DOD budget. Guidelines will be given to all health units on the provision of PMTCT and the SA DOD Monitoring and Evaluation Director will track women who receive this PMTCT package of services through the SA DOD health informatics system.

These activities will directly contribute to the PEPFAR 2-7-10 goals by averting HIV infection in children, increasing access for people living with HIV to counseling, testing, care treatment, and support in the South African Department of Defense, and increasing the capacity of healthcare providers.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	3	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	660	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	24	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
Military personnel
People living with HIV/AIDS
Pregnant women
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)

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: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8218
Planned Funds: $ 150,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This Centers for Disease Control and Prevention (CDC), PMTCT activity relates to CT (#8215) and Other Prevention (#8216).

SUMMARY:
In FY 2006, an evaluation of existing program data is being conducted to understand barriers to effective implementation of maternal syphilis screening and treatment in existing antenatal care (ANC) programs, including links between syphilis and HIV screening. Based on the evaluation results, a new activity is planned to promote integrated prevention of mother-to-child transmission (PMTCT) and syphilis screening in government-run primary healthcare facilities providing ANC services in two provinces, Gauteng and Northern Cape. These provinces were identified in consultation with the National Department of Health (NDOH). The major emphasis area addressed by this project is policy and guidelines, with minor emphasis on human resources, quality assurance and supportive supervision, strategic information and training. Target populations are pregnant women, HIV-infected pregnant women and healthcare workers, including nurses, traditional birth attendants and pharmacists, working in antenatal care facilities.

BACKGROUND:
The evaluation described above is expected to be completed in April 2007, with summary results and a report provided shortly thereafter. FY 2007 funds will be used to implement improved service delivery activities based on the findings. The activity is planned to be conducted within existing primary care settings providing ANC to women in their locality, and thus is directly coordinated with and supported by both the South African national and provincial sexually transmitted infections (STI) program. The prime partner, CDC's Division of STD Prevention (DSTDP), provides technical expertise and oversight for the project. DSTDP works directly with the provinces of Northern Cape and Gauteng to conduct activities. DSTDP also sub-contracts with the National Institute of Communicable Diseases (NICD)/STI Reference Centre (STIRC), a South African parastatal, for hiring additional staff, laboratory quality assurance testing and other needed preventive services. Gender issues will be addressed indirectly (e.g., training will cover concerns about partner violence associated with HIV testing; pregnant women's access to ANC/PMTCT services will be encouraged and covered in training).

ACTIVITIES AND EXPECTED RESULTS:

PEPFAR funding will be used to conduct four activities.

ACTIVITY 1: Dissemination of FY 2006 findings
A meeting of local/provincial health departments will be held to review results of the 2006 evaluation and develop a plan of action that (1) integrates HIV testing along with syphilis screening in ANC clinics; (2) integrates rapid identification and treatment of women who test positive for syphilis and/or HIV through support of lab capacity; (3) supports pregnant women who are not currently accessing ANC services to do so; and (4) considers uses of alternative models of integrating service and providing PMTCT.

ACTIVITY 2: Capacity building
In collaboration with provincial training coordinators, the current approved PMTCT/ANC training curricula will be enhanced to include STI screening algorithms and treatment strategies, with training provided to primary healthcare nurses, pharmacists and others (e.g., traditional birth attendants) providing ANC services in Gauteng and Northern Cape.

ACTIVITY 3: Human resources and technical assistance
One in-country coordinator will be hired or retained to oversee program activities based on the findings of the FY 2006 evaluation. In addition, two nurses will provide technical assistance, training and support to provincial ANC and PMTCT programs in the activities, and conduct data collection, etc.

ACTIVITY 4: Recommendations
A report will be developed for the NDOH that outlines enhanced program results and recommends next steps. Sustainability will be addressed through the provision of training and additional technical support and to government nurses already providing ANC

services. Human capacity will be developed through the training course and ongoing support to nurses providing ANC services for a high quality program.

These activities will involve the revision of currently approved government training curricula (manuals, etc.) and training of primary healthcare nurses providing ANC services that focus on enhancing antenatal HIV and syphilis testing, treatment and services, and encouraging access to care for pregnant women. This project aims to improve access and quality of PMTCT services, to identify HIV-infected or syphilis serology positive pregnant women, and to increase the number of women receiving treatment for syphilis and antiretroviral (ARV) prophylaxis to prevent STI and HIV transmission to infants. By addressing enhanced PMTCT through improving ANC systems for HIV and syphilis screening, it contributes to the PEPFAR prevention objective of 7 million infections averted. Achievements of the past 12 months of the targeted evaluation include: (1) an initial technical trip to assess local capacity and situation; (2) identification of government sites to participate in the targeted evaluation; (3) submission of evaluation protocols to Gauteng and Northern Cape Provincial officials and to the CDC institutional review board for scientific and ethical review; (4) hiring program staff involved in the targeted evaluation; and (5) the anticipated October 2006 initiation of the evaluation in Northern Cape and Gauteng. The evaluation is expected to be completed in April 2007, with summary results and the report provided shortly after. This is a new activity for the organization, but is based on anticipated results of a 2006 targeted evaluation of PMTCT and ANC services.

This project contribute to PEPFAR 2-7-10 goals by improving access to and quality of PMTCT services to identify HIV-infected pregnant women and increase the number of women receiving ARV prophylaxis to prevent HIV transmission to infants.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement 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 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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	8	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	4,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	850	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	80	☐

Target Populations:

Nurses
Pharmacists
Traditional birth attendants
People living with HIV/AIDS
Pregnant women
Other Health Care Worker

Coverage Areas

Gauteng

Northern Cape

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Mothers 2 Mothers
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	8236
Planned Funds:	$ 1,850,000.00

Activity Narrative: SUMMARY:
Mothers2mothers (m2m) will implement activities to improve the effectiveness of prevention of mother-to-child transmission of HIV (PMTCT). Services are carried out through facility-based, peer-to-peer education and psychosocial support programs for pregnant women, new mothers and caregivers, all living with HIV and AIDS. There are four components of the program: curriculum-based training and education programs; psychosocial support and empowerment services; programs to increase uptake for counseling and testing; and bridging services linking PMTCT treatment and care to antiretroviral treatment (ARV) and other health services.

The primary emphasis area is Human Resources, with a minor emphasis on Training, and Local Organization Capacity Development. Specific target populations include women of reproductive age, pregnant women, people living with HIV and AIDS, HIV-infected pregnant women, and HIV-exposed and infected Infants.

BACKGROUND:
With PEPFAR's support, m2m will increase the effectiveness of PMTCT services through a comprehensive program of facility-based, peer-to-peer education and psychosocial support for pregnant women, new mothers and caregivers living with HIV and AIDS. m2m addresses issues of stigma (key legislative issue) through group counseling, support groups, and linkages to income generation. All activities have been and will continue to be coordinated with local PMTCT service providers and their partners, and will also be carried out in conjunction with provincial, district and municipal health authorities. The programs have the active support of the Departments of Health for KwaZulu-Natal, Mpumalanga and Western Cape provinces and will be integrated into their healthcare structures.

Current m2m programs are located in over 60 healthcare facilities in four provinces in South Africa as well as in Ethiopia and Botswana. With PEPFAR funding received as a sub-partner to the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in FY 2006, m2m established and maintains programs like those described below at 16 PMTCT facilities in KwaZulu-Natal and Mpumalanga. With direct PEPFAR funding in FY 2007, m2m will enhance these programs, add significant numbers of facilities in these two provinces, and add programs throughout the Western Cape.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development and Training
PEPFAR funding will be used to support the delivery of a cascade of curriculum-based training and education programs designed to improve PMTCT outcomes through education and training of pregnant women and new mothers with HIV and AIDS. The training curriculum provides guidance about PMTCT and ARV treatment tied to maternal and infant health, with the objective of encouraging women living with HIV (PLHIV) and AIDS to take responsibility for their own health, their child's health, and the health of their partners. Additional critical subjects covered in the training include family planning, couples counseling, and prevention guidance for these PLHIV and their partners ("Prevention with Positives").

Training begins with m2m site coordinators (SC) and Mentor Mothers (MM), all of whom are PLHIV. They, in turn, provide curriculum-guided education and support (individual and group) to mothers in PMTCT programs during antenatal care, post-delivery recovery, and their return to clinics after delivery. In addition, working in collaboration with local and provincial government health authorities, indigenous staff (including nurses, lay counselors and other related health providers) also receive this training on PMTCT interventions and wellness care.

With FY 2007 PEPFAR funding, the program will add a complement of trained PMTCT care providers (SCs and MMs) to supplement the resources of frequently overburdened local healthcare providers. Simultaneously, the program will also hone the skills and knowledge of existing healthcare staff In PMTCT related care and support. The lasting impact of these activities will make a significant contribution to the sustainable development of the capacity of local organizations.

ACTIVITY 2: Service and Mentoring

PEPFAR funding will be used to provide individual and group psychosocial support and empowerment programs for pregnant women and new mothers with HIV and AIDS to help them with issues including stigma and discrimination (key legislative area), disclosure, reducing risky behavior ("Prevention with Positives") and pediatric support. Nutritional support and guidance is also part of the programs. A related activity focuses on providing specific support programs for the MMs and SCs ("Care for Caregivers"), contributing to their own physical and emotional well-being as well as that of their clients.

One objective of both group and individual support is specific knowledge transfer around the many issues women living with HIV and AIDS faces in navigating the PMTCT process. Another outcome is empowering the women to focus on and take responsibility for the health of their babies, and their own health. By encouraging behaviors that can help mothers sustain their well-being, the programs aim to reduce the potential that their children could become Orphans and/or Vulnerable Children (OVC).

Similarly, the programs address the reality of the high rates of violence against women (key legislative area) in the communities served, as well as the specific ties between HIV and domestic violence. They provide tactical as well as emotional support aimed at helping women confront this issue and reduce their likelihood of becoming targets and victims.

ACTIVITY 3: Counseling and Testing
Supported by PEPFAR funds and working in close partnership with local health and government programs, MMs and SCs become part of the antenatal intake process at both the community and facility levels. In this role, they focus on increasing counseling and testing uptake by serving as committed advocates, working with women like themselves and drawing on their training and their own personal experience. Through this program, the MMs and SCs also provide significant support for Pediatric Counseling and Testing during home visits by advocating for pregnant women to return to clinics post-delivery to test their infants, supporting the women in the post-delivery period, and providing referrals of babies to testing and treatment programs.

ACTIVITY 4: Linkages and Referrals
This activity provides linkages and referrals, specifically by acting as a bridge between PMTCT services and other health services. In active collaboration with local and provincial health officials, PEPFAR funding will be used to link women and infants with AIDS-defining conditions to ARV therapy programs, and to refer all ante/post natal women to clinics providing wellness care for themselves and their infants.

The above results contribute to the PEPFAR 2-7-10 goals by increasing the number of women cared for by PMTCT programs; by improving prevention (PMTCT) outcomes, thus reducing the number of infected children; and by increasing the number of pregnant women, new mothers, and infants receiving treatment by providing a referral system from PMTCT to ARV services.

The Mothers to Mothers Program will use plus up funds to augment the shortfall of funding from the Mpumalanga provincial conditional grants program for 2007. The province intended to fund the Mothers to Mothers support services for PMTCT in the province, however are currently unable to. Plus up funds will also expand services in Western Cape, KZN, and Limpopo. All four provinces have asked for additional assistance from the Mothers Program. Additional women will be trained as "mother mentors" and additional sites will receive services.

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

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	80	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	40,500	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	9,826	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	50	☐

Target Populations:

People living with HIV/AIDS

Pregnant women

Women (including women of reproductive age)

HIV positive infants (0-4 years)

Key Legislative Issues

Stigma and discrimination

Reducing violence and coercion

Coverage Areas

KwaZulu-Natal

Mpumalanga

Western Cape

Table 3.3.01: Activities by Funding Mechanism

Mechanism: New APS 2006
Prime Partner: PATH
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8248
Planned Funds: $ 2,390,264.00

Activity Narrative: SUMMARY: The PATH prevention of mother-to-child transmission (PMTCT) project will improve the quality, availability, and uptake of comprehensive PMTCT services in Eastern Cape by strengthening National Department of Health (NDOH) systems that support the delivery of high-quality, comprehensive PMTCT services, building the capacity of health facilities and staff to provide comprehensive PMTCT services, and increasing community engagement and leadership in promoting, supporting, and utilizing PMTCT services. Major emphasis areas are training and community mobilization/participation, with minor emphasis on quality assurance and supportive supervision. Primary target populations include, people living with HIV (PLHIV), pregnant women, HIV-exposed and infected infants, South African based volunteers and nurses, and provincial and district HIV and PMTCT coordinators.

BACKGROUND:
This is a new activity. The Eastern Cape Department of Health (ECDOH) has been actively involved in program design and preparation and has provided direction on geographical focus. The program supports the South African Government's HIV/AIDS Strategic Plan, the Eastern Cape's Comprehensive HIV/AIDS/STI/TB Program, and the Strategic Plan for US-SA Cooperation. PATH, the managing partner, will provide technical, programmatic, and financial leadership. The ECDOH will be the largest partner, providing all the facilities, systems, and local personnel. Health Information Systems Programme (HISP) will be responsible for monitoring and evaluation. South African Partners, an NGO, will lead the community support and mobilization interventions. There will also be a small grants program for community-based organizations. PATH will address the root causes of gender inequity by examining values and norms (a key legislative issue). The project will provide information and support for infant feeding choices and will help clients assess their needs, considering issues such as the risk of stigma and discrimination associated with not breastfeeding. The project will provide holistic psychosocial support to HIV-infected women. The project's emphasis on community mobilization will be led by PLHIV leaders--the majority of whom are women, will increase knowledge about PMTCT, promote understanding of PMTCT as the equal responsibility of men and the community, and work toward transforming current norms, stigma and discrimination that hold women solely responsible for having HIV and transmitting HIV to children.

ACTIVITIES AND EXPECTED RESULTS:
The program goals are to increase utilization of high-quality, comprehensive PMTCT services in EC. This project will strengthen the ability of current PMTCT facilities to provide a minimum package of services, enable the ECDOH to expand PMTCT services by training and supporting providers such that they can provide comprehensive services, and raise awareness of and support for PMTCT service use within communities. The project is focused on the public sector and dependent communities only. The project will use three strategies to meet its goals, each working at a different level of health service delivery.

ACTIVITY 1: Systems strengthen
This strategy will address critical higher-level NDOH systems that influence access to and provision of high-quality, comprehensive PMTCT services. Interventions will strengthen human resource capacity: training existing but untrained facility staff (e.g., nurses, midwives, lay counselors) to provide PMTCT services, reinforcing the skills of current PMTCT staff, and orienting other staff (e.g., child/wellness clinic nurses, community health workers) who help ensure a continuum of care. Training will focus on HIV counseling and testing, measuring CD4 cell counts, clinical staging, psychosocial support, antiretroviral treatment (ART), and follow up and care for the exposed child, including piloting polymerase chain reaction (PCR) testing. A second set of interventions will ensure that monitoring and supervision systems are fully operational at all levels (district, local service area, facility), providing on-site technical support as needed. A third set of interventions will strengthen ECDOH data and logistic systems, improving the quality of data recorded, collected, reported, and used at all levels. The project will also work with the ECDOH to address specific policy and guideline issues that directly affect PMTCT services. Finally, the project will improve referral systems, especially referral of pregnant or postpartum women and their children to antiretroviral (ARV) care and treatment sites and pediatric centers.

ACTIVITY 2: Capacity building
The project will work at all levels of service delivery to strengthen the provision of high-quality, comprehensive PMTCT services. The project will focus on priority hospitals

and select feeder-community health centers and clinics to ensure women have access to the full continuum of PMTCT services, from the first antenatal care visit through follow-up of the mother and baby after birth. The package of interventions will be tailored to each facility's needs and may include training in essential PMTCT skills, monitoring and supervision to maintain high-quality services and upgrade staff skills, data management for ongoing corrections and decision-making, integration of services to give women and babies necessary care and treatment, and linkages to the community so that PMTCT is accepted and used widely.

ACTIVITY 3: Increasing community engagement and leadership
One of ECDOH's priorities is to broaden the role of the community in promoting, supporting, and utilizing PMTCT services. This includes providing health education, reducing stigma (a key legislative area), generating demand for services, working with the partners and families of HIV-infected women to increase support for PMTCT, developing community networks for client follow-up, and strengthening tangible links between the community and the facility. Underlying these interventions is the need to build capacity of community networks and organizations to implement and monitor programs. Interventions will strengthen HIV prevention programs, provide PMTCT information, reduce stigma; strengthen peer support for HIV-infected pregnant women; and improve community-facility collaboration to increase local ownership and utilization of services.

ACTIVITY 4: Producing Job-AIDS to assist women in decision making around infant feeding choices
PATH will develop a series of job aids and materials for health workers and mothers such as handouts on feeding options, flip chart and counseling cards for infant feeding counselors on feeding options, AFASS, lactation and breastfeeding, basic maternal nutrition guidance, wall charts A final determination of the exact materials needed, languages and quantities will be determined at the assessment stage.

The new HIV & AIDS and STI Strategic Plan for South Africa calls for a new policy on the drug regimen used in PMTCT, suggesting that the policy should be updated according to the WHO Guidelines. PATH will establish a pilot project in ten sites in the Eastern Cape Province and implement dual therapy for PMTCT services. This project will be used to establish a "best practice" model for the Eastern Cape, whereby activities can be rolled out to other districts and facilities. These sites will be determined after formative and baseline research is conducted. The pilot will be set up at sites which are already providing ARVs. In year one, appropriate sites will be identified, a protocol will be developed, staff will be trained, and services will be delivered.

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

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	40	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	9,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,880	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	160	☐

Indirect Targets

All indicators are based on the assumption that 2007 is from June - September 2007 and that 2008 is from October 2007 - September 2008.

Number of service outlets providing the minimum package of PMTT services according to South African and/or international standards. We do not anticipate being able to report on this indicator during the first quarter of this project. In 2008 forty service outlets will provide the minimum package of PMTCT services according to South Africa standards.

Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results. We do not anticipate being able to report on this indicator during the first quarter of this project. In 2008 we will reach 7000 women. This is based on approximately 55% of all ANC visits (12,260) to 40 service outlets.

Number of pregnant women provided with complete course of antiretroviral prophylaxis in a PMTCT setting. We do not anticipate being able to report on this indicator during the first quarter of this project.

Target Populations:

Infants
People living with HIV/AIDS
Pregnant women
Volunteers
Nurses
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Eastern Cape

Table 3.3.01: 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:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9083
Planned Funds:	$ 0.00
Activity Narrative:	This entry is not part of the Nelson Mandela School of Medicine. This entry has been moved to University of KwaZulu Natal, Mechanism 5680, Activity number 10997.

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Columbia University Mailman School of Public Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	12237
Planned Funds:	$ 550,000.00
Activity Narrative:	Columbia is considered a new partner for the purposes of this plus-up/reprogramming. Plus up funds will support Columbia to expand PMTCT services in the Western Cape, Free State, and the Northern Cape. Activities include the provision of technical assistance at government sites, mentorship programs for general practitioners and nurses, both on-site and off-site training, and support group implementation. Provider initiated testing will be encouraged. Careful monitoring of women who test positive will be ongoing to ensure that treatment will be initiated as soon as women are eligible.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Health Care Financing	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	25	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	8,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	130	☐

Target Populations:

Orphans and vulnerable children

Pregnant women

Public health care workers

Coverage Areas

Free State

Northern Cape

Western Cape

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	St. Mary's Hospital
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	12240
Planned Funds:	$ 300,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to St. Mary's Hospital activities in ARV Services (#8264). Plus Up funds will be used to maintain St. Mary's Hospital's current PMTCT program as well as expand and offer services to more HIV positive pregnant mothers in the community surrounding St. Mary's Hospital.

SUMMARY:

The proposed St. Mary's Hospital PMTCT project addresses comprehensive and holistic preventative HIV treatment and care of pregnant women, including the provision of antiretroviral treatment (ART) through clinic-based and home/community-based activities. The major emphasis area for this project is human resources. A minor focus will be on linkages with other sectors, and training. The primary target populations are infants and pregnant women (both HIV-positive and HIV-negative), and clinicians providing services to them.

BACKGROUND:

Since 2001 St. Mary's Hospital has successfully implemented a PMTCT program, named 'Born to Live' and was initially funded by CMMB. This funding has subsequently ceased. Since FY 2005, the USG has added additional funding to St. Mary's Hospital to focus on pregnant women. St. Mary's serves a district of 750,000 people, which is the Inner/Outer West Sub-Districts of the Ethekwini Metropolitan area in KwaZulu-Natal (KZN) province. It is estimated that 50-60% of all women that attend the antenatal clinic at St. Mary's are HIV-positive, and would require preventative treatment. Just over 8,500 pregnant mothers have attended counseling and testing through this program since its inception, and around 4,000 positive mothers have received antiretroviral treatment. The program has a 96% success rate in terms of preventing HIV being passed from mother to child.

ACTIVITIES AND EXPECTED RESULTS:

As an accredited SAG antiretroviral (ARV) rollout site and as an extension of the service level agreement the Hospital has with the Department of Health, St. Mary's will contribute to a greater extent to the success of the SAG ARV rollout plan through this project. The funding will allow St. Mary's to maintain and extend their existing PMTCT numbers.

Activity 1: Clinical Service Provision
PMTCT services are provided to pregnant women at the primary health care clinic. These services include group counseling, individual VCT, CD4 blood counts, and weekly/fortnightly/monthly counseling. In addition there will be a focus on counseling the male partners of the pregnant mother, with the aim to address antiretroviral treatment if required.

The program ensures that pregnant women who have a CD4 count of below 200 have access to antiretroviral drugs (HAART); and preventative antiretroviral drugs are provided to mothers who have a CD4 count above 200. Within the antenatal clinic, patients who have received PMTCT are followed up post-delivery and if clinically appropriate, placed on antiretroviral treatment. This is a seamless program which also places the children of HIV-infected mothers on ART if clinically appropriate.

Activity 2: Community-based Services
The hospital and referring clinics are involved in HIV and AIDS community mobilization activities. Home-based care networks will follow-up and support patients to ensure linkages to treatment and monitoring of exposed infants. This is the primary function of the therapeutic counselors.

Activity 3: Training
All health care providers and administrative staff are trained to implement the program, but additional training that focuses on HIV and AIDS and TB management will be provided to all clinical staff through the track 1 Catholic Relief Services funding that is due to commence in May 2007.

Activity 4: Lab Services
Emergency Plan funding will also support lab services, which are outsourced to a private provider, Toga Laboratories. Blood is drawn at the 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 5: Support Services
A comprehensive nutrition program will be implemented to boost immunity with the patient cohort which will be the responsibility of the dietician employed at St. Mary's Hospital, and is supported via a partnership with the Kwazulu-Natal Department of Health (DOH). As an accredited ARV rollout site this is a vital component to the success of the treatment program. In addition there are other support services provided from the rehabilitation department and the social worker. The rehabilitation department will provide physiotherapy to any exposed babies that require support post delivery.

These activities contribute directly to the overall PEPFAR objectives of 2-7-10 as HIV-infected women will be identified, appropriately treated, cared for and supported. It is further enhanced as the program is working in a hospital, primary health care and antenatal setting. All activities will continue to be implanted in close collaboration with the KwaZulu-Natal Department of Health to ensure coordination and information sharing, ensuring the success of the program.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	1	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	800	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	500	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	10	☐

Target Populations:

Adults
Family planning clients
Infants
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Public health care workers
Private health care workers
HIV positive infants (0-4 years)

Coverage Areas

KwaZulu-Natal

Table 3.3.01: Activities by Funding Mechanism

Mechanism: CDC Umbrella Grant
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12243
Planned Funds: $ 250,000.00

Activity Narrative: SUMMARY:

The National Health Laboratory Service (NHLS) will use PEPFAR funds to expand a demonstration project that was implemented with FY 2006 funding. The project is aimed at increasing access to early HIV diagnosis for infants, and developing guidelines for rollout of the project on a national level. This project was specifically requested by the Gauteng provincial Department of Health (DOH), with strong support from the National Department of Health (NDOH) and its Prevention of Mother-to-Child Transmission (PMTCT) Early Diagnosis Committee. Policy and guidelines will be the major emphasis area for this program, with minor emphasis given to commodity procurement, development of networks, linkages, and referral systems (especially between immunization clinics, early infant diagnosis and treatment, care and support), and logistics. The primary target population will include HIV-exposed infants (birth to five years old) and infants who are not infected, and secondary target populations include lab workers, doctors, nurses and South African government policy makers.

BACKGROUND:

Early infant diagnosis of HIV is vital for monitoring PMTCT programs and identifying HIV-infected children to receive care. Diagnosing HIV in children is more complex than in adults because of the interference of maternal HIV antibodies during infancy and ongoing exposure to the virus during breastfeeding. To date, HIV diagnostic services for children in low resource settings have been neglected and healthcare workers are not familiar with its theory or practice.

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 (ARV) therapy. 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 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 ARV drugs 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.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Technical assistance and scale up of early infant diagnosis

This activity aims to assess the implementation challenges and develop guidelines to scale-up early infant diagnosis for infants born in PMTCT programs. Technical assistance will be provided to the province to help facilitate the rollout of early infant diagnosis services. This project was specifically requested by the Gauteng province DOH, with strong support from NDOH and its PMTCT Early Diagnosis Committee. Technical assistance will be provided to improve lab infrastructure to conduct early infant diagnosis and scale up these services around the province. Technical assistance will be provided to establish dried blood spot testing in all HIV DNA PCR laboratories; to make monthly PCR test statistics available, e.g., to "Concerned Pediatricians" to monitor progress; and to establish a system for feedback from clinics for central monitoring, e.g., service issues, quality control, etc.

ACTIVITY 2: Capacity Building

NHLS will facilitate training of clinic healthcare workers including nurses, doctors and lab technician in the area of early infant diagnosis. The training will ensure that infants exposed to HIV accessing immunization clinics at 6 weeks of age are offered PCR testing. Training will help facilitate an average increase in test volumes from 2,000 to 3,000 per month.

ACTIVITY 3: Linking the expanded program for immunizations (EPI) at primary healthcare clinics (PHC) with early infant diagnosis

NHLS will take advantage of the well-established EPI program at a PHC level as an entry point for HIV-affected children by identifying HIV-infected children (and other family members) for comprehensive HIV medical care including referral between PHC and hospital facilities. To accomplish this, NHLS will institute a sustainable HIV diagnostic service at Discoverers EPI clinic for 6-week-old infants of HIV-infected women including training current PHC clinic staff to provide this service. Older children will also have access to this service. In addition, NHLS will work with the clinic to ensure systems for follow up testing of breastfed infants at least 6-weeks after breastfeeding has been discontinued (through education of healthcare workers; appropriate counseling of primary caregivers; clinic bookings available for testing and giving results).

Furthermore, NHLS will pilot a patient-held record to document HIV care and facilitate communication between the PHC clinic and hospital based facility and build relationships and identify effective systems for referral between the PHC clinic and the hospital facility based at Coronation Women and Children's Hospital by working at both sites (e.g., mechanisms for providing clinical and educational support to PHC staff) to capacitate existing PHC clinic staff to provide comprehensive HIV care to stable HIV-infected children on or off ARV therapy. Lastly, NHLS will identify requirements for facilitating access to HIV care for family members accompanying the index infant using the immunization clinic as an entry point.

The NHLS early infant diagnosis demonstration project directly contributes to PEPFAR's 2-7-10 goals by increasing the number of infants accessing treatment in Gauteng, and serving as a platform for expansion of early infant diagnosis programs throughout the country. These activities support the PEPFAR 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
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	30	☐

Target Populations:

Doctors
Nurses
Infants
Policy makers
Laboratory workers
Doctors
Laboratory workers
Nurses
HIV positive infants (0-4 years)

Coverage Areas

Gauteng

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Capacity Building 1
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12245
Planned Funds: $ 500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

JHPIEGO has related activities in Basic Care and Support (#7887) and ARV Services (#7629), and coordinates closely with Family Health International (#7584) and Academy for Educational Development (#7508), in PMTCT.

SUMMARY:

JHPIEGO will continue conducting monitoring and evaluation (M&E) training in PMTCT for staff from National Department of Health (NDOH) and provinces. In addition to the geographic breadth of training, JHPIEGO will increase its geographic depth by introducing a model PMTCT facility that will link essential PMTCT services among six feeder primary healthcare clinics (PHC) and the district hospital in a targeted district in North West province. This program will be used as a model of best practice for the province, and will be expanded to other districts in FY 2008. JHPIEGO will also expand the Training Information Monitoring System (TIMS) to three additional provinces. Emphasis areas are training, human resources, quality assurance and supportive supervision, and strategic information. Target groups include adults, family planning clients, people living with HIV, HIV-infected infants, public health workers and policy makers.

BACKGROUND:

JHPIEGO has provided M&E training to the NDOH since FY 2004. In FY 2007, support and technical assistance will be provided to introduce an integrated model to adopt and support a PMTCT service delivery facility in North West province. In most cases, antenatal care services are provided only at antenatal facilities. JHPIEGO proposes that the integrated PMTCT model combine antenatal care (ANC)/delivery services at the district hospital level inclusive of its feeder clinics, thereby increasing access and standardizing services. Currently, adequate referral systems between the PHC feeder sites and district hospital are lacking. This model will improve comprehensive PMTCT by addressing each pillar of the World Health Organization's (WHO) framework for PMTCT services, including 1) primary prevention of HIV infection, 2) prevention of unintended pregnancy among HIV-infected women, 3) prevention of transmission from HIV-infected women to their infants, and 4) care, treatment, and support for HIV-infected women and infants.

JHPIEGO will work closely with the North West province department of health (NWDOH) HIV and AIDS directorate, and district health authorities to develop an implementation plan that will include eventual transition away from donor funding and to full support by the NWDOH. JHPIEGO may cover initial salaries of additional staff but will work with DOH authorities to ensure that required positions are created and budgeted for. This will ensure sustainability by permitting the NWDOH to eventually absorb these positions. JHPIEGO will also work with the district hospital and the six feeder clinics to ensure adequate forecasting of required drugs and supplies. As cross-cutting support to address sustainability, JHPIEGO will introduce standards-based management and recognition (SBM-R) for PMTCT that will encompass those interventions mentioned above as well as others. JHPIEGO will also support the rollout of couple counseling in this model program in an attempt to increase men's role in PMTCT services.

Although working at different sites with the Northern Cape, KwaZulu-Natal and Mpumalanga, JHPIEGO will coordinate PMTCT activities with FHI and AED.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Referrals & Linkages

The objective of this activity is to build strong linkages and referral systems between women's healthcare services and PMTCT programs, thus eliminating missed opportunities for women and their families to access PMTCT services.

JHPIEGO will work to ensure that counseling and rapid testing services focusing on risk reduction will be available to all PHC clients and their partners. JHPIEGO will mentor and support personnel in PMTCT counseling and clinical interventions to reduce the risk of transmission during ANC, postnatal care, labor and delivery. JHPIEGO will link with the

provincial and national departments of health to ensure that all providers who have not received adequate training are enrolled in the national PMTCT and Infant Feeding Training. After providers have attended training, JHPIEGO will offer supportive supervision and mentoring at the facility level and will facilitate the implementation of clinical staging for antiretroviral treatment (ART) so eligible HIV-infected pregnant women can be immediately referred to ART services. In accordance with South African Government PMTCT guidelines, JHPIEGO will ensure that all providers are equipped with adequate knowledge on nevirapine administration for PMTCT. In addition, JHPIEGO will ensure that HIV-infected women and infants are not only referred for treatment but are tracked so they do not fall through the cracks after delivery. Services provided in the postpartum period will include ongoing monitoring for opportunistic infections, linkages with well-baby visits, HIV testing for infants and appropriate referrals to treatment, care and support. Finally, women will be referred back to family planning counseling. To increase men's role (key legislative issue) in PMTCT, JHPIEGO will work with facility staff to incorporate couple counseling, including prevention for positives. JHPIEGO will link with Kagisio Educational Television, which implements the "Grassroots Male Involvement in PMTCT" campaign, to include men in the catchment areas.

To foster linkages between the CT, PMTCT, treatment and family planning aspects of these programs, JHPIEGO will work with community health workers, community-based organizations, and social services to strengthen linkages and referral systems, including referral for infant feeding programs and mother to mother-to-be support groups.

JHPIEGO will work with facilities to measure performance, identify performance gaps and develop action plans to address challenges in implementation. JHPIEGO will work with staff and health authorities to use this tool as an internal and external supervision tool that can be used to improve quality and sustainability of services. JHPIEGO will use its PMTCT performance and quality improvement tool, which was developed to improve M&E from the service delivery level to the district level. This will serve to strengthen data capture, monitoring, and evaluation allowing the NWDOH to use data to strengthen PMTCT services in the province.

ACTIVITY 2: Monitoring and Evaluation

Since FY 2004, JHPIEGO has supported the implementation of TIMS at the Regional Training Center at the University of Transkei in Eastern Cape, Hope Worldwide, and National tuberculosis (TB) and PMTCT units. During FY 2006, JHPIEGO supported expansion of TIMS to three additional regional training centers and assisted in organizing the flow of PMTCT training data from provincial PMTCT departments to the national PMTCT unit where data can be entered and aggregated.

Building on the expansion of TIMS in FY 2006 to the National PMTCT Unit, Northern Cape, and North West provinces, JHPIEGO will continue to support TIMS in FY 2007 by providing technical assistance with intermittent troubleshooting to the provinces. As a result of this activity, the NDOH PMTCT and TB units and three regional training centers in Gauteng, Mpumalanga and Limpopo will be able to capture training data on both national and provincial levels. This data will permit them to assess their progress and ongoing needs for capacity building. TIMS allows program planners to determine where training needs are greatest and prioritize their investment of training resources accordingly.

By strengthening PMTCT services and building the capacity of healthcare workers, these activities contribute to PEPFAR 2-7-10 goals, averting new infections among infants exposed to HIV as well as increasing access to treatment care and support for HIV-infected women and their infants.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	1	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	250	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	20	☐

Target Populations:

Adults
Family planning clients
Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Policy makers
Pregnant women
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Eastern Cape

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Pop Council SA
Prime Partner:	Population Council
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	15762
Planned Funds:	$ 300,000.00

Activity Narrative: Activity 7613 is linked to Population Council's other activities in AB (#7614), Other Prevention (#7611), Counseling and Testing (#7612), and ARV Services (#7861).

SUMMARY:
Population Council (PC) is using PEPFAR funding to provide technical assistance (TA) to the KwaZulu-Natal Department of Health (DOH) in the development of a provincial antenatal (ANC) and postnatal (PNC) policy and evidence-based comprehensive guidelines. These will incorporate aspects of HIV prevention, counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), antiretrovirals (ARV) and male involvement, which are aimed at providing pregnant women, their partners and infants with quality comprehensive care during the ANC and PNC period. Outputs will also include a provincial strategy for monitoring and supervision; a set of job aides; and training materials to support implementation. In FY 2007, PC will provide TA in the operational phase and assist in planning the implementation of guidelines in KwaZulu-Natal and other provinces. To date, this has been a provincial activity, with focus primarily on KwaZulu-Natal; however, in FY 2007 PC will work in close collaboration with the National Department of Health (NDOH) to identify new provinces for implementation. The target populations for this activity are people living with HIV and AIDS; HIV-infected pregnant women; program managers; policy makers; National AIDS Control Program Staff; other DOH Staff from three provinces; nurses and Non-governmental Organizations (NGOs). The emphasis areas for this activity are policy and guidelines, quality assurance and supportive supervision, strategic information, as well as training.

BACKGROUND:
PC currently provides TA using a participatory methodology aimed at ensuring that local, national and international evidence, and relevant guidance from the vertical HIV related programs (CT, PMTCT, ARV) feed into the development of comprehensive and integrated provincial ANC and PNC policies and guidelines. This ongoing project, commenced in 2004 with PEPFAR funding, is carried out in collaboration with the Reproductive Health and HIV Research Unit (PEPFAR funded) and three KwaZulu-Natal DOH directorates (Maternal Child and Women Health [MCWH], Sexually Transmitted Infections [STI] and PMTCT). The KZN MCWH is the lead for the provincial "Core Team." The overall function of the Core Team is to steer the development of policy and guidelines. To date, multiple stakeholders and the Core Team have developed drafts of both the policy and guidelines. As part of the process to inform the development of the policy and guidelines, the Core Team conducted focus group discussions with pregnant women to identify their maternal health needs. During this funding period, the project will move from the guideline development phase to an operational implementation phase.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Technical Assistance
PC will provide ongoing TA to the KwaZulu-Natal DOH as key drivers of the PMTCT policy and guideline development. PC will coordinate the operational implementation phase by developing further resources including guidelines for monitoring and evaluation tools, job aides and training material.

ACTIVITY 2: Strengthening Human Capacity Development
This activity is being co-funded with the KwaZulu-Natal MCWH Directorate. Once the tools are finalized, PC will coordinate the implementation planning. The KwaZulu-Natal MCWH directorate is committed to a province-wide effort to rollout PMTCT training. In alignment with a National Human Resources Plan for Health, PC will provide TA to the MCWH for the province-wide rollout of the guidelines and job aides. Using a training-of-trainers methodology, PC will use PEPFAR funds to conduct training of trainers' workshops; to coordinate and document the process; and to strengthen monitoring and evaluation systems.

ACTIVITY 3: Scale-up of the Policy/Guidelines
The final PMTCT policy and guidelines will be launched at a provincial stakeholder's workshop, which will involve all relevant local and national DOH counterparts. Dissemination will be important in order to learn from the key findings to inform future initiatives. It is anticipated that other provinces will be interested in similar initiatives and PC will offer technical assistance to adapt the tools to their specific context. PC will work

with KwaZulu-Natal MCWH and the two new provinces identified by the NDOH to strengthen referral systems and linkages.

This activity will contribute to the overall PEPFAR goals of preventing 7 million new infections by strengthening PMTCT programs with policy and guidelines and an implementation plan in the province most affected by the HIV and AIDS crisis.

Targets

Target	Target Value	Not Applicable
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		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	30	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	2,010	☐

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: $ 20,029,317.00

Program Area Context:

The HIV epidemic in South Africa, with its population of 47.4 million, is unparalleled in combined scale and severity. South Africa has a highly generalized, relatively stable epidemic, with continuing high HIV prevalence and incidence. Prevalence among pregnant women attending antenatal clinics increased slightly to 30.2% in 2005, up from 29.5% in 2004. Transmission is primarily heterosexual, followed by mother-to-child transmission during pregnancy and breastfeeding.

HIV rates vary greatly by age, sex, race and geography. According to a 2005 population-based survey, HIV prevalence is 16% overall for the 15-49 age group, with almost twice as many women as men infected. In the 15-24 age group, the ratio of infected females to males is four to one. Prevalence peaks at 33% in women aged 25-29, and at 23% in men in their thirties. South Africans of European and Asian descent have much lower HIV rates than black South Africans. Prevalence across provinces ranges with the highest being 23% in Mpumalanga for the 15-49 age group. Urban informal settlements have the highest prevalence, perhaps reflecting the role of migrant labor in the epidemic.

Factors underpinning continued high HIV transmission include high rates of multiple and concurrent partners; age-mixing in sexual partnerships; and low rates of male circumcision, especially in urban settings. Levels of sexual violence are among the highest in the world. Mean age at first sex, currently about 17 years, is declining. Basic knowledge and awareness of HIV are almost universal, and exposure to HIV and AIDS communications campaigns and to interpersonal sources of HIV and AIDS information is high. Stigma towards people with HIV is declining, yet levels of personal risk perception are astonishingly low — 66% of South Africans do not see themselves at risk of HIV, often because they are faithful to, and do not recognize their potential exposure through, a trusted partner. However, the benefits of mutual fidelity as a prevention strategy are not widely understood.

The South African Government (SAG) seeks to involve all sectors of society in HIV prevention, with an emphasis on condom use for 15-25 year olds and on schools, trade unions, the trucking industry and migrant labor. Consistent with the SAG strategy, the USG Five-Year Strategy supports a comprehensive ABC approach. The AB component of the USG strategy emphasizes: abstinence and faithfulness for youth; expansion of media as well as community outreach through FBOs and CBOs; links to other preventive services; HIV testing and care. The FY 2007 COP budgets $19.5 million for 32 AB partners, roughly half of which focus on youth; other key audiences include men, teachers, and the military. As of March 2006, outreach efforts had reached 4 million people with AB messages, including 490,000 with abstinence-only messages.

USG assistance for prevention efforts complements support from other donors, including DFID/United Kingdom support to Soul City and FBOs, the Finnish and Irish governments, and the Gates and Kaiser Foundations, for youth prevention activities.

Recognizing that national prevention efforts have had limited success to date, the USG and partners have developed an action plan to strengthen the impact of USG-funded prevention activities. In the future, USG partners will focus on the factors that contribute most to continuing high incidence. Prevention interventions will more directly address: the specific sources of vulnerability to HIV for key target groups, HIV drivers and dynamics in different settings, and the contexts in which risk-taking occurs. Reflecting current patterns of infection, the USG will balance programs targeting adults with those for young people, with special emphasis on adult men and younger women.

Building on lessons from elsewhere in Africa, USG partners will intensify efforts to help individuals understand and personalize the risks associated with multiple and concurrent partners, and the benefits of mutual fidelity in the context of knowing both one's own and one's partner's HIV status. Adults in stable relationships will be a key focus, with messages for men emphasizing the risks of multiple overlapping

partners, and for women, the potential for exposure to HIV through their regular partners. Women of reproductive age and their partners will be educated about the risks of acquiring HIV in pregnancy. Soul City and Johns Hopkins University will use best practices in behavior change communication to develop and test relevant partner limitation messages.

USG/SA will scale up efforts to address the role that male attitudes, norms and behavior play in sustaining sexual networks and cross-generational sex, and high rates of concurrency and partner turnover among younger men. The focus will be on informal urban settlements, workplaces, and other settings with large male populations, especially migrant labor. The Men as Partners program will further expand efforts to build the capacity of other NGOs to implement programs that promote male sexual responsibility. Another USG partner will assist the SAG in developing a national strategy for increasing male involvement in HIV and AIDS issues.

USG partners will promote delayed sexual activity among younger adolescents, and explicitly discourage cross-generational and transactional sex among girls and young women. FBOs, other NGOs and the Department of Education will further expand HIV education, emphasizing abstinence and faithfulness through schools, churches and other community fora. These programs will educate young women about the risks associated with sex with older men, enhance their self-esteem, and develop the skills they need to abstain. Complementary activities will target adult family and community members, highlighting the need to prevent sexual violence and create safer contexts for young women. Linkages between AB and OVC programs will ensure that orphans and other at-risk youth receive HIV prevention education.

Strong linkages to couple counseling and testing will be established. Post-test counseling will emphasize mutual fidelity for HIV-negative couples, and supported disclosure and referral to positive prevention, PMTCT, care and treatment for those who test positive. Many AB partners will also receive funds for Condoms and Other Prevention activities, in order to provide a comprehensive approach for individuals in the general population who continue to engage in risky behavior.

By using multiple entry points and multi-level interventions, USG partners will seek to achieve a "tipping point" for changing societal norms and achieving sustainable behavior change. Interpersonal communication and outreach through CBO/FBO networks, with their potential for sustainability, will shape new community norms and help individuals internalize these norms. Media programs, which reach almost 90% of youth and adults, will support these efforts with consistent, unified messages across communities that emphasize increased male responsibility, personal risk perception, and community action to support healthy behaviors. A new "reality"-style talk-show will highlight real life, individual success stories in adopting abstinence and fidelity, encouraging other individuals and communities to adopt these prevention strategies.

The USG is committed to improving the quality of prevention activities. Partners will be encouraged to adopt theory-based interventions, best practices, as well as standards and guidelines, such as those developed for peer education by the Harvard Rutanang program. The USG will convene prevention partners regularly to enhance coordination and synergy, and use of a common set of clear, actionable, behavioral messages. Findings from the 2006 HIV and AIDS communications survey will be used to develop a national strategy for HIV and AIDS communication, and to inform and harmonize prevention interventions.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,403,953
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,487,917
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	29,436

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Africare
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7280
Planned Funds: $ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity also relates to activities in Condoms and Other Prevention (#7920), Basic Health Care and Support (# 7278), CT (#7279), TB/HIV (#7281), ARV Services (#7277) and OVC (#7282) provided to the Eastern Cape Department of Health (ECDOH) and Department of Social Development (DOSD). Peer educators and advocates contribute to promotion of counseling and testing, reduction of stigma, and care and support. Empowerment of, and respect for women and girls is incorporated into prevention activities.

SUMMARY:
Africare's Injongo Yethu Project will continue to work through several foci of influence in the Whittlesea community to disseminate information and influence behavior change to prevent new HIV infections and to encourage testing. While intensifying the project's reach into communities in the Hewu Hospital catchment area of the Lukhanji Health Local Service Area (LSA), the project will extend prevention activities in the catchment areas of the feeder clinics of Frontier Hospital in nearby Queenstown. Major emphasis is on community mobilization/participation while minor emphasis is given to linkages with other sectors and initiatives and IEC.

BACKGROUND:
This is an ongoing activity, expanding the number of peer educators (PEs) and expanding the geographic reach to include more villages in the Hewu catchment area and to extend activities into the Lukhanji LSA. Prevention activities are supported and encouraged by the ECDOH. The House of Traditional Leaders supports the project, and is an important behavior change agent in the community. Lukhanji Local Municipality expresses support for the integration of ward councilors in community mobilization efforts. Efforts to empower young women are included in the in-school youth peer education/life skills activities, out-of-school youth peer education and livelihood activities supporting young women to be materially independent of older men. Shaping how young men see and behave toward women is included in the out-of-school youth peer education activities, the traditional initiation schools, faith-based youth activities, and in-school youth (intermediate phase). Middle-aged men are reached through faith-based organizations (FBOs) and traditional leaders, and in FY 2007, through taverns and ward councilors. Appropriate activities that focus on these target groups have been moved this year to "Other Prevention".

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthen the Quality and Intensity of Existing Community-based Activities
Human capacity development will remain a key activity, building on the training of traditional leaders and healers, faith leaders and out-of-school youth. In-school youth will continue to be developed, along with their coaches and teachers. Rural youth with little education will need continued support to internalize messages with regard to gender and behavior change and to better develop facilitation, counseling, and activity management skills. Funds will be used to recruit additional Peer Education and Advocate Supervisors to support community-based peer education and advocacy in new communities. A School Life Skills Officer position will be converted to a fulltime position to provide more support of the program and to meet the teacher's life skills capacity development and support needs. Additional training in peer education and behavior change approaches will be provided to the Supervisors to enhance their ability to provide technical guidance in communities. Community-based PEs and advocates from all participating groups will be provided with in-service education on interpersonal communication for behavior change. Practical skills for youth development and life skills will also be provided to the out-of-school youth PEs. Teachers from participating schools (20 current and 20 new) will continue to receive professional development in life skills education for grades 4-7 and support of PEs. Further training and mentorship for traditional initiation (circumcision) surgeons/nurses will integrate HIV prevention, gender awareness and behavior change education for young males during initiation into manhood (traditional practice). Linked with the care and support components, the Service Corps Volunteers and community-based caregivers will have their HIV prevention communication skills further developed to improve the frequency, intensity and quality of their communications in the clinics and in the homes of clients. Summer and Spring Youth Camps (2) for existing PEs (120 youth) will focus on personal empowerment and build their capacity to promote abstinence and delayed sexual

debut for in- and out-of-school youth in collaboration with church Sunday Schools.

ACTIVITY 2: Reach the Community with Consistent AB Messages
Funding will support quarterly HIV prevention-focused awareness events for each target group. These events are not intended to raise awareness about HIV, but rather to stimulate discussion of intergenerational sex, transactional sex, stigma, discrimination, denial and other related issues, to reduce high-risk behavior and to create a supportive environment for HIV testing. The forums for these events include youth debates, drama, and sensitization meetings to highlight these issues. Through these open forums, Africare aims to stimulate discussion on issues and guide the community to identify HIV risk and appropriate steps to reduce such risks. The project will facilitate the dissemination of relevant IEC materials and enlist the support of PEPFAR partners such as Soul City to adapt materials.

In addition, Africare will continue to work with faith-leaders to disseminate information about HIV and AIDS with a focus on promoting risk reduction through AB messages. In FY 2007, Africare will expand the number of pastors in their program from 40 to 60 and expand the geographical reach. Through this activity alone, Africare expects to reach approximately 24,000 people.

ACTIVITY 3: Expand to New Community Groups and New Localities within this Site
The project will hire a Community Leadership Officer to support intensive activity with tavern owners and to initiate activity with the ward councilors, who will be trained in HIV and AIDS, covering issues around prevention such as reducing intergenerational sex, supporting youth programs, and will link with care, support and OVC activities to enlist elected official and local committee support for local forums, health services and social services. Additionally, in collaboration with the law enforcement agents, the project will strengthen and expand the gender- and child-based violence working group by supporting quarterly meetings/activities to promote case identification, effective support and intervention (including PEP) and prevention. For in-school youth peer education, new schools in Hewu (10) and in the Queenstown area (10) will be added to the existing group of schools. Churches in Queenstown areas of Ezibeleni and Mlungisi will be engaged and trained for prevention as well as stigma reduction and care and support.

ACTIVITY 4: Vocational Skills Training and Microfinance
Building on the initial garden development carried out partially with leveraged funding in FY 2006, appropriate vocational skills and financing will be initiated to ensure that youth, especially young women, are economically empowered, avoid intergenerational/transactional sex and avoid conflict with the law. The project will conduct a vocational skills training needs assessment for youth, engage the services of training institutions to provide vocational and skills training, and support learnerships and apprenticeships for youth. Selected initiatives will be supported with limited financing, and will link youth groups with government and local sources of funding.

By focusing on prevention among young people, Africare contributes to the PEPFAR goal of preventing 7 million new HIV infections.

Continued Associated Activity Information

Activity ID:	2911
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Africare
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 425,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	19,900	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	99,900	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	447	☐

Target Populations:

Adults
Community leaders
Faith-based organizations
Teachers
Volunteers
Primary school students
Out-of-school youth
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Gender

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Increasing women's legal rights

Microfinance/Microcredit

Coverage Areas

Eastern Cape

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7286
Planned Funds:	$ 0.00
Activity Narrative:	This activity was approved in the FY06 COP, is funded with FY06 PEPFAR funds, and is included here to provide complete information for reviewers. No FY07 funding is requested for this activity. The five–year cooperative agreement with the American Center for International Labor Solidarity is ending on March 31, 2007. A new competitive program announcement will be released to identify a new partner (or partners) to implement similar activities in FY 2007. The proposed activities are described in this COP as PPP TBD.

Continued Associated Activity Information

Activity ID:	3004
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	American Center for International Labor Solidarity
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

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
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	95,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	7,800	☐

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

KwaZulu-Natal

Mpumalanga

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7295
Planned Funds: $ 320,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to activities to be carried out by Harvard School of Public Health (HSPH) in Other Prevention (#7291), OVC (#7292) and Policy/System Strengthening (#7293).

SUMMARY:

Through the South African Center for the Study and Support of Peer Education (SACSSPE), HSPH contributes to PEPFAR prevention (AB and Other Prevention), OVC, and system/capacity building goals by providing training, technical assistance, and materials development to government, NGO, FBO, corporate, and other organizations using peer education strategies. SACSSPE is the first academic center devoted to development and continuing improvement of a sustainable national inter-sectoral peer education system. Major emphasis will be IEC, while minor emphasis will be local organization capacity development, policy and guidelines and training. The targets will be children and youth, adults, HIV affected families, religious and community leaders, program managers, South African-based volunteers, CBOs, FBOs and NGOs.

BACKGROUND:

This project is an expansion and institutionalization of a five-year national consultative process developing consensus on goals, essential elements and standards of practice for peer education programs, and materials and tools in wide circulation to improve how peer education is conducted. Rutanang peer education is consistently defined and implemented as including, among other characteristics, multiple-dose small-group structured and facilitated discussions; informal influence; recognition and referral of those with further needs (e.g., VCT, treatment, OVC); and advocacy.

ACTIVITIES AND EXPECTED RESULTS:

SACSSPE provides PEPFAR and non-PEPFAR partners with training and ongoing technical assistance and assists with the development and adaptation of educational materials, tools, policy guidelines, linkages and community mobilization, and strategic information specifically focused on AB prevention in multiple settings. The Center will prepare and coordinate trainers (with accreditation process initiated) from a variety of sectors and geographic areas. Partners will use evolving standardized monitoring and evaluation tools to collect and share comparable data on program activities and outcomes. All SACSSPE peer education AB activities and materials explicitly and intensively address the following areas of legislative interest: male norms and behaviors, sexual violence and coercion, stigma reduction, and maintaining infected and affected children in school. Peer education with adolescents and adults emphasizes delaying sexual debut, secondary abstinence, and reduction in concurrent partners. Peer education having primary AB prevention goals is also a means for early identification and referral to services of vulnerable children and youth, and HSPH is pursuing strategies that enhance peer education as an advocacy tool to make environments safer. Each of the foregoing content themes is explicitly addressed in the design of peer education support systems, training of peer educators, and the content peer educators are trained to deliver. AB activities are conducted through partners including:

ACTIVITY1: KwaZulu-Natal Department of Education

SACSSPE will train and support regional and district-level trainers and administrators in three of six districts to provide supervision and oversight for high school-based peer education. More than 50 personnel from NGOs, CBOs and FBOs serving KwaZulu-Natal will be trained and equipped to organize and supervise peer education programs in 120 KwaZulu-Natal schools, working with teams of 15 peer educators per school.

ACTIVITY 2: Catholic Institute of Education

Three Catholic Institute of Education schools in KwaZulu-Natal will be assisted to develop integrated models including primary prevention, services for OVCs, workplace peer education for educators, and use of school-trained peer educators in community settings.

Integrated work in KwaZulu-Natal will promote an intersectoral advocacy process involving policymakers and leaders from government departments and public and private sector stakeholders.

ACTIVITY 3: Eastern Cape Department of Education (ECDOE)

A total of 1000 schools are receiving Rutanang-based peer education through ECDOE tenders with Youth for Christ (YFC) and Planned Parenthood Association of South Africa (PPASA), and these are expected to extend to another 500 schools in 2007. This initiative predated YFC funding by Department of Health/PEPFAR, uses ECDOE conditional grant funds, and specified the use of Rutanang in the tender. SACSSPE maintains an ongoing consultative (at least two meetings) and monitoring and evaluation (M&E) training relationship with YFC and with ECDOE officials.

ACTIVITY 4: Western Cape Education Department (WCED)

Building on its Rutanang-adapted Generation of Leaders Developed (GOLD) model funded by the Global AIDS Fund, SACSSPE will support the extension of peer education to a total of 350 high schools reaching 21,000 learners. A range of service providers working under the GOLD umbrella receive at least two consultations per year with SACSSPE staff, and additional trainings and consultations, including one for principals, are planned.

ACTIVITY 5: Free State Education Department (FSED)

Strengthening the peer education called 'Radically Different Species' (RADS), the FSED adaptation of Rutanang, SACSSPE will promote the integration of peer education into the scheduled curriculum, reaching approximately 80 high schools and 3200 learners. Work in 2007 will especially strengthen M&E for Department of Education provincial and district officials.

ACTIVITY 6: Mpumalanga Department of Education (MPDOE)

The Mpumalanga Department of Education began in 2005 to use the RADS adaptation, and HSPH training and technical assistance (T&TA), to develop a province-wide peer education strategy. SACSSPE will provide T&TA to 50 MPDOE supervisory and M&E personnel, supporting rigorous peer education programs in 60 schools reaching 3000 learners.

ACTIVITY 7: Anglican Church of the Province of Southern Africa

SACSSPE is working with the Anglican Church of the Province of Southern Africa (CPSA) to tailor T&TA and materials for AB activities in churches, religious schools, and FBO community outreach projects. SACSSPE is also developing memorandums of understanding with three FBOs that provide school-based peer education under PEPFAR funding to the Department of Health: Youth for Christ, with whom HSPH has a long and productive relationship, the Muslim AIDS Program, and Scripture Union.
ACTIVITY 8: In FY 2006, HSPH began to support peer education in middle and primary schools in Eastern Cape by Africare, and will continue to provide technical assistance. HSPH will also provide consultation to large NGOS working in various parts of the country, including Hope Worldwide, Population Council, and Childline. Each year, as HSPH's Rutanang materials become more familiar, more such requests are received.

ACTIVITY 9: Sport and Recreation

In FY 2006 HSPH began articulating how peer education might be used to take advantage of the natural appeal and access to youth of sports programs. Specifically, SACSSPE will develop materials and a T&TA field test, and eventually a systematic approach, for Swimming South Africa. HSPH has been working with GrassRoots Soccer, Playing for Peace (Durban area), Hoops for Hope (Cape Town) and FIFFA-KIDS (Pietermaritzburg) to help coaches integrate peer-led AB activities.

In addition to contributing to PEPFAR annual and cumulative targets, long-term results of the HSPH project will be the establishment of a sustainable integrated system supporting

rigorous, measurable peer education that increases the amount and quality of social interactions and skills acquisition concerning norms, traditions, and behaviors that will help reduce the transmission of HIV.

Continued Associated Activity Information

Activity ID:	3835
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Association of Schools of Public Health
Mechanism:	ASPH Cooperative Agreement
Funding Source:	GAP
Planned Funds:	$ 220,000.00

Emphasis Areas	**% Of Effort**
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**
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	34,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	110,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	770	☐

Target Populations:

Adults
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
Program managers
Teachers
Volunteers
Children and youth (non-OVC)
Out-of-school youth
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Education

Coverage Areas

Eastern Cape

Free State

KwaZulu-Natal

Mpumalanga

Western Cape

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:	Central (GHAI)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7371
Planned Funds:	$ 503,425.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to its Track 1 AB activities, HOPE worldwide also implements an OVC Track 1 ANCHOR program (#7372). HOPE worldwide also implements country-funded programs in AB (#7607), Basic Health Care and Support (#7608), OVC (#7609) and CT (#7610). Track 1-supported prevention efforts are linked to HOPE worldwide's PACT-funded program. Although there are two programs, sites, staff and reach are separate and efforts are not duplicated.

SUMMARY:

HOPE worldwide South Africa (HWSA) will continue activities to support the expansion of a comprehensive HIV prevention program through a skills-based, gender-focused program for young boys and men, and the promotion of Abstinence and Be Faithful (AB) messages for young people in four provinces (Western Cape, Eastern Cape, Gauteng, and KwaZulu-Natal).

The activity targets primary and secondary school children and youth (both in- and out-of-school), adults, teachers and religious and community leaders, community-based, faith-based and non-governmental organizations (NGOs). Major emphasis areas for the project are information, education and communication and minors are community mobilization/participation, training and linkages with other sectors and initiatives.

BACKGROUND:

The activities described below are part of an ongoing HIV prevention program of HWSA, funded by PEPFAR since FY 2006. HWSA will promote and strengthen AB prevention messages, implement a gender-sensitizing component carried out by HWSA's Men as Partners (MAP) program, and work with parents, caregivers and guardians to promote consistent, positive and proactive parenting and a constructive family environment.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: AB Awareness-raising

HWSA will continue its programs in Gauteng, KwaZulu-Natal, Western Cape and Eastern Cape provinces to promote and strengthen abstinence and faithfulness prevention messages within its community outreach efforts that include communities of faith. HWSA will expand to new areas within the current sites, and in particular to peri-urban and rural areas in KwaZulu-Natal in response to the geographic development of the HIV pandemic in South Africa. HWSA will establish an abstinence-based program in four provinces, for youth 14 years and under who have not initiated sexual activity. HWSA will use PEPFAR funding to support a program that prioritizes abstinence messages, HIV prevention information, workshops and learning materials required for this HIV prevention intervention. HWSA will also target the 15-24 year old age group and will establish an abstinence and fidelity-based approach (AB) for this target population. This will focus on reducing sexual partners, mutual faithfulness with an uninfected partner and the importance of correct and consistent condom use. HWSA's AB program with all age groups follows a standard peer educator model of training small groups of change agents to impact their immediate and broader communities.

HWSA's AB program for youth under 14 years of age is an age-appropriate program that aims to promote the importance of abstinence in reducing HIV transmission and encourages delay in sexual debut. This program educates children on the basic facts about HIV prevention and AIDS, the skills for practicing abstinence, stigma and discrimination and avoiding and reporting violence and abuse. The HWSA program involves five contact sessions spread over 10-12 hours.

HWSA's AB program for youth older than 14 years is designed to be age and culturally appropriate with sessions on the benefits of abstinence in reducing HIV transmission and where appropriate secondary abstinence, personal self-esteem, healthy relationships, the delay of sexual activity until marriage, the importance of reducing the number of casual sex partners, mutual faithfulness to an uninfected partner, the importance of HIV

counseling and testing and full information on the correct and consistent use of condoms as a way to reduce the risk of HIV for those who engage in risky sexual behaviors. The program involves ten contact sessions spread over 14-20 hours. The program is designed to be interactive and fun, and sessions mix limited teaching by HWSA facilitators with youth-led group discussions, role plays and debates. Relevant games are used. The program includes a component that will target out-of-school youth through youth clubs, community-based organizations and sports groups. HWSA will continue to work closely with the national and provincial Departments of Health. The activity will build on FY 2006 success of 57,000 individuals reached with A and AB messages through 100 FBOs and 50 schools.

ACTIVITY 2: Men as Partners (MAP)

A follow-up activity to Activity 1 will be a gender-sensitizing component carried out by HWSA's MAP program. This activity will both address the prevention needs of girls and young women and the promotion of positive gender-sensitive attitudes, practices and behavior for young boys and youth. The MAP program will be modified to be age-appropriate and will attempt to change social norms related to male socialization, coercive sex (key legislative issue), cross-generational sex, and/or transactional sex. This activity will create community commitment and involvement in reduction of Violence against Women and Children, support HIV counseling and testing, peer education and community interventions with messages to challenge norms about masculinity, early sexual activity and multiple sexual partners for boys and men and transactional sex. This program will promote the benefits of abstinence in reducing HIV transmission, encourage the delay of sexual debut until marriage for the 10 -14 age groups and for the older youth MAP will also encourage the reduction in casual sexual partnerships, mutual faithfulness to an uninfected partner and will stress the importance of HIV counseling and testing and provide full information on the correct and consistent use of condoms to reduce the risk of HIV for those who engage in risky sexual behavior.

ACTIVITY 3: Parent Empowerment

This activity will work with parents, caregivers and guardians to promote consistent, positive and proactive parenting and a constructive family environment. This activity will build on research that shows that strong families have a major influence on children's achievements in school and through life and also that youth report a preference of having parents/guardians educate them about sexuality and related issues. The program will empower and capacitate parents with skills to interact with children and youth about abstinence, sexuality, HIV prevention messages and create an enabling environment for AB messages. This activity aims to promote good relationships between parents and teens and adequate supervision of teens which, research has shown reduces risky behavior among youth. HWSA will partner with the Parenting Centre and FBO networks (e.g. South African Council of Churches, African Federation of Churches and the International Churches of Christ) to develop and implement this program. The program will include sessions on personal growth; enhance self-awareness, personal values, parenting skills, building children's self-esteem, discipline and problem-solving. The activity will also be linked to the HWSA OVC program with a focus on empowering parents and guardians in vulnerable household and working with granny-headed households.

These HWSA activities will contribute to the PEPFAR objectives of averting 7 million infections, and support the USG Five-Year Strategy for South Africa by improving AB preventive behaviors among youth and adults.

Continued Associated Activity Information

Activity ID:	3300
USG Agency:	U.S. Agency for International Development
Prime Partner:	Hope Worldwide South Africa
Mechanism:	Track 1
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	18,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Teachers
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7380
Planned Funds:	$ 400,000.00

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), Basic Health Care and Support (#3037), TB/HIV (#3040), Strategic Information (#3810 and #3039), ARV Services (#3035), and Laboratory Infrastructure (#3038).

SUMMARY:

PEPFAR funds will support Abstinence/Be faithful (AB) 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 information, education and communication with minor emphasis placed on community mobilization/participation, development of network/linkages/referral systems, and training. The target population will include children and youth (non-OVC), community leaders, religious organization, South African based volunteers and implementing non-governmental organizations (NGOs).

BACKGROUND:

The cooperative agreement has been in place since 2003. Specific support for AB prevention activities began in FY 2005, when PEPFAR funding was provided to the NDOH to support the three faith-based organizations (FBOs) with which NDOH had an existing relationship (Muslim AIDS Project, Youth for Christ, and Scripture Union). These three FBOs will no longer receive PEPFAR funds through the cooperative agreement, but will receive direct funding from PEPFAR in FY 2007. In FY 2006 an addional four new NGOs were added, Educational Support Services Trust (ESST); Theatre for Life Developing Resilient Youth (AREPP); AIDS Sexuality and Health Youth Organization (ASHYO); and South African San Restitution (SASI). The activities that will be conducted include life skills HIV education, the promotion of healthy norms and behaviors, and reinforcing the role of parents in young people's discussions about HIV and sexuality. FY 2007 funds will be used to build infrastructure within the NDOH for HIV prevention activities and continue to support the four NGOs for AB activities focused on youth.

ACTIVITIES AND EXPECTED RESULTS:

These funds will assist in expanding the department's current AB activities. The four NGOs are experienced in providing AB prevention activities and will work with churches in rural areas to develop radio messages and train peer educators to reinforce the radio messages. In addition AREPP will carry out AB messages through drama in both primary and secondary schools. After presenting the drama, they will lead a discussion about the issues that were raised and focus on HIV risk reduction. Technical assistance and coordination of the activities will be facilitated by the CDC Youth Specialist. The NGOs will carry out peer education in schools and these will be implemented in conjunction with the Harvard School of Public Health peer education efforts in order to streamline the peer education strategy.

The abstinence-focused messages are geared towards children ages 10-14 in primary schools; messages to high school students ages 14-19, out-of-school youth and young adults focus on abstinence, delayed sexual debut and faithfulness. They also discuss correct and consistent condom use to this group, but the focus is more geared towards AB messages. This is consistent with the PEPFAR ABC guidance.

By educating children and young people with AB 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 NGOs will also allow the messages to spread beyond the target population, to parents and others involved with the organization. These accomplishments will support the PEPFAR'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.

Continued Associated Activity Information

Activity ID: 3034
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Department of Health, South Africa
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 400,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	2,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	12,500	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	☐

Target Populations:

Community leaders
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Volunteers
Children and youth (non-OVC)
Religious leaders

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:	Soul City
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7395
Planned Funds:	$ 2,000,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to activities in Condoms and Other Prevention (#7397) and ARV Services (#7396).

SUMMARY:

Soul City has received PEPFAR funding since FY 2005 to implement a media and community-driven program to strengthen prevention, and increase awareness of and demand for HIV care and treatment services. The major emphasis area is community mobilization/participation. Other emphasis areas include: information, education and communication; local organization capacity development; and training. There are five activities. Three activities target adults and children nationally using multimedia, and two activities build on this through training and community mobilization of adults and children.

BACKGROUND:

The activities are ongoing. Soul City has a long history of partnership with the South African Government, collaborating with the National Departments of Health (NDOH), Education (DOE), Social Development (DOSD), Transport, and Public Service and Administration, which includes financial support from NDOH, and potentially DOSD in the future. In addition, Soul City partners with 18 NGOs to implement the community mobilization program. All Soul City interventions address gender issues, particularly those associated with driving the epidemic (e.g., power relations and gender violence). Violence reduction will be a focus over the next five years as will the issues that promote violence, like substance abuse.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

The Soul City TV series, 13 episodes for a family audience, broadcast during primetime in May 2008; 30 radio drama episodes in nine languages; and a 36-page color booklet for adults printed in four languages, with one million copies distributed through newspapers, health facilities, partners and community organizations. The booklet will focus on HIV and relationships, particularly concomitant partners. Other issues addressed are HIV prevention that promotes abstinence and faithfulness, and decreasing stigma. The series will cover gender in HIV prevention, violence reduction and substance abuse. PEPFAR funds will be used for 30% of this activity.

ACTIVITY 2:

Soul Buddyz is aimed at children, 8 to 12 years of age and comprises: 1) 13 TV drama episodes for children and their parents, broadcast in primetime July 2008; 2) 13 TV episodes for children called Buddyz on the Move; 3) 26 radio episodes in nine languages; 4) development, printing and distribution of one million copies of a 42-page color parenting book in four languages from July 2008; 5) development of a 116-page grade 7 life skills book distributed to pupils in July 2008; and 6) marketing to promote and link these materials. This activity contributes to PEPFAR objectives by averting new infections through behavior change. The topics the Soul Buddyz series will cover are HIV prevention, in particular the promotion of abstinence and faithfulness, and youth sexuality. The Soul Buddyz intervention deals with a range of developmental topics relevant to children's lives and not only to HIV and AIDS. It will also deals with violence reduction and road safety. PEPFAR funds will be used to support 30 percent of this activity.

The following two activities depend on the media activities for their credibility and impact at a community level.

ACTIVITY 3:

Based on the Soul Buddyz intervention, Soul Buddyz Club is a community mobilization intervention aimed at children, largely at schools and facilitated voluntarily by teachers.

Children in the clubs learn about life skills covered in the Soul Buddyz series (that stress abstinence and being faithful (AB) messages) and are encouraged to do outreach work in their schools, families and communities. Nationwide, 2500 clubs already exist, and in FY 2007 Soul City will establish another 1000 clubs. To achieve this, it will conduct 20 training sessions for facilitators; develop, print and distribute 5000 annual club guides; hold a national congress for clubs and their facilitators; develop, print and distribute 30,000 newsletters and posters bi-monthly; and run Buddyz club competitions. The clubs will focus on preventing HIV infection, AIDS and its impact on schools; youth sexuality focusing on skills development; and violence reduction and road safety. PEPFAR funds will be used to support approximately 80 percent of this activity. Soul City emphasizes building the capacity of facilitators so they can support clubs into the future. This will be done in partnership with the DOE at both national and provincial levels. This activity contributes towards PEPFAR objectives by averting new infections through increasing self esteem and behavior change.

ACTIVITY 4:

Soul City develops flexible training materials in five local languages to use in facilitated learning settings, and in the general public. These deal with all aspects of the epidemic, particularly AB prevention, antiretroviral therapy support, and support for home-based care and orphans and vulnerable children. These materials are used by 18 partner NGOs in a cascade training model. Trainees are given the support and skills with which to become mobilizers in their community. More than 200 training sessions will be conducted in FY 2007 with an average of 30 people per session. In addition, materials are made available to a wide range of institutions that make use of the materials in their work. A minimum of one million copies of materials will be made available. PEPFAR funds will be used to support approximately 70 percent of this activity.

ACTIVITY 5:

[This activity is carried out by a partner organization "Heartlines," and is described more fully in Prevention/Other (#7397) in this COP.] Eight TV drama films and a story book focusing on values will be distributed for use in multiple settings. The films and book were produced in FY 2006 with other donor funds. These films were complemented by a book for parents on teaching values to children. The book includes ten stories to be read to children 3 to 6 years of age, focusing on the same values as the films. These films were adapted in FY 2006 for use in grade 10 classes and an accompanying facilitator manual was produced. In FY 2007 the material will be duplicated and distributed to all public high schools. Teachers will adapt the children's book to be distributed to all registered preschools and primary schools. In partnership with DOE, teachers will also be trained to use the materials.

The long-term sustainability of Soul City is addressed by diversifying its funding sources and by establishing a broad-based Empowerment Company which can take ownership of shares and whose dividends will accrue to Soul City. An Empowerment Company is one aims to strengthen small businesses and expand them in order to encourage investments from outside investors.

To determine the impact of the activities, Soul City and another PEPFAR partner, Johns Hopkins University Center for Communication Programs, will implement a nationally representative longitudinal panel design evaluation, which, together with propensity score analysis, enables one to attribute change to the intervention with a high degree of certainty, as the change is clearly measured in a time sequence, and the "control" is controlled for demographics, other interventions, other attitudes and behaviors. This allows a high degree of certainty about what the cause of the change is. (This activity is funded under the JHU PEPFAR program and described in that COP entry.) Soul City has reached over 6 million children and 22 million adults with AB prevention messages in FY 2006.

Soul City's activities will contribute to the PEPFAR 2-7-10 goals, focusing on prevention (specifically abstinence and being faithful) and care and treatment awareness.

Continued Associated Activity Information

Activity ID: 3055
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Soul City
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 2,000,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	644,307	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,135,507	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	950	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Factory workers
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Program managers
Teachers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Education

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Increasing women's legal rights

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:	Traditional Healers Project
Prime Partner:	University of KwaZulu-Natal, Nelson Mandela School of Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7422
Planned Funds:	$ 100,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Nelson Mandela School of Medicine carries out integrated activities described in Basic Health Care and Support (#7424), CT (#7425), Other Prevention (#7423) and support to OVC (#7426).

SUMMARY:

The University of KwaZulu-Natal Nelson Mandela School of Medicine (NMSM) uses PEPFAR funds to work closely with the KwaZulu-Natal and Ethekwini Traditional Health Practitioner 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 is information, education and communication, with minor emphasis given to community mobilization and participation, the development of network/linkage/referral systems, human resources, quality assurance and supportive supervision, and strategic information. The target population will include public and private sector traditional health practitioners (THPs) (members of the KwaZulu-Natal and Ethekwini Traditional Health Practitioner Councils).

BACKGROUND:

The University of KwaZulu-Natal has an ongoing collaboration with associations of traditional health practitioners in urban, peri-urban and rural areas of Ethekwini District, KwaZulu-Natal province. THPs are influential in KwaZulu-Natal, and are a largely untapped resource in HIV prevention and mitigation on the community level. THPs 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 coerced sexual activity (key legislative issue) among unmarried individuals. This THP cultural perspective has not been reinforced, nor has it been included in public abstinence and being faithful (AB) campaigns in KwaZulu-Natal. Given the position the THPs hold in their social networks, working with the THPs holds great promise for enhancing the uptake of a culturally appropriate version of the AB message. These activities began in August 2005 with the arrival of FY 2005 PEPFAR funding. NMSM is implementing the project in collaboration with the KwaZulu-Natal and Ethekwini Traditional Health Practitioner Councils.

ACTIVITIES AND EXPECTED RESULTS:

It is widely acknowledged among health professionals in KwaZulu-Natal that the Abstinence, Be Faithful and correct and consistent use of Condoms (ABC) messages are not having enough effect in this local cultural context. This project trains and mobilizes THPs in KwaZulu-Natal so that they will be effective promoters of HIV prevention messages and strategies, including AB-focused behavior change messages.

1. NMSM is adapting Abstinence/Be Faithful messages to the cultural and healing contexts in KwaZulu-Natal to inform and communicate effective behavior change messages.

2. NMSM is developing prevention messages together with the THPs and incorporating these messages into training workshops on an ongoing basis.

3. Development of new prevention message formats for posters, pamphlets, instructional medical comic books, and medical animations for training and for distribution to the THPs to use with their patients.

These messages are developed in Zulu and English, though they will be distributed primarily in Zulu. This project has also been developing dramatic presentations that are used in the training workshops to deliver prevention messages. These have been designed by the senior THPs on the project team and are embedded in Zulu cultural practice. The prevention messages are all being developed jointly with the THP team members so that they are culturally embedded and effective. Discussions with senior traditional healers on the PEPFAR-funded team indicate they have a variety of interesting, potentially effective suggestions for ways to deliver modified and improved prevention

messages to the community that go beyond the confines of the traditional healer practice sites.

The following activities will take place:

1. Ongoing assessment workshops (usually one day) with the THPs on the program to assess the effectiveness of the prevention messages and prevention message material for use in their practice.

2. Ongoing assessments of the level of absorption and understanding (amongst the THPs) of the basic scientific information underlying the rationale of the need for prevention activities, particularly in the value of abstinence in preventing infection.

3. Ongoing investigation and assessment of the value of partner reduction and faithfulness to one partner, and assessment of the effectiveness of faithfulness if the other partner is not also being faithful (particularly relevant in marriage situations).

4. Meeting with indunas and amakhosi: these are headman and chiefs of the tribal areas. Traditional healers meet with these leaders who command some authority in their communities, and work together to speak to their constituents about prevention. Target communities include townships and urban areas.

5. Engaging parents: Modern mothers have often lost the knowledge of the traditional ways of protecting their daughters and helping them to be abstinent. Traditional healers trained during this program visit women's clubs and work with mothers to reintroduce these practices.

Expected results include:

1. Recruiting traditional healers who come through the training program and demonstrate particular effectiveness as communicators of prevention messages.

2. Further development, implementation and refinement of Zulu-culture-specific messages of AB that work with the patients, as well as their families and associates, who visit traditional healers, including dissemination through other culturally-specific community venues. Delivery of these messages will also occur through innovative multi-media medical education tools.

3. THPs will visit homes in their communities spreading prevention messages.

4. 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.

5. 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.

6. Increase uptake of HIV and AIDS prevention messages from the healers, working with gender equity and behavioral norms of men and women (key legislative issue).

7. Assessing the effectiveness of these prevention messages.

Formally integrating traditional healers into the public healthcare system is a stated objective of the National Department of Health, and the prevention objectives in the South African Strategic Plan for HIV and AIDS. By expanding access to culturally and scientifically appropriate prevention messages, the Nelson Mandela School of Medicine will directly contribute to the PEPFAR goal of preventing 7 million new infections. These activities also support the prevention objectives outlined in the USG Five-Year Strategy for South Africa.

Continued Associated Activity Information

Activity ID: 3067
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of KwaZulu-Natal, Nelson Mandela School of Medicine
Mechanism: Traditional Healers Project
Funding Source: GHAI
Planned Funds: $ 180,000.00

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	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	18,200	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	☐

Target Populations:

Traditional healers
Traditional healers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

KwaZulu-Natal

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7438
Planned Funds:	$ 100,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The activity also relates to activities described in Condoms and Other prevention (#7569), CT (#7573), Basic Health Care and Support (#7570) and ARV Services (7575).

SUMMARY:
The South African Department of Defence's (SA DOD) activities are complementary to the other prevention and care components within the Masibambisane program. The focus of Abstinence and Be Faithful (AB) prevention for this funding is the training of chaplains as trainers in the value and ethical-based program (addresses amongst other things gender equity, the role of men as partners, as well as violence and coercion), facilitation of the value and ethical-based program to members of the SA DOD, training of chaplains in the pastoral care and counseling, and the provision of pastoral care and counseling to HIV infected and affected members. In addition, workshops are conducted with unit commanders to ensure buy in and to address stigma and discrimination. Mass awareness and targeted intervention programs will also address abstinence and being faithful components of prevention. The activity has been expanded to include training of SADC chaplains. Specific target populations include military personnel, HIV-infected pregnant women, people living with HIV (PLHIV), religious leaders and public health workers.

BACKGROUND:

The AB component of the Masibambisane program is an integral part of the Chaplaincy HIV program of the Department of Defence. This ensures more focused prevention messages in terms of abstinence and/or faithfulness. The program was developed with FY0 2004 funding with the aim to expose all members of the SA 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 in a three day training program. This training will continue in order to reach the optimal number of Defence Force members.

Since 2005, all chaplains are further 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. It will continue to be implemented by the chaplaincy of the SA DOD.

All these activities are monitored through the monitoring and evaluation (M&E) plan for Masibambisane with focused program evaluation of the training courses. The chaplaincy will also involve reserve force chaplains and liaise with the broader religious community to market the training programs to the broader community in an effort to mobilize civilian faith-based organizations.

The chaplaincy completed the development of both courses and has trained the majority of chaplains within the SA DOD. They have also trained a group of chaplains from SADC countries and chaplains at the NATO chaplains' conference. Training of Reserve Force Chaplains has resulted in the expansion of the program to civilian faith-based organizations.

The AB Program will continue with specific focus on highly vulnerable target groups such as the Military Skills Development (basic training) intake of young recruits between the age of 18 and 25 years.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

This activity will provide training to chaplains of the SA DOD, Southern African Development Community (SADC) and the North Atlantic Treaty Organization (NATO) in the values and ethical based intervention program to empower them to facilitate HIV prevention through abstinence and being faithful. This requires updating and customization of the training curriculum and the printing of training material.

ACTIVITY 2:

The activity aims to execute the value and ethical based program within the SA DOD as part of unit workplace programs to members of the SA DOD. This requires the development and printing of facilitation manuals.

ACTIVITY 3:

The SA DOD will support the establishment of unit workplace programs through workshops with commanders to ensure targeted abstinence and faithfulness interventions within units as well as to address stigma and discrimination in the units.

ACTIVITY 4:

The SA DOD will provide pastoral care and counseling to HIV-infected and affected individuals and families within the SA DOD with the secondary aim to prevent HIV infection through interventions that focus on abstinence and faithfulness. This activity will further seek to establish support networks for PLHIV in units in conjunction with activities listed in the Basic Health Care and Support (#7570) program area and also to provide support to other healthcare providers.

ACTIVITY 5:

SA DOD will create ass awareness campaigns to address abstinence and faithfulness through media and mass awareness activities with the development and printing of information and education material.

ACTIVITY 6:

SA DOD will assimilate innovative ways of spreading AB information through attendance of PEPFAR prevention partner meetings, publications in military and peer reviewed magazines and journals and oral and poster presentations on effective and innovative programs at conferences and seminars.

These activities will contribute to the prevention of HIV infection through increased pastoral care and counseling in the SA DOD for PLHIV and increased support to healthcare providers thus contributing to the PEPFAR goal of preventing 7 million new infections.

Continued Associated Activity Information

Activity ID:	2977
USG Agency:	Department of Defense
Prime Partner:	South African Military Health Service
Mechanism:	Masibambisane 1
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	40	☐

Target Populations:

Faith-based organizations
Military personnel
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Religious leaders
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

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: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7503
Planned Funds: $ 53,800.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to Peace Corps Volunteers' activities in Basic Health Care and Support (#7501), OVC (#7502), CT (#7504) and Staffing and Management (#7506).

SUMMARY:

Peace Corps Volunteers will be trained and work with local organizations (non-governmental organizations (NGOs), community-based organizations (CBOs) and peer educator groups), schools and communities to deliver Abstinence/Be Faithful (AB) messages primarily through life skills and peer education activities, youth-focused events and community events organized by youth groups. Activities in this program area will be targeted primarily at young people -- in- and out-of-school -- to enhance their abilities to adopt health-seeking behaviors and to make informed choices about their bodies and their lives. Additional emphasis will be placed on addressing gender norms and expectations. Other populations targeted by the activities include community leaders, volunteers, teachers and CBOs. Training comprises the major emphasis area for these activities, with community mobilization/participation as a minor emphasis area.

BACKGROUND:

The proposed activities build on the accomplishments of Peace Corps Volunteers already in the field in FY 2005 and FY 2006.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

In FY 2007, Peace Corps Volunteers (key legislative issue) and their community counterparts will be trained to effectively use Peace Corps' Life Skills Manual (an internationally recognized best practice model) and other peer education materials.

ACTIVITY 2:

Thirty-seven Peace Corps Volunteers, 10 of whom are PEPFAR-funded, will receive in-depth monitoring and evaluation training to support the development and use of appropriate monitoring, reporting and evaluation tools and processes with their host agencies. This training will take place in the context of the AB prevention training, and will find application across all program areas.

ACTIVITY 3:

Peace Corps Volunteers and their community counterparts will deliver life skills sessions in schools, with peer educators and through other events and activities. The peer education and life skills activities will focus on building skills in communication, decision-making, thinking, managing emotions, assertiveness, self-esteem building, resisting peer pressure and building relationships. Supportive adults and university students, other "champions" and participants will also learn about HIV and 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. Peer educators, participants and activity leaders 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. Life skills groups, events and other activities will be conducted in the KwaZulu-Natal, Limpopo, North West and Mpumalanga provinces.

In FY 2007, it is anticipated that both Peace Corps Volunteers and community members will be trained in AB prevention methods, resulting in an expansion of the numbers of people reached in FY 2007 and the same numbers should be reached in FY 2008. Young people will be targeted to participate in long-term life skills and peer education programs, and community members will be given AB prevention messages. Peace Corps Volunteers work with community counterparts to ensure that, on completion of their service,

initiatives catalyzed by Peace Corps Volunteers are able to continue with community support.

During the FY 2006 Semi-Annual Reporting process, Peace Corps reported that 123 people received training to promote AB prevention and 712 young people were engaged in AB community outreach activities.

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 indigenous organizations and small-scale initiatives to contribute to the 2-7-10 goals, in, in particular, rural under-resourced areas. Peace Corps' focus on age-appropriate AB prevention messages complements the SAG's priorities and the integration of the Life Orientation component of the Department of Education's Revised National Curriculum Statement.

Continued Associated Activity Information

Activity ID: 3797
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 53,750.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	150	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	120	☐

Target Populations:

Community-based organizations
Street youth
Teachers
Volunteers
Girls
Boys
Primary school students
Secondary school students

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Volunteers

Stigma and discrimination

Coverage Areas

Limpopo (Northern)

Mpumalanga

North-West

KwaZulu-Natal

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7528
Planned Funds:	$ 0.00
Activity Narrative:	This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2006 funding is requested for this activity. PEPFAR funds were allocated to AB ($600,000) for the DELIVER project of John Snow, Inc. to work collaboratively with the SAG "Khomanani" (Caring Together) information, education and communication (IEC) campaign to ensure the South African Government 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. JSI is bringing the AB messaging closer to the community by translating messages from the national campaign into local languages and into cultural contexts while disseminating the campaign through local language radios, billboards, and pamphlets. FY 2007 funding for this activity is requested under TBD: Follow-on to John Snow, Inc. as the DELIVER project is coming to an end and the new agreement is being competed in Washington. Therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID: 2942
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow, Inc.
Mechanism: Deliver 1
Funding Source: GHAI
Planned Funds: $ 600,000.00

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Adults
Faith-based organizations
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

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7532
Planned Funds: $ 4,000,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Activities described are part of an integrated program related to the ARV Services (#7536), CT (#7535), OVC (#7534), SI (#7531), and Condoms and Other Prevention (#7533) program areas.

SUMMARY:

With funding through the Johns Hopkins University/Center for Communication Programs Health Communication Partnership (HCP), its South African affiliate, Johns Hopkins Health and Education coordinates the work of 15 South African partners, provides technical assistance and capacity building to prevent HIV and AIDS by promoting abstinence and fidelity (AB). FY 2007 funds will support a comprehensive, integrated ABC program that addresses risky behavior in the general population. The target populations are: youth, adults, people living with HIV (PLHIV), religious leaders, teachers, public health workers, and community, faith-based and non-governmental organizations. All 15 partners will contribute to changing male norms and behaviors, with an emphasis on reducing the practice of multiple, concurrent partners, violence and coercion, while diminishing alcohol use, stigma and discrimination (all key legislative areas). A special focus for girls and young women will be on cross-generational and transactional sex. Findings from the 2006 National HIV and AIDS Communication Survey will provide valuable information about community and individual perceptions of AB to help design programs. The survey found that 87% of all South Africans were reached with messages dedicated to AIDS prevention and living with HIV and AIDS by means of television and radio programs.

BACKGROUND:

The HCP prevention initiatives in the AB area are in their fourth year. The evidence-based strategic message design identifies key theoretical and practical factors that influence behavior, reinforcing the positive and minimizing the negative. Each activity below is designed to enhance critical and creative thinking, contribute to changes in social norms, create social networks that support individual change, build skills and improve decision-making in AB leading to safer sexual behavior. Ten of the fifteen South African partners will incorporate AB messages and theories into their community mobilization and mass media activities.

ACTVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Mobilization

Dance4Life's (D4L) initial programs in KwaZulu-Natal and the Western Cape will expand into the Free State and Eastern Cape. D4L works in secondary schools using a proven methodology of drumming, dancing and drama as an entree to young people to discuss postponing sexual debut and how to avoid sexual violence and coercion, with a special focus on girls and young women on cross-generational and transactional sex. D4L has funding from the Coca Cola Foundation and European-based foundations that contribute two thirds of their budget with another third from the USG.

DramAidE places HIV-infected Health Promoters (HPs) in all 28 of the country's higher learning institutions. The HPs will continue their work on campuses and in neighboring secondary schools to address gender equity, stigma, male norms and behaviors, sexual violence and coercion, cross-generational and transactional sex. They use individual meetings, workshops, group meetings, classroom instruction and live events to reach young men and women and also refer them for CT.

The Valley Trust (TVT) focuses on community mobilization activities with youth and older men and women in KwaZulu-Natal. With older men and women, it will utilize community leaders as entry points into the community and as advocates for changing male norms and behaviors and reducing violence and coercion. With youth it will utilize peer educators in- and out-of-school to reach as many individuals as possible with AB messages.

LifeLine South Africa will target men in FY 2007. LifeLine uses an innovative workplace approach, working with management and employees to develop a comprehensive program

that trains peer educators (PEs). The PEs also do community outreach using knowledge of their communities to seek out men at risk through appropriate venues. They work in partnership with the Small Business Association in the Alexandra informal settlement (Johannesburg) and with the Farm Owners Association in Limpopo.

A TBD faith-based organization (FBO) will use religious activities with men to reach them with appropriate messages on key AB issues. Religious leaders will be trained and provided with appropriate communication materials to guide them.

Lesedi and a TBD community-based organization (CBO) will work in mining communities targeting the mobile populations in Free State and Gauteng. They use PEs, nurses and lay counselors in and out of clinics to involve men and women in partner reduction.

The Mindset Health Channel (MHC) will reach 300 clinics during FY 2007. It will produce and disseminate 23 hours of new video material for both the Health Care Worker (HCW) and patient channels, emphasizing the need to reduce partners and change male norms. Expanded information will be made available on demand to the HCWs via the web.

Community Health Media Trust will provide HIV-infected facilitators (24 in total, 16 funded by PEPFAR and 8 funded by the National Department of Health (NDOH)) to MHC clinics to discuss AB themes with patients. The facilitators will also work with CBOs, FBOs and NGOs in each province with an emphasis on older men in settings where they are more accessible: workplace, religious meetings, social clubs, etc.

The Department of Correctional Services, a PEPFAR partner, will receive AB materials and training of their PEs to expand their prison programs to other provinces.

The Center for AIDS Development, Research and Evaluation supports all partners in evidence-based program planning through research and identification of best practices. It also provides DVDs/VHS tapes and facilitators guides, using episodes from the popular Tsha Tsha TV drama series previously funded by PEPFAR, for use in community and small group meetings.

ACTIVITY 2: Mass Media Support for Community Mobilization

ABC Ulwazi will produce a radio talk show tailored to 60 different communities with community radio stations. Emphasis will be placed on male norms and behaviors, partner reduction and on stimulating local input. Listeners Associations formed by local citizens will have facilitator's guides and conduct community outreach interventions related to the radio series themes.

The South African Broadcasting Corporation plays a key support role by co-funding two TV programs with radio (nine local language stations) and web support. Trailblazers, a community health show, will air 13 episodes highlighting individuals and CBOs that are outstanding leaders in behavior change for others to emulate. A new 26-episode TV drama will deal with contextual issues about social and cultural norms that inhibit and/or support positive male norms and behaviors. It will also demonstrate positive role models that address male norms, violence and coercion. Radio talk shows will follow both programs and provide additional information and community participation.

The Wits Journalism School and the Perinatal HIV and AIDS Research Unit project works with journalists and their editors to develop articles and op-ed pieces about these issues. The focus in FY 2007 will be on AB. The articles will be published in prominent newspapers and through public forums.

HCP will contribute towards meeting the USG Five-Year strategy for South Africa by building the capacity of individuals and the social networks around them to abstain from sexual activities and remain faithful to their partners. The results expected include: 1) redefine social and cultural norms, especially for men; 2) address cross-generational and transactional sex; 3) decrease multiple concurrent partnerships; and 4) increase the age of sexual debut.

Continued Associated Activity Information

Activity ID: 2988
USG Agency: U.S. Agency for International Development
Prime Partner: Johns Hopkins University Center for Communication Programs
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 2,652,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
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
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	225,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,000,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	11,100	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Prisoners
Secondary school students
University students
Religious leaders
Other Health Care Worker

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)

Western Cape

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7537
Planned Funds: $ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to activities in Basic Health Care and Support (#7538).

SUMMARY:
Living Hope (LH) provides a comprehensive HIV and AIDS awareness and prevention education program with an emphasis on abstinence and fidelity in schools, churches, workplaces, and community centers. The program is values-based and aimed at vulnerable and impoverished groups residing in the Western Cape peninsula, including migrants from the Eastern Cape into the Ocean View, Masiphumelele, Red Hill areas of the Western Cape. The program's major emphasis is on information, education and communication, with minor emphases on training and the development of network/referral, linkages systems. Target populations include children and youth, adults, and community and religious leaders.

BACKGROUND:
LH Community Center is an indigenous South African faith-based organization (FBO) formed in 1999 in direct response to the HIV and AIDS epidemic. LH's response since 1999 has developed to include a comprehensive approach to the pandemic including: HIV and AIDS prevention programs for children, youth and adults, a 22 bed Hospice for HIV care, home-based care, and pre and post-test counseling. The LH network includes five branches in different communities, with partnerships through local churches, local Department of Health (DOH), hospitals, schools, as well as DOH clinics.

The prevention program curriculum utilizes the Scripture Union's "Reach for Life" program and Family Impact's 'Positive Parenting'. The success of LH's program is due, in part, to the development of partnerships with other community stakeholders and service providers. LH works with over eight primary schools, three churches, Vrygrond Development Trust, New World Foundation, and Next Generation. LH's PEPFAR-funded activities are a continuation and expansion of some of the first programs conducted by LH such as after school life skills programs and community interventions held in the clinic in Masiphumelele.

With FY 2007 funding, LH will continue to provide life skills education, training clubs for children and teens, HIV and AIDS awareness workshops for adults, support groups for HIV-infected individuals and training and mentorship for local churches and other community-based organizations to undertake HIV and AIDS prevention.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development
LH's life skills educators are recruited from local communities and attend a life skills workshop with a local community-based organization (CBO) called Think Twice. Trainees attend a morning training workshop and are given the fundamentals of the prevention programs. Each life skills educator receives a manual containing the complete program, information on child sexual abuse and an HIV and AIDS.

The life skills educators are given follow-up support and supervision from LH's Prevention Coordinator who regularly meets with them to evaluate progress and monitor their activities.

As LH continues to build relationships with community and religious leaders, LH will conduct HIV and AIDS Awareness courses at LH facilities, churches, work places, schools, and community centers with a focus on behavior change. HIV and AIDS awareness workshops are intended to prevent adults from becoming HIV-infected by (1) increased understanding about the nature of the disease; (2) increased understanding about how HIV can be prevented through abstinence and being faithful; (3) increase overall awareness about HIV and AIDS; (4) reducing stigmatization and discrimination against people living with HIV (PLHIV).

LH is aware of the influence of the community leaders and encourages community leaders

to become advocates for HIV and AIDS awareness and prevention. The community and religious leaders are equipped with teaching materials and encouraged to teach others in their areas of influence. LH provides ongoing support as requested by various community leaders and is available for further awareness and education in local churches, businesses or community centers upon request.

LH's prevention activities aim to provide comprehensive health-related courses with an emphasis on HIV and AIDS awareness and behavior change. This activity is specifically designed to create awareness and knowledge of HIV and AIDS, with an emphasis on abstinence, and being faithful as the best means of preventing transmission. Within the Be Faithful messages, there is a strong emphasis on partner reduction.

LH trains life skill educators from local communities to educate target populations on how to make healthy choices in life and also to teach on health-related topics with an emphasis on HIV and AIDS prevention. The training for these life skills educators is provided by a variety of accredited local colleges for high quality training. The life skills educators are being taught about the varying needs of different and varied audiences including children, youth and adults. The educators address abstinence for pre-teens and youth as well as delayed sexual debut. The Be Faithful message is aimed at older teens as well as adults to help encourage faithfulness to one partner and especially the reduction of concurrent sexual partners.

ACTIVITY 2: Outreach and Education
The second prevention activity is to provide in-depth education and training in health-related topics with an emphasis on life skills and HIV issues. This activity targets children and is designed to change behaviors and attitudes in order to prevent HIV and AIDS. This activity is done through partnership with local government, in public schools as well as community churches in underprivileged communities such Masiphumelele, Vrygrond Ocean View and Red Hill.

These messages are delivered through church sermons, school wide assemblies in several public schools in underprivileged communities, the development of youth and after school kids clubs in these communities, and holiday clubs during Christmas and summer holidays.

LH has implemented a life skills development program for children and youth-based on an abstinence value system. Specific activities will include weekly children's and teen's clubs that incorporate life skills training to encourage healthy life choices, including abstinence until marriage and faithfulness once married, and to enable youth to resist sexual pressures. Women and girls will be empowered through these workshops to say no to premarital, extramarital, and unprotected sex.

ACTIVITY 3: Referrals and Linkages
Adults and youth will be encouraged to take an HIV test and LH will provide referrals to counseling and testing (CT) programs at Nomzano Clinic in Masiphumelele. LH's lay counselors will offer a comprehensive basket of services to people based on their HIV status. These services include South African government ARV treatment programs, clinical services, LH and other home-based care, hospice care and support groups. If an adult and youth knows their status to be HIV negative they will likely be more empowered to protect that status through abstinence/being faithful and partner reduction if already sexually active.

LH has developed a partnership with the City of Cape Town Clinic in Masiphumelele and at False Bay Hospital where LH's lay counselors conduct pre- and post-test counseling for CT clients with clinic staff conducting the rapid-tests. The client is also offered a comprehensive list of services for follow-up care or support if the client chooses. For individuals who test positive, the program will provide referrals to support groups to encourage positive living and will ensure treatment access.

This activity will enable LH to reach hundreds of youth and adults with the abstinence and faithfulness messages. This feeds into the PEPFAR 2-7-10 goals of 7 million infections averted by helping adults and youth reduce risky sexual behavior.

Continued Associated Activity Information

Activity ID: 3024
USG Agency: U.S. Agency for International Development
Prime Partner: Living Hope
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	2,780	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,380	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	7	☐

Target Populations:

Adults
Community leaders
Girls
Boys
Primary school students
Secondary school students
Religious leaders

Coverage Areas

Western Cape

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: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7549
Planned Funds: $ 70,298.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Life Choices is mentored by GoLD Peer Education Development Agency (#8239) in order to ensure the quality standards of the Government Peer-Education Program are met. This organization has been contracted by the Western Cape Provincial Government to support organizations that had been funded by Global Fund to run the peer-education program. Life Choices was the first organization integrated in this program that was not funded by Global Fund.

SUMMARY:

The Life Choices Program aims to reach young people with a powerful abstinence and be faithful (AB) message early in their lives, and to change social norms (gender roles, violence, discrimination, etc). The intent of the program is to reach 56,000 young people in a period of four years. Life Choices believes in providing a quality Life Skills Program combined with a structured Peer Education Program to youth that will help them to maintain or change behaviors. In order to create a supportive environment around youth, Life Choices also runs programs with the stakeholders in their lives - teachers and parents. Each year Life Choices chooses different themes in order to ensure that youth delay their sexual debut, practice secondary abstinence and stay faithful to one partner if they are sexually active, know their HIV status and always use condoms. Some of the themes that Life Choices uses are - 'True Love Waits', 'Spread Love not Gossip', 'NO, I value LIFE', 'I am the choices I make,' among others.

BACKGROUND:

The Life Choices Program was launched in 2005 in the Western Cape Province with the support of PEPFAR. Three main communities were selected by the Western Cape Department of Education: Athlone, Delft and Manenberg. The schools within these three communities are the main target for the Life Choices Program and became the base for program activities. Life Choices brought a comprehensive program that aimed to change social norms (with components on HIV and AIDS, self-worth, gender, violence, and substance abuse) to 11 high schools and 10 primary schools. Besides these three communities, Life Choices also reaches youth around Cape Town in different 'Street Youth' Shelters, churches and in one correctional centre.

The Western Cape Departments of Health and Education coordinate the Life Choices school activities. Once a month Life Choices meets with the Government and reports back about the monthly activities and quarterly written reports are also submitted.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Training of Trainers - Human Capacity Development
In FY 2007 eighteen trainers (9 women and 9 men) will be trained on an ongoing basis in order to increase the quality of their service delivery. Four major trainings will be organized during the year. GoLD (Generation of Leaders Discovered), a peer education development agency, will also continue to train Life Choices staff in order to ensure the standards of implementation of the peer education government program. These activities will build on last year's success in counseling, parental and facilitation trainings skills.

Activity 2: Development of Behavior Change Communication (BCC) Materials
BCC materials on AB and gender issues will be finalized and field tested in FY 2007. These materials will include pamphlets and other media, and will comprise of topics related with Life Choices messages (self-worth, reproductive health, relationships, gender, violence, teen-pregnancy, substance abuse, etc). Furthermore, these materials will also need to be approved by the Western Cape Government, and teachers' and parents' associations. Once the approval has been obtained, the BCC materials will be used to reinforce the message around changing of social norms in an interactive way during the delivery of the program. Some of the AB and gender materials will be given to the youth for free and they will be distributed by Life Choices facilitators, Peer Educators, teachers and church leaders.

Activity 3: Delivery of the Program to the Salesian-Based Centers
The Life Choices program will continue to implement Life Skills in the 'Girls In Vanguard' (a female empowerment) project, Street Youth Shelters and in the Correctional Center, which target high risk groups for behavior change activities.

The work with Parish Youth Groups will also be maintained as well as the work with out-of-school youth. Unfortunately last year, Life Choices did not achieve its goal of training 30 parish youth leaders. In FY 2007, Life Choices would like to try again to train 30 youth leaders. These youth leaders will work in pairs (one boy and one girl) to reinforce and enhance their status as role models to their peers. They will also receive additional training to ensure that they are well informed to reinforce the AB message through a moral and committed example. Each pair of youth leaders will reach 50 youth in their respective parishes.

Activity 4: School-Based Program
Life Choices will continue as agreed with the Western Cape Provincial Government to work in the 11 high schools and will add one new high school. The program will also continue in 10 primary schools. Youth will be trained on an ongoing basis to become role models, to educate their peers in informal and formal ways, to identify and refer peers with problems, and finally to advocate for change. Youth camps will be organized to ensure the value, accuracy and consistency of the message given by the peer educators to their peers. All the target schools will also continue with the Life Skills program that will reach every single learner for a minimum of five hours. The Life Choices program will continue working with school teachers through quarterly workshops. A Parent program will also be started. Both programs will aim to improve teacher/parent-teen communication and to create a safe environment for positive behaviors among youth.

Activity 5: Youth-Friendly VCT
The Life Choices Program, in agreement with New Start (a PEPFAR partner), will continue providing youth-friendly VCT at designated schools via mobile centers. The program will continue organizing VCT campaigns in high schools where youth above 14 years of age will be encouraged to test for HIV. These campaigns are used as powerful prevention tools. In a country were very few HIV-infected people know their status, it is essential that on-going VCT campaigns are organized in the communities targeted by the program. New Start and Life Choices will continue establishing referral networking systems for youth who need further support, including those who are HIV-infected, have been abused, or are sexually active.

This Salesian Mission activity will contribute to PEPFAR achieving the overall goal of averting 7 million new HIV infections.

Continued Associated Activity Information

Activity ID:	3053
USG Agency:	U.S. Agency for International Development
Prime Partner:	Salesian Mission
Mechanism:	N/A
Funding Source:	N/A
Planned Funds:	$ 0.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	6,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	16,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	500	☐

Target Populations:

Faith-based organizations
Street youth
Prisoners
Teachers
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7550
Planned Funds: $ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to AB Activities, the Salvation Army is carrying out activities in the Basic Health Care and Support (#7551) and OVC (#7552) program areas.

SUMMARY:

The message of Abstinence and Be Faithful (AB) is promoted 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, funerals, groups of women, men, youth, etc.). The major emphasis area of this activity is information, education and communication of AB messages; and the minor area will be training and community mobilization in promoting AB as a lifestyle.

BACKGROUND:

The Salvation Army is an international Christian denomination with specific community programs to address all aspects of HIV and AIDS through community-based care and prevention programming: home-based care, provision of OVC psychosocial support, individual pre- and post-test counseling, clinical care of opportunistic infections, community counseling, and youth mobilization. Matsoho A Thuso is a care and prevention project that began in November 2004 with PEPFAR funding. Prevention activities focus on capacitating Salvation Army churches to address HIV prevention through training pastors and church volunteers to conduct outreach in churches, schools and the wider community. The project currently operates in 58 sites with Youth Mentors going to different schools to promote AB during the Life Orientation classes. This is done in conjunction with the Department of Education on local levels. Salvation Army also operates in 33 sites with Pastors promoting the message in churches and surrounding communities, in eight of South Africa's nine provinces, many of which are in rural and underserved areas.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training of Youth Mentors

Salvation Army will train South African volunteers as Youth Mentors. Youth Mentors are equipped to assist in the facilitation of Life Orientation lessons, to conduct school assemblies, and to lead peer support groups for youth who wish to commit to a lifestyle of abstinence before marriage. The curriculum used for this purpose contains 30 lesson plans complete with student activities that will assist youth in building the skills they need to pursue abstinence before marriage. These include development of the ability to attach consequences to actions, assertiveness and the ability to withstand peer pressure. The curriculum also challenges misperceptions about male norms and behaviors in order to assist in addressing issues related to gender. The learners are challenged to see that boys and girls have the same responsibility with regards to reducing the spread of HIV and AIDS. Girls are empowered with the necessary information and skills to delay their sexual debut even when they are pressured by their male counterparts. These lessons are planned to suit learners from higher primary to secondary school levels. Youth Mentors will be expected to represent the values of the program and act as role models to in-school youth. As of June 2006, 95 Youth Mentors have been trained to implement A and AB outreach activities in the school setting. FY 2007 funding will be used to train additional Youth Mentors and to increase the support and supervision provided to program volunteers to ensure the intensification of services.

ACTIVITY 2: AB Outreach in Schools/Peer settings

Youth Mentors will promote abstinence before marriage for children aged 14 and below, and abstinence before marriage and faithfulness within marriage to youth aged 15 and above in a school or peer group setting. The program will support the South African Government (SAG) lifeskills program in schools through providing AB prevention services throughout the country. Youth Mentors will be assigned to schools identified in collaboration with the SAG Department of Education for two terms. Each Youth Mentor will

conduct 30 lessons for each class. Lessons also include development of character and promotion of abstinence as a way of life. The curriculum also challenges misperceptions about male norms and behaviors. This has been a useful tool to address issues of gender equality and gender equity among the youth and the prevention programs are made accessible for both boys and girls. Initially it was planned that youth mentors would visit schools twice a week, however most schools have requested that Youth Mentors provide services daily. Youth Mentors will ensure that all OVC identified in schools are referred to the OVC program. As of June 2006, this activity has reached over 16,000 youth with A and AB messages.

ACTIVITY 3: Mobilization and Training of Church Leadership

The third activity is to mobilize church leadership (pastors) to effectively engage their congregations on issues of abstinence and faithfulness. Salvation Army will capacitate pastors to find positive language that extols the benefits of abstaining before marriage and being faithful within marriage, and to aid them in giving their congregations tools that will further reinforce the message. Pastors will be trained using a field-tested curriculum to introduce abstinence and faithfulness and related topics of character building into sermons, Bible Studies, groups of youth, men, women, etc. In the period ending June 2006, a total of 62 pastors were trained from 62 churches. In FY 2007 the project will train an additional cadre of pastors to intensify and expand service delivery. Project staff will provide supervision and support to pastors to ensure that prevention activities are being implemented in each church. Pastors will also be encouraged to take a leadership role supporting the care and support and OVC programs run by the Salvation Army. This will ensure that linkages are made between the different components of the project and will provide mentorship to the volunteers.

ACTIVITY 4: Outreach activities for congregation members

Pastors will exercise their influential status in communities to address the prevention of HIV through encouraging the adoption of A and B behaviors. Pastors will discuss the reduction of multiple and/or concurrent partners as a methodology to mitigate the spread of HIV in their communities. Anecdotal reports indicate that the corps/churches that are implementing the program demonstrated an increased awareness to the fact that benefits of prevention will be attained through Abstinence and Being Faithful. Pastors will disseminate values-based information and education in church and community gathering settings including at sermons, funerals, and during women's, men's and youth group activities.

Salvation Army's prevention activities will contribute to PEPFAR's goal of averting 7 million HIV infections among adults and youth.

Continued Associated Activity Information

Activity ID:	2992
USG Agency:	U.S. Agency for International Development
Prime Partner:	Salvation Army
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	33,696	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	62,608	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	156	☐

Target Populations:

Adults

Volunteers

Primary school students

Secondary school students

Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.02: 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:	Central (GHAI)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7560
Planned Funds:	$ 167,988.00

Activity Narrative: SUMMARY:

The Children's AIDS Fund (CAF) promotes risk avoidance (abstinence) and behavior change and engages a broad spectrum of global society in HIV prevention education, diagnosis, treatment and care. CAF's model engages partners already working in HIV and AIDS to implement program activities while CAF provides financial and technical resources to these local implementing partners for direct program services and capacity building. This approach accomplishes several key goals: culturally relevant programs and messages, rapid scale-up, and long-term sustainability. This Track 1 project engages implementing partners in South Africa, Uganda, and Zambia. The overall project goal is that youth commit to abstinence before marriage and fidelity within marriage to keep themselves HIV free.

BACKGROUND:

South African program activities are designed to be consistent with national government's HIV prevention strategies and focus on specific objectives and target audiences: 1) Increased abstinence until marriage among unmarried youth who have not initiated sexual activity. Audiences include youth ages 10 to 24, families and communities; 2) Increased "secondary abstinence" until marriage, or cessation of intercourse among youth and young adults who have previously initiated sexual activity but are not yet married including referrals to VCT; 3) Increased fidelity in marriage and monogamous partnerships, along with knowledge of own and partner sero-status, among youth and the general population; and 4) Increased avoidance of harmful behaviors, such as sexual coercion and violence, cross-generational and transactional sex, prostitution, sex-trafficking and unhealthy behavior, such as sexual promiscuity before and outside of marriage, that increase one's vulnerability to HIV.

South African program activities will be conducted by two implementing partners: The Institute for Youth Development South Africa (IYDSA) and Helping Hands Africa (HHA). IYDSA will implement through its key sub-partner Imbizo Bangani (Where Friends Meet), a consortium of four FBOs Scripture Union, Student Christian Organisation, Youth for Christ and Uniting Christian Students' Association. HHA will work through its faith-based and community-based outreach. Partners are selected for their expertise and existing programs, as well as their complementary characteristics and range of services. Sustained behavior change requires an environment where youth can discuss their questions and concerns as they contemplate behavior choices, as well as receive support from their peers, parents and community for healthy behavior choices. For this reason CAF's plan includes activities targeting parents, community and faith leaders. Through a multi-sectoral approach, issues such as transgenerational sex, transactional sex and differing standards related to sexual debut for boys and girls can be effectively addressed and consistent messages delivered. CAF partners have existing networks with government, schools, youth organizations, parents, faith-based and community leadership that will facilitate rapid program scale-up as well as broad information dissemination.

Project implementation has not yet begun in South Africa because the South African Government (SAG) has not provided concurrence for this activity. CAF has responded to all the SAG's requests for modifications to the proposal so USG South Africa is hopeful that they will provide concurrence in the near future.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Life Skills for In- and Out-of-School Youth

Youth ages 10-24 will be engaged in programs and activities that focus on life skills, goal setting, character development, self respect, vocational skills, HIV, AIDS and other STI prevention, with a focus primarily on abstinence and faithfulness for HIV prevention. CAF and its local implementing partners will establish core advisory groups of youth and adults that will meet quarterly to assess activities, monitor progress, and recommend future direction. In addition, CAF's local partners will work with provincial governments to identify participating schools, youth groups and churches and implement education through selected curricula developed by Imbizo Bangani (Where Friends Meet).

ACTIVITY 2: Training of Adults and Peers

CAF and its local partners will educate and equip adults and peers who influence youth (pastors, parents, community leaders, teachers, and peer mentors) to reinforce the message of healthy choices through abstinence and faithfulness to remain HIV free. They will train peer educators to work with youth at all age levels to participate in training/education sessions with in-school and out-of-school youth in a variety of venues. In addition, they will train trainers in Imbizo Bangani who will train other trainers and implement curricula with youth in multiple settings (in-school, out-of-school, churches, and youth groups). CAF and its local partners will also develop and implement seminars for parents, pastors and youth leaders, and community and faith leaders, focused on parenting skills, HIV, AIDS and other STI facts, modeling positive patterns of sexual behavior and gender relationships; ways to discuss parental behavior expectations about youth behavior choices; and refusal and life skills.

ACTIVITY 3: Male Responsibility

CAF and its local partners will emphasize sexual responsibility in targeted programs for male youth and adults to reduce the incidence of coercive, cross-generational and transactional sex and increase the number of males who practice abstinence before marriage and fidelity within marriage. They will develop and implement targeted programs using trained adult and peer mentors for youth and adult males focused on healthy relationship skills, sexual responsibility, and the importance of making healthy choices.

ACTIVITY 4: Capacity Building

CAF and its local implementing partners will provide technical assistance and partner capacity building through assessments, on-site trainings, annual team meetings, and resources. As part of the sustainability and eventual exit strategies, the capacity building strategy will also focus on improving sub-partners' skills in program design and implementation, program and financial management, quality assurance and monitoring and evaluation processes.

CAF's activities will contribute to PEPFAR achieving their overall goal of averting 7 million new HIV infections.

Continued Associated Activity Information

Activity ID:	3549
USG Agency:	U.S. Agency for International Development
Prime Partner:	Children's AIDS Fund
Mechanism:	Childrens AIDS Fund - Expected Track One
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	40,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	120,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,145	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Girls
Boys
Secondary school students
Out-of-school youth
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

Free State

Limpopo (Northern)

Northern Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CompreCare
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7561
Planned Funds: $ 500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This Abstinence and Be Faithful (AB) activity forms part of CompreCare's CHAMPs (Coordinated HIV/AIDS Management Programs) Initiative and relates to the CHAMPs Orphans and Vulnerable Children (#7563) program.

SUMMARY:

By training faith and community-based leaders as well as youth leaders in a value-based Abstinence and Be Faithful (AB) prevention program called "Choose Life", CompreCare and its prevention partner, HospiVision, will empower the leaders to implement the AB program in their various constituencies. The emphasis area of the intervention is training as well as community mobilization. Primary target populations to be reached include faith-based organizations (FBOs), non-governmental organizations (NGOs) and community leaders, volunteers, caregivers of people living with HIV and AIDS, people living with HIV, children and youth, orphans and vulnerable children.

BACKGROUND:

CompreCare is a South African NGO, undertaking HIV and AIDS prevention and care activities under a multi-partner initiative called the CHAMPs Initiative. CompreCare's partner in the AB program is HospiVision, a FBO involved in spiritual care, counseling and training. HospiVision is part of a network of FBOs involved in the prevention of HIV and AIDS by involving churches in the Tshwane (Greater Pretoria) metropolitan area, in Gauteng. The prevention program will strengthen value-based AB messages in faith-based and community networks, with the goal of changing individual, social and community norms. This will lead to reduced at risk behaviors and strengthen stable family relationships thereby reducing the HIV infection rate in the target communities.

The program is accredited by the Powell Centre at the University of South Africa (UNISA) and Transforming Tshwane, an ecumenical faith-based initiative focusing on networking and community mobilization in Tshwane. This program is conducted in support of the Tshwane local government's HIV/AIDS strategy which is in line with that of the National Department of Health (NDOH). HospiVision is also accredited by the NDOH. The Christian AIDS Bureau for Southern Africa has cooperated in the development of the training program and has provided support in the Western Cape. These partnerships and linkages will contribute largely to the sustainability of the program.

This activity builds on the success achieved during the first 10 months of the program during which 374 leaders were trained, 19,974 people were reached and an estimated 540,000 people have already been reached through the mass media program by Radio Pulpit. CompreCare and its prevention partner, HospiVision have been funded by PEPFAR since 2005.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

The "Choose life" program is a value-based AB training program for faith, NGO, community and youth leaders who are targeted and identified through existing networks. "Choose Life" is an experiential basic (three days) and advanced (five days) accredited training program. The program focuses on two value frameworks ("the golden rule" and Ubuntu "being through community") as well as six central spiritual values (respect, responsibility, integrity, fairness, love and service) and enhancing the life skills of: decision-making, assertiveness and negotiation. A trained facilitator conducts a workshop with a group of (maximum) twenty participants. Capacity building is done through a master trainer and mentor training program for selected facilitators. "Choose Life (Youth)" has adapted the program for the youth context. The outcome of this program is to empower participants with knowledge, skills and attitudes to live powerful, spiritual, self-confident lives by making wise ethical decisions. By increasing the number of master trainers, and faith, community, youth and NGO leaders trained, the number of people reached will increase considerably. There will be a particular emphasis on the role of FBOs in reducing stigma, addressing gender issues and empowering youth and unmarried

people to make abstinence and "be faithful" choices, and for active couples to make "be faithful" choices that are based on values and supported by life skills. FY07 PEPFAR funding will be utilized to fund trainers, present workshops, develop training manuals and handbooks. The program will be reviewed and adapted based on lessons learned from the previous year of implementation. This program will in turn reduce stigma and discrimination on HIV and AIDS. The participants are identified in various faith based communities and they get nominated to attend the course. At the end of each course participants are given evaluation forms and assignments which they have to perform and bring after six months.

ACTIVITY 2: Community Outreach

Leaders trained will form action teams that will initiate the community mobilization activities. The value based prevention approach, incorporating "Choose Life" program, is used in activities which will include: raising awareness about HIV and AIDS in faith communities, workshops for community members and youth as well as activities like church services and catechism for children and youth. Apart from the "Choose Life" program implemented by CompreCare's prevention partner HospiVision, other prevention activities will be implemented using several modalities in cooperation with a NGO, Kurima, by means of the Know Your Neighborhood (KYN) program. Prevention communication will be implemented via a network of trained KYN community facilitators who spread the AB message within their designated areas at the grassroots level in target communities.

ACTIVITY 3: Mentoring and Implementation Support

Trained community, faith and youth leaders will receive ongoing support through trained mentors and during follow-up workshops. Mentors assist participants in the completion of assignments for certification as well as in the implementation of the program in their communities. This will significantly increase the numbers of people reached through continuous implementation by trained leaders. HospiVision will continue to train the KYN Facilitators and Child Care Workers from the OVC program in value based prevention as well as provide counseling and debriefing services on a regular basis. The mentoring and implementation support will form an essential part of a quality assurance and monitoring and evaluation program. Through the monitoring and evaluation process, the impact and effectiveness of the value based prevention approach will be assessed. FY 2007 PEPFAR funds will support mentors and mentor workshops.

ACTIVITY 4: Information, Education and Communication

Via the medium of Radio Pulpit, a national Christian radio station, and other community radio stations, a media program will emphasize the value based prevention approach, incorporating the messages of the "Choose life" program about AB lifestyle choices and life-skills based on value frameworks and value based behavior change principles. This will be done through interviews, discussion forums as well as discussions of questions sent in by the listeners. In addition, a handbook for the program called: "Choose life: A value based response to HIV and AIDS", is published on a yearly basis by the Powell Bible Centre. The Christian Literature Fund publishes a series of leaflets on the value based AB approach, targeting community members, pastors and leaders of FBOs.

CompreCare and its prevention partner, HospiVision, will contribute towards meeting the vision outlined in the USG Five-Year Strategy for South Africa (PEPFAR goal of 7 million infections averted) by improving AB preventive behaviors among the youth and adults and increasing effective CBO/FBO prevention activities.

Continued Associated Activity Information

Activity ID: 3292
USG Agency: U.S. Agency for International Development
Prime Partner: CompreCare
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 335,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	7,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	70,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	750	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Volunteers
Secondary school students
Religious leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gauteng

Free State

Limpopo (Northern)

Mpumalanga

Western 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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7566
Planned Funds: $ 600,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
These activities also relate to EngenderHealth's activities in Condoms and Other Prevention (#7567) and CT (#7983). EngenderHealth also provides technical assistance to the Hope WorldWide (#7607) MAP program.

SUMMARY:
EngenderHealth's Men as Partners (MAP) program aims to challenge 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 behaviors. To do this, MAP uses a range of strategies, including 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. This reduces the risk-taking behavior that puts them and their partners at risk. The primary emphasis area is training, with additional emphasis on community mobilization/participation and Information, Education and Communication (IEC). Populations to be targeted include children and youth, adults, PLHIV, community and religious leaders, program managers, health care providers, out of school and street youth, refugees, CBOs, FBOs, and NGOs.

BACKGROUND:
EngenderHealth has received USG funding since 1998 to support FBOs, NGOs and the South African Government (SAG) 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. With FY 2007 PEPFAR funding, 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 is currently collaborating with the Department of Social Development in the Western Cape and will be extending its working relationship in the Gauteng Province.

EngenderHealth has provided focused training and technical assistance to over 30 public sector and civil society organizations over the last 24 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 them to reduce risk-taking behavior and to promote the use of health services. Featured regularly in international media, MAP has been singled out in Ambassador Tobias's speeches as an innovative and effective program. In addition, PEPFAR funding has been key in leveraging other donor funds, including UNAIDS, Ford Foundation, Canadian CIDA and Swedish SIDA. The MAP program was recently selected as a finalist for the Red Ribbon Award at the XVI International AIDS Conference in the category of "Addressing Gender Inequalities."

With FY 2007 funding, EngenderHealth will focus on two semi-urban areas and one rural area to establish a baseline to monitor the impact over time of the MAP program. To this effect, EngenderHealth will hire monitoring and evaluation (M&E) staff to look at establishing baseline information at the three sites, develop and test tools for the purpose of evaluation, and prepare for replication and rapid scale-up of the MAP program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training and Capacity Building in MAP Methodology
EngenderHealth will continue to provide in-depth training and technical assistance on the implementation of MAP to three sets of partner organizations: PEPFAR grantees; Western Cape Department of Education; and the Western Cape Department of Social Development's HIV and 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, the Parent Centre and the South African Media and Gender Institute.

Using the MAP and Gender Equality Community Manual created by EngenderHealth and Planned Parenthood Association of South Africa in 1998, EngenderHealth will continue to

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 (key legislative issue). The manual is currently being reviewed to add some activities which were not part of the original development. 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 further mobilize the community by partnering with JHU/Mindset to screen existing MAP video materials in clinics and in schools to ensure that Mindset materials include AB messages directed to men. EngenderHealth will also work with local media like South African Broadcasting Corporation to promote the AB messages directed to various target groups.

EngenderHealth will also continue to train partner organizations in the use of MAP IEC materials and strategies including videos, posters, murals and cartoons. In addition, drawing on EngenderHealth's past successes in working with the Presidency to establish a National Task Force on Men and Gender Equality, EngenderHealth will train partners in policy analysis and systems strengthening approaches that increase the capacity of government to promote constructive male involvement. This will include the review of specific policies such as human resources, black empowerment, inheritance, access to higher education.

ACTIVITY 2: Building Networks
With FY 2007 funds, EngenderHealth will continue to coordinate the MAP Network, an alliance of FBOs, CBOs, NGOs, and government departments working together to create social change. The network allows organizations to share and leverage resources which in turn increase the number of men reached with MAP activities. Members of the network also work in strategic collaboration to optimize media coverage on issues including men's awareness and commitment to abstinence, being faithful and the reduction of sexual partners, and preventing violence against women. Both secondary schools and tertiary institutions will be targeted.

In collaboration with the Presidency, National Prosecution Authority and civil society organizations, EngenderHealth will continue to participate in the coordinating committee on the National Action Plan to End Gender-based Violence. EngenderHealth will also continue to play a major role in the National Task Force on Men and Gender Equality housed within the Presidency. The task force will continue to assist national and provincial governments departments to develop male involvement policies and programs.

EngenderHealth will contribute to the overall PEPFAR goals 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 and 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.

Continued Associated Activity Information

Activity ID:	2919
USG Agency:	U.S. Agency for International Development
Prime Partner:	EngenderHealth
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 650,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	32,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	90,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,200	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Street youth
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Children and youth (non-OVC)
Out-of-school youth
Religious leaders
Other 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

Gauteng

KwaZulu-Natal

Western Cape

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7577
Planned Funds: $ 1,050,000.00

Activity Narrative: SUMMARY: AB activities will be carried out by local NGOs to support the Department of Education (DOE) in the prevention of HIV and AIDS, promoting positive healthy behavior among school children and providing care and support for students, the primary target population. Non-PEPFAR funds from USAID's Education Unit have been leveraged to support the DOE to strengthen its internal structures and systems to scale-up the Peer Education Care and Support (PECS) program nationally. The primary area of emphasis is training for peer student support groups.

BACKGROUND: The Quality Promotion and Development branch of the DOE is responsible for mitigating the impact of HIV and AIDS within the education sector. This branch assures the quality and consistency of AB messages. The actual implementation of activities to mitigate the impact of HIV and AIDS in schools is the responsibility of each of the nine provincial education departments.

Currently various uncoordinated peer education programs are offered in schools by several providers. HIV and AIDS and health education through the life skills programs, including age-appropriate AB messages, is 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 as some of the teachers are not fully trained and confident enough to guide and support students infected or affected by HIV and AIDS.

The DOE's HIV and AIDS PECS will be a new national intervention program aimed at building a coherent uniform response, in preventing the spread of HIV and AIDS amongst students. This program received its first funding under PEPFAR in FY 2006. USAID, in consultation with National DOE, plans to award a contract in September 2006 to the Academy for Educational Development (AED). The contract is designed to address cross-sector issues affecting basic education and health. AED will serve as the prime contractor responsible for providing technical assistance services, training for DOE officials, and executing and awarding small grants to local NGOs to implement the initial phase of the PECS activity. Mechanisms for implementing the second phase of the PECS activity using FY 2007 funds will be directly through local NGOs, who will work with individual schools to strengthen peer education for HIV prevention.

The program is targeted at public primary and secondary school students, ages 14-19 years who are enrolled in Grades 8-12. The current Education Statistics in South Africa at a Glance collected in 2004 and published in December 2005 show that there are 11.8 million students, of which 4.1 million are enrolled in the targeted Grades 8-12. The PECS activity will be linked with the DOE's gender equity program which addresses gender-based violence, sexual harassment and abuse of students in schools.

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 to encourage delaying sex until marriage. Young people will also receive skills to adopt social and community norms that support delaying sex and skills to avoid cross-generational sex, transactional sex, rape and other gender-based violence (key legislative issue). The PECS activity will target members of Representative Councils for Learners (RCLs) in schools. RCLs are students elected in public schools by their peers from Grade 8 and higher to represent students' interests and also serve as members of the school governing bodies (parent and teachers associations). The activity will draw largely from the "Rutanang" (learning from one another) model, which includes a peer education implementation guide for schools in South Africa.

Activities will include the identification of 200 target schools through local education districts, and selection and training of 400 peer educators from the RCLs. RCLs will be trained through workshops to work with their peer students and will serve as peer educators in their schools, reaching approximately 12,000 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, improve knowledge about HIV and AIDS and the prevention of HIV and AIDS, as well as other health wellness factors. Both male and female RCLs will be recruited to participate in the program. RCLs will receive training

on how to address sexism, sexual harassment, and power relations between men and women, with the aim of improving gender equity (key legislative issue). This activity will encourage young people to be leaders and partners in the prevention of HIV and AIDS. RCLs will also be trained to talk and coach their peers, who already engage in sexual activities, to remain with one partner, and impart skills for negotiating protected sex with their partners.

Students in rural areas will be the key target group. 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, entertainment resources and facilities. In addition, another study reported that teachers residing and teaching in rural schools had higher HIV prevalence than educators residing and teaching in urban schools. PECS will target rural schools in the provinces with high infection rates, including KwaZulu-Natal (21.8%), Mpumalanga (19.1%), Free State (12.4%) and North West (10.4%), and will be linked to the national schools' nutrition and life skills programs.

PECS implementation will also involve community-based organizations, school governing bodies and school management teams. PECS will source and utilize skills available from parents who are nurses, social workers, religious and traditional leaders to be actively involved in supporting their children to prevent the spread of HIV and AIDS. Traditionally parents do not educate their children about sex and methods to prevent infection from HIV and AIDS from an early age. PEPFAR resources will develop and improve training materials suitable for the targeted students and other interest groups. PECS will mobilize and support partnerships between schools, and relevant government departments, specifically social development and health to support cases that require referrals for condoms, and follow-on in case students require counseling and testing services.

Plus-up funds will continue work with the DOE, focusing on integrating gender issues across all peer education activities. Emphasis will be on addressing sexual harassment at school to curb gender-based violence. Plus up funds will target 6,000 students from selected rural schools in KZN – Pietermaritzburg Region. The funds will assist the DOE to scale up efforts in this province, which is hard hit by the pandemic.

USAID will award direct grants to local NGOs in FY 2008. NGOs will be identified competitively through an APS that will be announced during the second quarter of FY 2007. The second phase of PECS will scale up activity implementation using the foundation laid by AED and local NGOs developing monitoring and evaluation capacity in the first phase. The results of this activity will contribute to the PEPFAR's 2-7-10 goal of 7 million infections prevented, and will directly support the USG/SA Five-Year strategy in the area of abstinence and being faithful by improving A/B preventive behaviors among youth.

Continued Associated Activity Information

Activity ID:	4784
USG Agency:	U.S. Agency for International Development
Prime Partner:	National Department of Education
Mechanism:	DoE
Funding Source:	GHAI
Planned Funds:	$ 550,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
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
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	12,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	18,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	600	☐

Target Populations:

Teachers

Primary school students

Secondary school students

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Education

Gender

Coverage Areas

Free State

KwaZulu-Natal

Mpumalanga

North-West

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7585
Planned Funds: $ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Family Health International (FHI) also implements activities described in the Basic Health Care and Support (#7584), ARV Services (#7586) and PMTCT (#7587) program areas. FHI will work in collaboration with Johns Hopkins University (JHU) (#7632) in this program area.

SUMMARY:

Family Health International (FHI) will provide technical assistance (TA) to three universities' peer education programs to continue integration of abstinence and be faithful messages (AB) as well as life skills into the ongoing activities of the peer education programs on campus. Using the Rutanang curriculum, the AB life skills training is for a cadre of peer educators (PE) on each of the campuses participating in this project. The PEs will then pass these skills on to other students on campus primarily through interaction in on-going, small behavior change groups. Emphasis areas include information, education and communication; training; and development of linkages/referral systems. Main target populations addressed are men and women of reproductive age, youth (university students), volunteers (PEs) and people living with HIV and AIDS.

BACKGROUND:

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

In FY 2005, in consultation with the South African Universities Vice Chancellors' Association (SAUVCA) and the Department of Education, FHI implemented a project that took place on three university campuses in South Africa: University of the Western Cape, University of the Free State, Qwa-Qwa campus and University of Limpopo, Medunsa campus. Each campus contributed to the development of the AB/life skills curriculum which was subsequently implemented among 26 PEs from each of the three campuses. After the training, PEs recruited six students each to take part in on-going behavior change communication (BCC) groups on their campus, reaching in total 468 students.

Life skills aim to enhance the students' ability to make responsible sexual health decisions and adopt behaviors that will keep them free of STI and HIV infection, as well as avoid unintended pregnancies. The curriculum included sessions on AB, secondary abstinence, values clarification, self-esteem, communication, decision making and negotiation, and utilized participatory learning techniques. Another key component of the AB/life skills training is a session on gender equity. The curriculum complemented the universities' existing peer education curricula, which provides basic information about prevention of HIV and AIDS. The BCC groups provided a safe place to explore strategies for adopting and strengthening the AB life skills in their personal lives. Students were able to support each others' behavior change process, including seeking counseling and testing (CT). Through one-on-one and group interaction, the PEs took advantage of a variety of regularly scheduled campus events-such as orientation week, condom week, and STI awareness week-to reach additional students with basic information on STIs, HIV and unintended pregnancies and how to protect oneself and maintain a healthy lifestyle. The program also promoted referrals between the PEs and student health or community health services for CT as well as family planning (FP).

Major accomplishments to date include development of the AB life skills curricula and successful training of the PEs. The program has gone beyond the university campuses and PE groups to be conducted in high schools in communities near the campuses. A radio series was produced and launched on campus and community stations throughout South Africa, reaching approximately 6,000,000 listeners. The show addressed issues related to risk-reduction behaviors for STIs, HIV and unintended pregnancies that are relevant for

university students. The curriculum was also used by University of Nairobi for a similar intervention.

Although there was no FY 2006 funding, the universities were committed to continue the BCC groups and supervision activities. While the activities are expected to continue with the respective university funding, additional resources are needed to strengthen the longer-term institutionalization of the life skills program.

ACTIVITIES AND EXPECTED RESULTS:

In collaboration with SAUVCA and the Department of Education, in FY 2007 FHI will continue to work with the three universities: University of the Western Cape, University of the Free State, Qwa-Qwa campus and University of Limpopo, Medunsa campus. FHI will work in collaboration with JHU at the University of Western Cape and the University of Free State, Qwaqwa campus to ensure that all PE programs are harmonized. To align the goals of the program with the government goals, FHI will work closely with the Department of Education staff to further refine the program and improve outreach. Further integrating AB life skills into their peer outreach program work plans, each university will recruit new PEs for the AB life skills project, who will then recruit other students to participate in small, ongoing BCC groups.

FHI will adopt the Rutanang curriculum which is in the process of being accredited. To further develop PEs' gender awareness skills, FHI will promote the University of Western Cape's one-year gender sensitization course to the other two universities in the program. TA will also be provided to strengthen supervision skills to ensure the quality of the peer interactions, modeling problem solving skills, and shaping perceived peer/social norms on sexual behaviors.

Specific activities include:

1) Continue to incorporate AB life skills program into existing peer education workplans in a cost-effective manner;

2) Conduct AB life skills training for all PEs participating in the program;

3) Provide refresher trainings to strengthen basic peer education/facilitation skills;

4) Standardize job aids and tools for PEs to use in small groups;

5) Conduct supervision skills training for and provide TA to supervisors to help support PEs and the BCC group process;

6) Build and strengthen relationships between PEs and student health services, and formalize referral links to health services; and

7) Monitor AB, life skills and BCC group processes.

The project contributes to the prevention of 7 million new infections as per PEPFAR's 2-7-10 goals. The project will help decrease the number of new infections by achieving the expected results which will ultimately lead to a delay in sexual debut, a reduction in sex acts, fewer partners or a reduction in unprotected sex.

Continued Associated Activity Information

Activity ID:	2926
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	CTR
Funding Source:	GHAI
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,080	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	111	☐

Target Populations:

Policy makers
Program managers
Volunteers
University students
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Other

Coverage Areas

Free State

Gauteng

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:	Central (GHAI)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7601
Planned Funds:	$ 0.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is linked to the Anglican Church OVC program (#8182), which aims to provide a comprehensive OVC response within the 5 Dioceses in the Eastern Cape, KwaZulu-Natal, Limpopo and the Western Cape Provinces. The church will provide capacity building and training to members of its volunteer women movements (members of the Mothers Union and Anglican Women Fellowship) and community facilitators to be able to provide psychosocial and material support as caregivers. Siyafundisa is in partnership with the Harvard School of Public Health (#7295), which has developed and is assisting to implement the Peer Education program for all parishes nationwide.

SUMMARY:

Siyafundisa is an Anglican-based Abstinence and Be Faithful for Youth HIV prevention program that focuses on providing information and education to targeted populations. Siyafundisa has established a partnership with the Harvard School of Public Health to develop and roll-out the peer education program, which will be implemented by young people at different parishes across the country. This program will be piloted in 5 Dioceses in the Eastern Cape, Gauteng and KwaZulu-Natal Provinces from August 2006 and will be gradually rolled out to cover all Dioceses starting in March 2007.

Emphasis areas consist primarily of skills-based training for adults and youth, community mobilization and outreach, development of linkages and partners to help sustain and enhance the program, and monitoring and evaluation. Secondary emphasis areas include building local capacity to deliver prevention activities and developing HIV and AIDS policies and guidelines within the church. Issues of legislative interest include male norms and behaviors, reducing violence and coercion and stigma/discrimination. The church has existing stigma reduction programs that are leveraged by Siyafundisa. Prevention activities specifically target men and have a core objective of changing male norms and reducing violence and coercion.

BACKGROUND:

Siyafundisa is implemented in parishes, communities, schools and tertiary institutions through clergy networks, children, youth and family ministries, covering all provinces in South Africa. Siyafundisa targets children and youth with AB messages through information and education designed to develop skills that promote abstinence. Adults are also targeted with information and education to support youth. Special populations include community and religious organizations that can help promote AB prevention, volunteers who can implement AB activities, religious leaders who can impact individuals and families through outreach, and individuals and families who are affected by HIV, AIDS and stigma. A strong focus is given to the training of youth as peer educators and facilitators of some trainings and education programs, and since this a multi-country Track 1 activity covering Namibia, Mozambique and South Africa, some of the trainings will be combined for all three implementing countries. Fresh Ministries has developed a detailed six month workplan (August - January) to show how the targets will be reached, and this workplan is further developed for FY 2007.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Training of Clergy and Adults: As a form of outreach, adults and clergy will be trained to facilitate workshops around the issues of HIV and AIDS. The adults to be trained include primarily members of the Mothers' Union - the women's group in the church responsible for prayer and family ministries, teaching of Sunday school and mentoring youth organizations; and the Bernard Mizeki members - the men's organization in the church that plays an influential role in mentoring young people and assisting them in spiritual formation.

Activity 2: Workshops: The issues covered in the workshops mentioned in Activity 1 include parent-child communication skills training to discuss the dangers of premature sex, waiting for marriage before starting sexual activities, delaying sexual debut, as well as addressing gender inequalities and gender-based violence and its relationship to HIV infections. Focus will also be given to girls and women to empower them with knowledge

and skills to protect themselves against sexual violence. Given that most gender-related violence is perpetuated by men, emphasis and attention will also be given to men, helping them to understand the role they play in HIV prevention. They will be encouraged to reduce the number of partners and to be faithful to their partners. Life skills programs will be presented for both boys and girls to address the challenges and pressures of growing up as well as helping youth to refrain from harmful behaviors.

Activity 3: Human Capacity Development: The program will also focus on the expansion of internal capacity throughout the target area with recruitment of more staff and HIV and AIDS youth workers, who will be the support team on the ground in the different Anglican Dioceses and archdeaconries. Additional support will be provided by the Diocesan coordinators who are now being compensated by the program. Training for staff and volunteers will include issues of HIV and AIDS peer-to-peer outreach, parental involvement and participation, male involvement, community mobilization, and gender sensitization.

Activity 4: Peer Education: The Anglican Church is utilizing Rutanang, a peer education curriculum for children and youth (age 10 - 13, 14 - 17, 18-24), developed by the Harvard School of Public Health and modified for use by the Anglican Church. It is being piloted in three provinces (Eastern Cape, KwaZulu-Natal and Gauteng), which cover five dioceses (Port Elizabeth, Grahamstown, Zululand, Highveld and Christ the King). Through the peer education program, each parish will have 1 supervisor and 15 peer educators. Members of the Anglican Students' Federation will also be trained as supervisors and mentors for the parishes located close to their universities, colleges, and technical colleges. A team of three peer educators will be assigned a group of 20 young people to deliver Rutanang's six lessons. The program will then be rolled out gradually, reaching full scale covering all Dioceses approximately 14 months after launch. The trainings will be replicated with different groups of youth in each parish. Topics covered in the curriculum include; self worth & self esteem, relationships, communication, assertiveness, refusal, asking for help, gender, media influences, personal safety and helping others.

Activity 5: Large-scale dissemination of AB messages: Important commemoration and celebration dates have been identified to disseminate HIV prevention messages and to increase awareness and involvement of the community in the fight against the pandemic. These include: development of sermon notes focusing on themes that build self-esteem for young people and avoidance of harmful behaviors, reduction of sexual partners and healthy relationships. The sermon notes will be distributed to all parishes. World Aids Day and the Candle Light memorial make up the bigger outreach events with posters, t-shirts, pamphlets and fliers being distributed in all parishes. Different parishes and dioceses hold commemoration services and rallies during these events reaching hundreds of people. Church media will also be used to reach people with messages commemorating Women's Day, youth month campaigns and encouraging more young boys and men to get involved in outreach and education. The program will continue to address stigma across all dioceses, reaching people of different cultures and backgrounds, ethnic groups, races, and incomes in rural and urban areas nationwide.

These activities, through the variety of approaches will all contribute to the overall PEPFAR goal of averting 7 million new infections.

Continued Associated Activity Information

Activity ID:	3013
USG Agency:	U.S. Agency for International Development
Prime Partner:	Fresh Ministries
Mechanism:	N/A
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
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
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	25,920	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	172,800	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,442	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Children and youth (non-OVC)
Religious leaders

Key Legislative Issues

Reducing violence and coercion

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

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: HPI
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7602
Planned Funds: $ 1,200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to AB activities, the Health Policy Initiative (HPI) will carry out activities in Basic Health Care and Support (#7603), Strategic Information (#7605), Condoms and Other Prevention (#7606) and Policy Analysis and Systems Strengthening (#7604).

SUMMARY:

HPI is a follow-on to the POLICY Project funded by USAID. HPI is tasked with supporting the implementation of policies and programs to integrate gender, stigma and discrimination into USG programs. HPI will contribute to PEPFAR goals by providing technical assistance and capacity building to local partners at the national, provincial and community levels to identify and address the operational barriers that impede the expansion of HIV and AIDS programs. The project will work with faith-based organizations (FBOs), traditional leaders (TLs), and community-based organizations (CBOs) to develop and implement AB prevention messages and programs and to assist these organizations to systematically identifying program gaps and barriers to uptake or dissemination. Partners will target adults, youth, people affected by HIV and AIDS, community and religious leaders, CBOs and FBOs. Activities will focus on improving knowledge about HIV, behavior change to reduce risk, community mobilization and participation in HIV and AIDS related prevention programs. Emphasis areas are training in AB, with special focus on behavior change, and community mobilization and participation. The key legislative interest areas for training will address male norms and behaviors, and reduce gender-based violence and coercion, stigma and discrimination.

BACKGROUND:

HPI is a follow-on to POLICY Project with the focus on policy dialogue. HPI empowers new partners to participate in policy making process. With an additional focus on policy implementation, the initiative helps organizations translate policies, strategic plans, and operational guidelines into effective programs and services.

HPI will continue to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV and AIDS prevention, care, and support programs and policies. Project assistance focuses on improving multi-sectoral capacity and involvement in the country's national HIV and AIDS program by assisting different role players in developing and implementing effective advocacy strategies for HIV and AIDS; facilitating effective planning for HIV and AIDS programs; increasing the information used for policy and program development; and strengthening collaboration between government and civil society organizations (CSOs) and institutions working in HIV and AIDS.

The activities proposed under HPI will: 1) focus on the devolution of capacity building and training in AB programs to district level for TLs and to FBOs; 2) provide technical assistance to TLs and faith-leaders to ensure their training skills are used and appropriate prevention messages are being disseminated in communities; and 3) build the capacity of traditional and faith leaders to identify barriers to uptake or expansion of prevention programs. In this period HPI will also work in partnership with the South African National AIDS Council (SANAC) and the National House of Traditional Leaders. HPI will partner with SANAC to provide direct technical assistance to TL structures in South Africa.

Traditional Leaders: It is estimated that over 16 million people live in the rural areas that are under the jurisdiction of TLs. These TLs command respect and have significant influence on 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 the local level, and are therefore well placed to mobilize communities to access and use services. In 2001, a partnership between the National Department of Health (NDOH) and the Nelson Mandela Foundation (NMF) supported the formation of the National TLs' HIV and AIDS Forum and the development of a national strategy by TLs to address the challenges of HIV and AIDS. Building the organizational and technical capacity of the TLs' forum to implement their national HIV and AIDS prevention strategy and to undertake prevention programs at the community level are at the nascent stages of development.

Faith-Based Organizations: South Africa is a multi-faith country. FBOs are rooted in the community and are in a strong position to mobilize communities to address the challenge of HIV and AIDS. They can promote prevention strategies, mobilize communities against stigma and discrimination, and provide community-based care and support to people infected or affected by HIV and AIDS. The capacity of many FBOs to develop appropriate training materials or to design and implement effective programs varies considerably.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Traditional Leaders

HPI will conduct one three-day training workshop for 30 TLs in each of six provinces. There will be one workshop per province namely, Kwa-Zulu Natal, Eastern Cape, Mpumalanga, Free State, Limpopo and North West. The training will focus on the design, planning, and dissemination of successful AB prevention messages and will include strategies to reduce community level stigma and discrimination and raise awareness of the impact of gender-based violence on women's access to prevention programs. Trainees who are TLs will include AB prevention messages into one TLs' council meetings once a month. The training materials used throughout this activity will be developed by HPI. HPI will follow up with a subset of trainees to: 1) assess the activities carried out; 2) identify the challenges and opportunities TLs are experiencing in disseminating AB messages; and 3) provide technical assistance to the TLs to strengthen their skills in order to address implementation challenges.

ACTIVITY 2: Faith-Based Organizations

In partnership with the Seventh Day Adventist Church of South Africa, HPI will implement a national training program aimed at expanding AB prevention programs within this faith community. HPI will facilitate provincial training workshops of three days each for 30 HIV and AIDS committee members of the church in each of the nine provinces. Trainees will develop action plans to disseminate AB prevention messages and conduct prevention outreach activities within the church communities. HPI will follow up with a subset of those who participated in training to assess: 1) the degree to which participants were able to implement their action plans; 2) the challenges and opportunities trainees encounter in their community; and 3) to reinforce skills learned in the provincial training workshops in order to build a sustainable cadre of trainers.

The trainees for faith based organizations will be comprised of faith-based HIV and AIDS committee members and other members of the broader church community. Technical assistance will include the development of the training curriculum by HPI.

The activities outlined above will contribute towards meeting the vision outlined in the USG Five-Year PEPFAR Strategy for South Africa by mobilizing and training FBOs and TLs and equipping them with skills to promote AB prevention programs in their communities and churches.

Continued Associated Activity Information

Activity ID:	3014
USG Agency:	U.S. Agency for International Development
Prime Partner:	The Futures Group International
Mechanism:	Policy Project
Funding Source:	GHAI
Planned Funds:	$ 900,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	650,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	450	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Out-of-school youth
Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Reducing violence and coercion

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern Cape

Free State

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7607
Planned Funds: $ 900,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to activities implemented by HOPE worldwide South Africa in Basic Health Care and Support (#7608), OVC (#7609) and CT (#7610) and are linked to HOPE worldwide Track 1 AB (#7317) and the Track 1 OVC (#7372) program. Although the two programs complement each other, sites, staff and reach are separate and efforts are not duplicated.

SUMMARY:

HOPE worldwide South Africa (HWSA) will continue activities in abstinence and be faithful (AB) to support the expansion of a comprehensive HIV prevention program through a skills-based, gender-focused program for young boys and men and the promotion of AB messages for young people within designated communities.

The activity targets children and youth (both in- and out-of-school), adults, parents, teachers, religious and community leaders, mobile populations and NGOs. Major emphasis areas for the project are information, education and communication, community mobilization and participation, local organization capacity development and training.

BACKGROUND:

The FY 2007 funded activities are part of an ongoing HIV prevention program of HWSA, funded by PEPFAR in FY 2006. HWSA will continue its programs in Gauteng, KwaZulu-Natal, Western Cape and Eastern Cape provinces to promote and strengthen abstinence and faithfulness prevention messages within its community outreach efforts that include communities of faith. HWSA will expand to new areas, and in particular to peri-urban and rural areas in KwaZulu-Natal in response to the geographic development of the HIV pandemic in South Africa. To date, with PEPFAR funding, HWSA has reached 360,000 individuals with A and AB messages through 32 faith-based organizations (FBOs) and 73 schools, and other community-based awareness campaigns in 26 clinics and hospitals through support groups. The HWSA prevention program is aligned to the South African Government's (SAG) prevention strategy in its promotion of abstinence, fidelity and the correct and consistent use of condoms (ABC).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: AB Community Outreach

HWSA's AB program follows a standard Peer Educator model of training small groups of change agents, through age-appropriate activities, to impact their immediate and broader communities. The first part of the activity will entail the establishment of an abstinence-based program for youth 14 years and under who have not initiated sexual activity. The program educates children on the basic facts about HIV prevention and AIDS; addresses stigma and discrimination and how to avoid and report abuse. The second part of the activity will be targeted at the 15-24 year old age group and will establish an abstinence and fidelity-based approach (AB) focusing on HIV prevention messages and AIDS awareness, the importance of abstinence in reducing the transmission of HIV, the importance of delaying sexual activity until marriage, the development of skills for practicing abstinence, and where appropriate secondary abstinence, personal self-esteem, the reduction in the sexual partners, the importance of mutual faithfulness in reducing HIV transmission and the importance of HIV counseling and testing. The activity will reach youth through school programs, faith-based organizations, recreational activities, health care services and the workplace. With FY2007 funding HWSA will support awareness information sessions, workshops and learning materials for this prevention education intervention.

The HWSA program will also target out-of-school youth through youth clubs, community-based organizations and sports groups. With these groups, HWSA will also refer youth to condom outlets and health facilities and provide full information regarding the correct and consistent use of condoms as a way to reduce the risk of HIV infection for those who engage in risky behaviors.

ACTIVITY 2: Men as Partners (MAP)

HWSA's MAP program is part of the National Men as Partners network initiated by EngenderHealth. The MAP program creates community commitment and involvement in the reduction of violence against women and children, community interventions that will challenge norms about masculinity, early sexual activity, multiple sexual partners and transactional sex for boys and men and will establish new norms. FY 2007 funding will support school-based violence prevention programs, promote abstinence and the development of skills for practicing abstinence, skills training for peer educators to promote HIV counseling and testing. The MAP program will continue to build its public-private partnerships (with Coca Cola, South African Airways and the National Department of Arts and Culture) which provide corporate funding for workplace MAP workshops and awareness activities in the communities adjacent to these companies. The MAP program will be modified to be age-appropriate for school children and older youth reached by the school-based program. The activity will target young men aged 15-34 years and their communities. PEPFAR funding will be used to maintain current staff of three coordinators, and 8 peer educators. This activity will build on last year's achievements of 17,900 men reached and 38 new peer educators trained.

ACTIVITY 3: Parent Empowerment

HWSA will partner with the Parenting Centre and FBO networks (e.g. South African Council of Churches, African Federation of Churches and the International Churches of Christ) to empower and capacitate parents, caregivers and guardians with skills to interact with children and youth about sexuality, HIV prevention messages and discussions and create an enabling environment for AB messages. The program will include sessions on personal growth, enhance self awareness, personal values, and parenting skills, build children's self-esteem, discipline and problem-solving. The activity will also be linked to the OVC program with a focus on empowering parents and guardians in vulnerable households and working with granny-headed households. This activity will build on work done with FBO networks in FY 2006 in which 500 FBO-based peer educators trained and 70,000 people reached with abstinence and faithfulness messages.

ACTIVITY 4: Prevention with People Living with HIV

This activity is synergistic with the HWSA's Care and Support programs and CT programs and is implemented through the HWSA HIV-infected support groups. HWSA will ensure that HIV-infected individuals do not fall outside the scope of prevention efforts and that HIV-infected individuals are empowered to minimize the risk of both infecting their sexual partners and re-infecting themselves. HWSA conducts an 8-week program that includes sessions on understanding HIV infection, HIV and pregnancy, ART and nutrition. Within the program, HWSA will offer additional educational sessions on fidelity and partner reduction, disclosure and partner notification. HWSA will establish strong links with, and referral to, condom services including health clinics and will provide full and accurate information about the correct and consistent use of condoms to clients. The prevention for HIV-positives aspect will be implemented as part of the existing HWSA support groups. The program will be developed and scaled-up through consultation with existing relationships and partnerships with groups such as the National Department of Health.

These HWSA activities will contribute to the PEPFAR objectives of averting 7 million infections, and support the USG PEPFAR Five-Year Strategy for South Africa by improving AB HIV prevention behaviors among youth and adults.

Continued Associated Activity Information

Activity ID:	3302
USG Agency:	U.S. Agency for International Development
Prime Partner:	Hope Worldwide South Africa
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 900,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	180,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	460,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	120	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Teachers
Volunteers
Girls
Boys
Primary school students
Secondary school students
HIV positive pregnant women
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: Frontiers
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7614
Planned Funds: $ 0.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is linked to Population Council's other activities in PMTCT (#7613), Other Prevention (#7611), Counseling and Testing (#7612), and ARV Services (#7861). Activity number three is linked to work done by EngenderHealth (#7566) and Hope worldwide (#7607) on male interventions.

SUMMARY:

Prevention efforts are key to reducing sexual transmission of HIV. In South Africa, the Population Council (PC) has implemented several prevention programs targeting young people, learners, as well as men and couples to delay sexual debut, promote faithfulness and mutual monogamy, and to reduce risk behaviors. With PEPFAR FY 2007 funds, PC intends to strengthen and expand these activities. The proposed activities are in response to requests from various government departments (provincial and national), and will draw upon exiting partnerships with South African institutions and organizations such as the Departments of Health and Education and the South African Council of Churches.

BACKGROUND:

Over the past few years, the PC has developed an expertise in developing strategies and interventions focused on men more actively in preventing HIV transmission. The first activity has been to work with the Department of Education, South African Council of Churches and local FBOs piloting interventions on AB in primary schools and mutual monogamy in churches in Mpumalanga Province and the Eastern Cape Province, respectively. These community interventions have reached couples, church members, youths, teachers, learners, parents/guardians and other stakeholders. However, reaching an adequate number of men through churches is a major challenge because fewer men than women participate in church activities. This year's activities will continue to increase male involvement through specific strategies such as strengthening couples interventions, addressing gender-based violence and educating learners. In addition, the PC will address these same issues at a macro level. Women's low power and high male control in intimate relationships is generally associated with increased HIV risk behaviors and HIV infection. Building on past work with EngenderHealth and Hope worldwide targeting men to reduce GBV, risky HIV behaviors and increase involvement in PMTCT, the PC will use FY 2007 funds to facilitate the development and integration of a broad-based national strategy on male involvement in RH and HIV focusing on: referrals and linkages, policies and guidelines, quality assurance and supportive supervision. Interventions will target program managers, program implementers, NGOs, NDOH and other stakeholders.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Integrating AB into Life Skills Program

Teachers will be trained and ongoing support will be provided to deliver a strengthened and balanced ABC program in primary schools in the province of Mpumalanga. An AB module developed and piloted under Phase 1 and Phase 2 (FY 2005/2006) will be used to strengthen the AB message and intervention into the current life skills curriculum. In addition to working with teachers and learners, peer educators, community leaders and parents/guardians will be involved to promote and reinforce supportive norms and practices to enhance AB behaviors among learners aged 10-14. In this final phase, the program will be expanded from the pilot schools to additional schools in communities comprising different socio-economic backgrounds. Engaging parents/guardians and community leaders to create a supportive environment for young learners to adopt AB related behaviors and facilitate positive community norms promoting gender equity and the rights of girls will be a key component to sustainability.

ACTIVITY 2: Strengthening FBO Prevention Activities

This activity will constitute the final phase of a program targeting youth, couples and adults as part of a faith-based HIV and AIDS initiative. Working with existing partners - the National and Provincial Council of Churches, local faith-based organizations (FBOs) and church bodies, PC will utilize a piloted curriculum on mutual monogamy and AB to reach

couples, adults and youths respectively. Church and FBO leaders will be trained to deliver AB, mutual monogamy and risk reduction messages, as well as to counsel and provide referrals for needed services. A key intervention will be to promote men's involvement to take responsibility for HIV prevention and to address gender-based violence within these communities. The proposed program will be expanded to several churches in the current areas - Alice and Butterworth in the Eastern Cape, and replicated in churches in several communities in Soweto, Gauteng.

ACTIVITY 3: Technical Assistance to Develop Male Involvement Strategy

Recognizing the lack of male involvement in HIV prevention, as well as care and support activities, the National Department of Health through its Women's Health and Genetics Unit, has requested PC to provide technical assistance (TA) to systematically develop a strategy to address male involvement in HIV and AIDS issues. In response to this request, PC intends to use FY 2007 funds to provide TA to create a multi-sectoral task team to identify priority areas for actions toward the development of a national male involvement strategy. PC will facilitate the process by coordinating the involvement of different sectors and sharing programmatic lessons.

These activities will assist the PEPFAR program to reach the overall goal of preventing 7 million new infections, by addressing key prevention interventions.

Continued Associated Activity Information

Activity ID:	3804
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Council
Mechanism:	Frontiers
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	19,400	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	520	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Program managers
Teachers
Primary school students
Religious leaders
Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Addressing male norms and behaviors

Coverage Areas

Eastern Cape

Mpumalanga

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7624
Planned Funds: $ 700,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to activities in Condoms and Other Prevention (#7884), CT (#7625) and Basic Health Care and Support (#7885).

SUMMARY:

Humana People to People (Humana) implements a comprehensive, integrated ABC HIV and AIDS prevention program called Total Control of the Epidemic (TCE). TCE trains community members as Field Officers (FOs) to utilize a person-to-person campaign to reach every single household within target areas with AB messages, with the objective of changing community norms and individual behaviors. The major emphasis of the prevention program is community mobilization/participation, with additional emphasis on development of network/linkages/referral systems, information, education and communication (IEC) and training. Target populations are boys, girls, men, women, primary and high school students, community leaders, healthcare workers, teachers and pregnant women.

BACKGROUND:

TCE was launched by Humana in 2000 in Zimbabwe. The program has been implemented in five countries in Southern Africa reaching a population of three million people. Humana received its first PEPFAR funding in July 2005. Humana runs three TCE areas in the Mpumalanga and Limpopo provinces. In the first year of implementation, 200 community members were trained as Field Officers (FOs) and prevention services have been provided to about 60% of the targeted community members. Furthermore, FOs mobilized whole communities to address stigma and discrimination associated with HIV and AIDS and raised awareness related to HIV preventive behaviors. TCE will track service provision by gender and develop strategies to reach additional men with AB messages. FOs will also promote gender equity during their home-visits, by empowering both sexes. TCE trains community volunteers called Passionates to establish vegetable gardens, run children and youth clubs, and offer care and support to orphans and people living with HIV (PLHIV).

Humana works in partnership with the South African Government (SAG) and local municipalities. The Bohlabela District Municipality is a major partner, contributing over $140,000 per year to the program. The program has received several awards, including the 2003 Stars of Africa Award (in partnership with Johnson & Johnson) for best Corporate Social Investment Program in Health and HIV and AIDS in South Africa.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Household-based Person-by-Person Campaign

The TCE program uses a person-to-person campaign to reach every single household with information about HIV and AIDS within the targeted areas. Each FO is allocated a field of 2,000 people (approximately 350 households). Households are visited three times over a one-year period and receive targeted IEC messages emphasizing age-appropriate abstinence and faithfulness (AB) messages with the objective of changing community sexual norms. FOs visit households and engage individuals in discussions about HIV and AIDS and preventive behavior, and promote counseling and testing (CT) and prevention of mother-to-child transmission (PMTCT). FOs are trained to recognize potential signs and symptoms of advanced AIDS and HIV-related conditions and will refer individuals directly to public health clinics for CT, CD4 testing, HIV clinical staging, treatment of opportunistic infections, home-based care (HBC) and OVC services as needed.

Further, the program has a series of targeted interventions to reach schools, including teachers, men in workplaces, at bars and other settings, youth in after school clubs, and health workers on HIV and AIDS awareness and AB prevention. TCE organizes workshops for local leaders, traditional healers, and community-based organizations, to explain TCE and promote HIV awareness and prevention.

ACTIVITY 2: Human Capacity Building

FOs receive training on promoting AB messages particularly to the youth. Through weekly meetings, the FOs receive continuous training from the Special Forces in TCE and guest lecturers, first as lay-counselors and during the second year as educators. The training is based on experiences gathered in the field. TCE makes use of its own material, which is continuously tested and amended, and educational material developed by other organizations and the SAG. All programming is in line with SAG national prevention strategy. TCE often uses guest speakers from SAG and other organizations. Passionates are trained in HIV and AIDS and in communication and facilitation skills (such as running youth clubs).

ACTIVITY 3: Linkages and Networking

TCE's activities ensure that individuals receive appropriate care:
- A key strategy of the prevention program is the promotion of CT. TCE works in partnership with South African organizations like loveLife, to provide CT services to the sites. All households receive messages on the benefits of CT and are informed where CT is available during home visits.
- TCE also collaborates with PEPFAR partners, Broadreach and HIVSA and SAG hospitals which provide treatment to facilitate access to ARVs and related services such as support groups.
- TCE has a strong partnership with the TB sub-directorate in the Bohlabela district. FOs are trained to raise awareness about TB, make referrals to clinics and collect sputum.
- TCE works with public clinics to ensure that pregnant women have access to antenatal services and PMTCT.
- TCE cooperates with SAG including the Department of Social Development to ensure that OVC and PLHIV identified through household visits are able to access social security and with the Department of Education to ensure children and youth access education and receive HIV and AIDS information and education.

Activity 4: Monitoring & Evaluation

TCE has developed a range of systems to measure the results of the program. Before starting in a new area, TCE carries out a baseline survey collecting information about knowledge, attitudes and practices in the area. Once the program is implemented, each FO has a household register, which keeps basic information about each household and is a continuous source of data to evaluate the progress of the program, such as number of people tested, number of OVC and pregnant women referred to PMTCT and STI services. This data can be used to track community behavior change. TCE has also developed a tool called Perpendicular Estimate System (PES), which is tailored to measure the impact of the program in the target areas; PES consists of a set of questions and demands to the individual in order to be TCE-compliant, which means being in control of HIV and AIDS in one's life; especially during the second and third year of the program, community members interact with their TCE Field Officers on an individual basis to make a PES-plan, which minimizes their risk of being infected and makes them live responsibly and positively if infected. This data provides information on individual behavior change in the target area. Throughout the program, the Field Officers and TCE Management meet on a weekly and monthly basis to evaluate the progress of the program. The meetings monitor progress of achieving targets and deliberate on the challenges faced in the field. Quarterly, TCE management meet with staff at the TCE Regional Headquarters in Zimbabwe to further evaluate the progress of the program and develop activities in order to increase impact.

These activities will contribute to the 2-7-10 goals of averting seven million new infections by increased knowledge and skills among community members in HIV prevention; reduced stigma; higher gender equity; increased knowledge about services (PMTCT and CT); strengthened linkages between other organizations in the area and government services; increased number of people knowing their HIV status; and higher mobilization and capacity among community members and local leaders to deliver prevention messages and offer care and support.

Continued Associated Activity Information

Activity ID: 3020
USG Agency: U.S. Agency for International Development
Prime Partner: Humana People to People in South Africa
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 600,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	160,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	320,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,400	☐

Target Populations:

Adults
Community leaders
Pregnant women
Teachers
Girls
Boys
Primary school students
Secondary school students
Other Health Care Worker
Other Health Care Workers

Coverage Areas

Limpopo (Northern)

Mpumalanga

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Scripture Union
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7930
Planned Funds:	$ 950,000.00

Activity Narrative: SUMMARY:

The Scripture Union (SU) Life Skills Program implements education and training activities focusing on abstinence and being faithful (AB) HIV prevention for both in- and out-of-school youth. It is values-based, volunteer driven and aims to assist in the development of sexual and life decision-making skills in youth in order to prevent HIV exposure and infection. Community church members are trained to deliver prevention messages to local youth and provide small group discussions around prevention issues. Major emphasis will be on information, education and communication, with minor emphasis on community mobilization and participation, and training. SU targets youth and children 10 to 18 years of age drawn from disadvantaged communities. SU places special emphasis on recruiting and education of young girls living in urban communities.

BACKGROUND:

SU has worked with youth in South Africa since 1924. The Sakhulutsha, SU's HIV and AIDS Life Skills Program, started in 1992 and is ongoing. The South African National Department of Health (NDOH) and Department of Education have funded SU's program for the past 10 years, and since 2005, the organization has been funded by PEPFAR through a NDOH cooperative agreement. In FY 2007 SU will become a prime PEPFAR partner. SU runs a country-wide project and youth programs have been established in five South African provinces (Gauteng, Eastern Cape, KwaZulu-Natal, Mpumalanga and Western Cape).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Small Groups in School

SU will implement a peer education program to target youth in their formative years and equip them with skills to help them learn more about each other and discuss issues of love, respect and equality. These skills will help them make informed decisions about sexual activity and avoid infection. The HIV prevention programs are run with in- and out-of-school youth, and consist of 12 modules presented over 12 weeks. The program will use a small group model, and trained volunteers from the community will run these programs. The ratio of 10:1, the ideal small group model, is maintained.

ACTIVITY 2: Breakaway Workshops

SU believes that societal norms and behavior change must be examined in order to address the challenges of HIV and AIDS in a proper way. SU uses single gender camps and discussions in classrooms (through the participation of school principals) to help young people to view each other as equals and to develop respect for one another, regardless of gender. Life skills training and a holistic learning experience which enhances HIV and AIDS education programs will also be implemented. SU will also run activities at eight campsites using the same small group model, but the full course in these programs will be completed over a period of three to five days. Trust is built up between group leaders and participants and this ensures open and effective dialogue. The single sex approach allows SU staff to focus on gender specific issues -- particularly those relating to girls - and topics include abstinence skills and the power to say no. Participants will be encourage to access voluntary counseling and testing (VCT) sites so that they can learn their status and plan for their future.

ACTIVITY 3: Youth Development Programs

SU Youth Development Programs (holiday clubs) are run during school holidays when youth are most likely to be bored, and this may lead to vulnerability and engagement in unsafe sexual behavior. The holiday clubs will be run in community centers and in church and school halls. Life skills activities will be presented to youth to facilitate sustained HIV prevention and to encourage youth to learn their HIV status by getting tested so that they can plan for their future. SU encourages youth to be compassionate and also to volunteer in their communities and be involved in the response to the HIV epidemic. Programs will be run by trained community members who are familiar with local customs and social norms, and so will be ideally placed to gain the trust of the members of the community.

ACTIVITY 4: HIV Prevention Programs

SU will conduct leadership training for community leaders, and in particular, for pastors, so that they can support and lead HIV prevention programs for both in- and out-of-school youth. Volunteers will be trained using an HIV and AIDS education program that has been tested for effectiveness by SU using qualitative methods. Using the 12-module life skills program, volunteers will be equipped to lead small group discussions with youth around AB-based prevention of HIV and VCT. This project will establish sustained relationships between the leaders and the youth because the leaders and volunteers are community-based. Community workers will also focus on empowering and training female leaders to run youth development programs, and development of more female leaders will ensure that the needs of girls within the community are met.

Sustainability is achieved through development of well-trained youth leaders and peer educators. Scripture Union will continue to develop their funding base to expand AB prevention programs to disadvantaged communities in South Africa.

SU will reach a significant number of youth and children with behavior changing messages. The results will contribute towards PEPFAR goal of preventing 7 million infections by 2010. These results will also contribute to the South African response to preventing HIV infection among young people especially young girls.

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

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	2,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	25,500	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	600	☐

Target Populations:

Community leaders
Volunteers
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

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

Gauteng

KwaZulu-Natal

Mpumalanga

Northern Cape

Western Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	NEW APS
Prime Partner:	Youth for Christ South Africa (YfC)
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7948
Planned Funds:	$ 500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to activities described in Condoms and Other Prevention (#7949).

SUMMARY:

Youth for Christ South Africa (YFC) will promote HIV risk reduction through abstinence and be faithful (AB) activities among youth 10 to 18 years of age. The activities will take place in at least 250 schools in five provinces, namely Eastern Cape, Gauteng, Mpumalanga, North West and the Western Cape. The organization will recruit and train young adults to work in the programs as youth workers and peer group trainers. The major emphasis area for this program will be information, education and communication, with minor emphasis on community mobilization/participation and training. The target population will include children and youth, community and religious leaders, community- and faith-based organizations.

BACKGROUND:

YFC is a youth development organization that directly addresses problems and needs of youth. YFC South Africa has established several training centers and local offices in five provinces of South Africa. YFC runs a number of programs aimed at preparing youth for the future. YFC has been funded by the National Department of Health (NDOH) since 1995 and received PEPFAR funds through the CDC cooperative agreement with the NDOH starting in 2005. As of FY 2007, YFC will become PEPFAR prime partner and will no longer receive PEPFAR funds through the NDOH.

ACTIVITIES AND EXPECTED RESULTS:

Many YFC activities are aimed at changing the behavior of the youth, and promoting (AB) messages and activities. YFC will continue to empower young women through counseling and education, in an effort to improve general life and sexual decision-making skills. The abstinence-focused messages are geared towards children ages 10-14 in primary schools; messages to high school students ages 14-19, out-of-school youth and young adults focus on abstinence, delayed sexual debut and faithfulness. They also discuss correct and consistent condom use to this group, but the focus is more geared towards AB messages. This is consistent with the PEPFAR ABC guidance.

ACTIVITY 1: Peer Education in Schools

YFC will train a network of unemployed young adult volunteers from faith-based organizations to provide peer education in the form of training, support and referral services for students. YFC has developed effective models of working with, and empowering, youth who will be trained to share AB information and correct decision-making skills with their peers. YFC will work with the provincial Departments of Education (DOE) to identify appropriate schools in which to implement these activities. YFC will also collaborate with school principals and the communities. The young volunteers will be placed in schools to serve as coaches and mentors for peer groups, and these volunteers will encourage students to form support groups and clubs both in- and out-of-school. The volunteers will also be trained to run informative workshops and community events in their schools on a host of issues relating to HIV and AIDS, peer pressure, self-esteem, and goal setting.

ACTIVITY 2: Life Skills Training

Young volunteers will be trained to conduct life skills sessions at schools and in camps to educate youth on making informed decisions about life and sexuality. YFC will use the Rutanang curriculum, which has been endorsed NDOH. Rutanang's peer education model highlights the importance of delaying first sex and consistent and correct use of condoms, as well as respect for others. YFC has developed holistic prevention programs that will incorporate key role players from all levels of a community to bring about a positive school environment. It is the responsibility of each local office of YFC to maintain and sustain the work that they initiate in their localities. YFC will use drama, music and dance to effectively communicate these AB and life skills messages. YFC will also work with the DOE to

implement this activity.

ACTIVITY 3: Creative Educational Teams

YFC will use edutainment such as drama, dance and discussion groups to educate youth on HIV and AIDS, and to promote AB life styles. YFC will recruit, train and deploy five teams in schools and communities to educate youth on these issues. YFC teams will present the AIDS productions in high schools, youth centers, churches and prisons. These teams will spend three to five days in each school, giving assembly and classroom presentations, and creating informal discussion times. YFC will work in partnership with the NDOH and the DOE to reach the target audience. The provision of community programs will help to de-stigmatize HIV and AIDS in communities.

ACTIVITY 4: Capacity Building

Internship programs will implemented during FY 2007. Unemployed youth volunteers, active in faith-based organizations, will be recruited and placed in YFC offices for a year. Here interns receive on the job training in a program or project linked to the organization. Each local YFC office is required to create a staff development plan for each employee, volunteer and intern, as the management of YFC places a great emphasis on training and capacity development.

Youth for Christ's Abstinence and Be Faithful activities among youth will contribute to PEPFAR's goal of averting 7 million infections. In addition, the activities support the USG Five-Year Strategy for South Africa by increasing effective faith-based activities and creating support for positive gender norms.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	6,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	12,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	750	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Teachers
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Education

Coverage Areas

Eastern Cape

Gauteng

Mpumalanga

North-West

Western Cape

Table 3.3.02: 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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7966
Planned Funds:	$ 620,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of six activities in support of the National Department of Health (NDOH); additional activities include PMTCT (# 7369), TB/HIV (# 7365), ARV Services (# 7368), SI (# 7364) and CT (# 7366). Together, these activities provide overall HIV and AIDS programmatic support to NDOH and supplement their ongoing programs. In addition, the NDOH relies on CDC to implement activities that address NDOH emerging priorities, providing financial and technical support more quickly than the systems of NDOH allow.

SUMMARY:

PEPFAR funds support a local hire to work with the NDOH on HIV prevention among youth. This position works closely with NDOH in the design and delivery of their youth interventions. The major emphasis will be on local organization capacity development with minor emphases on, development of policy guidelines, and training. The target populations will include host country government workers, and implementing organizations.

BACKGROUND:

Through the NDOH Cooperative Agreement, four non-governmental organizations (NGOs) will be supported to carry out AB prevention activities for youth. The funds requested under this COP entry "In-Support of the NDOH" will continue to support a youth specialist that provides technical assistance to the NDOH on youth activities including the provision of technical oversight to the four NGOs. The "In-support of the NDOH" funds are also allotted to small-scale activities at the request of the NDOH for AB prevention activities.

ACTIVITIES AND EXPECTED RESULTS:

Three activities will be carried out in this Program Area.

ACTIVITY 1:

Providing technical assistance and oversight to the NDOH activities with youth, including coordinating life skills training offered through schools in collaboration with NGOs.

Plus Up Funding will be used to support the development of guidelines, training materials, etc. and to provide TA to the youth program on the implementation of specific activities within the National Strategic Plan and accelerated prevention strategy. Specifically, the USG will assist to update the National Youth and Adolescent Health Policy Guidelines. Lastly, health care providers will also be trained on improving youth-friendly services and funding will support the printing of those materials. Lastly, Plus-Up funds will be used to support a meeting led by the NDOH for FBOs and NGOs who carry out AB messages to ensure that their strategies are harmonized and are done in a collaborative manner.

ACTIVITY 2:

Providing coordination and oversight for Rutanang peer education trainings (particularly addressing stigma and discrimination) offered for the NDOH, the South African Department of Education (DOE), and other South African Government partners in collaboration with Harvard University.

ACTIVITY 3:

Building capacity of local organizations through training on promotion of AB messages. This will be done in collaboration with the NDOH and DOE and in line with their priorities.

The provision of technical assistance to the NDOH for AB prevention activities will continue to support PEPFAR's goal of preventing 7 million new infections worldwide. These activities also support the HIV prevention goals outlined in the USG Five-Year Strategy for South Africa.

Since the majority of the funds will be used to support a technical advisor for the NDOH for youth-focused prevention activities, the PEPFAR indicators do not reflect the activities supported in this COP entry. Small amounts of funds will be allotted for activities at the request of the NDOH, primarily focused on training. However, the actual training activities have not been fully discussed at this time so no targets have been set.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	450	☐

Target Populations:

Host country government workers

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: New APS 2006
Prime Partner: Mpilonhle
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8238
Planned Funds: $ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG

This Abstinence and Be Faithful activity is related to Mpilonhle activities in the program areas of Condoms and Other Prevention (#8241), OVC (#8246) and CT (#8247).

SUMMARY:

Mpilonhle's AB prevention activities include school-based provision of (1) health screening, (2) health education and (3) computer-assisted learning, delivered through mobile clinic and computer laboratory facilities to 12 secondary schools in rural KwaZulu-Natal. Emphasis areas are: Information, Education and Communication, Infrastructure, Community mobilization, and Training. Targeted populations are secondary school students and in-school orphans and vulnerable children (OVC).

BACKGROUND:

This is a new activity to be implemented by a new non-governmental organization (NGO) named Mpilonhle with broad support from district and provincial SAG leadership. It will be implemented in Umkhanyakude District, the poorest and most rural district in KwaZulu-Natal, and one with highest HIV prevalence. It involves school-based activities in rural secondary schools that suffer from physical remoteness, poor health conditions, scarcity of health services and generally inadequate resources. Partners include the Department of Education, the South African Democratic Teachers' Union, District Health Services and district and municipal leadership.

These activities will be provided through mobile facilities. Each mobile facility will consist of a mobile clinic and computer laboratory, staffed by one primary care nurse, four health counselors, one health educator, and one computer educator. Each mobile facility will visit a participating secondary school one week per month for eight months per year. This allows each mobile facility to serve four secondary schools per school year. The project will have three mobile facilities, allowing us to serve 12 secondary schools in total. Each participating secondary school has an average of 800 students, and will be offered the first three activities described above. Six of the 12 schools have been pre-selected. The remaining six schools and will be determined in deliberation with the Mayors of Umkhanyakude District, Mtubatuba Municipality, and Hlabisa Municipality, and with local officers of the Department of Education.

This activity addresses gender issues through (1) the provision of AB education to large numbers of adolescent males and females encouraging males to respect females, abandon gender stereotypes, and by discouraging multiple sex partners, (2) computer education which promotes female educational attainment, self-confidence and self-reliance, and employability, which in turn reduce vulnerability to HIV, and in particular to coercive, cross-generational and transactional sex, (3) health education that promotes safer behavior and gender-sensitive attitudes among men and yield benefits to women to make informed choices with regard to their sexual health.

ACTIVITIES AND EXPECTED RESULTS:

Mpilonhle will conduct three activities in this Program Area.

ACTIVITY 1: Schools-Based Health Screening

A health counselor will provide students with an annual individualized health screening that includes voluntary counseling and testing (VCT) and individualized AB counseling. Through this activity, young people will be screened for TB, STIs and other common health problems. Those who are HIV-infected will be referred for CD4 Count and further management at the nearest health sites. Condom-related services will be limited to providing basic, medically accurate information and referrals to community-based condom sources. Main messages will focus on abstinence and delay of sexual debut for young people. Young people need to be reached before they begin having sex. The counseling and testing (CT) will be entry to prevention program especially to sexually active individuals. School principals, local Department of Education officials, district and municipal mayors and focus groups of teachers and students have expressed the community

acceptability of schools-based CT.

ACTIVITY 2: Schools-Based Health Education

A health educator will provide students with four 90-minute small-group HIV, health and life skills education sessions per year that will discuss the basic facts about HIV, CT, STIs, TB, ART, PMTCT; a balanced ABC approach to HIV prevention; reducing stigma and discrimination against PLHIV; and promoting respect between men and women. An age-appropriate curriculum on these topics will be developed by the Educational Development Center (EDC) and the South African Democratic Teacher's Union (SADTU), drawing on material developed by the EDC and SADTU, and the World Health Organization (WHO) summarized in the WHO publication "Teachers' Exercise Book for HIV Prevention". This curriculum emphasizes the traditional three-part public health theory of improving Knowledge, Attitudes and Practice (KAP) skill-building methods in topics such as risk reduction, decision-making, and social responsibility, as a way of preventing HIV infection, providing support to those infected and affected by HIV, fighting stigma and discrimination, and dealing effectively with the challenges of everyday life. The skill-based HIV education will provide focused messages about the benefits of abstinence until marriage and other safe behaviors. Activities will develop their self-esteem to build their resilience, assist them to make informed choices and develop communication skills.

ACTIVITY 3: Schools-Based Computer-Assisted Learning

A computer educator will provide students in participating schools with four 90-minute small-group computer education sessions per year that will provide training on how to use computers, basic software, and the internet; and computer-assisted learning for improved school performance, HIV prevention, and general health promotion. The computer-based health education lessons are packaged to address the life skills needs of youth and are consistent to the SAG guidelines. The AB messages are internationally recognized, appropriately researched messages. This activity is expected to improve student learning, raise graduation rates, and augment employability. This in turn increases female socio-economic status, and reduces their vulnerability to coercive, cross-generational, and transactional sex.

Sustainability will be achieved through 1) political commitment from district and municipal governments, and the local Department of Education who will help in scale-up and fund-raising in support of such scale-up; 2) the relatively low-tech and easily replicable nature of many core program features; 3) minimal dependence on scarce health professional such as doctors and nurses; 4) the ability of rugged mobile facilities to reduce the need for additional investments in fixed physical infrastructure; 5) the possibility of adapting the service delivery model to workplaces as well as schools; 6) the multi-dimensionality of program activities, which includes HIV and AIDS, general health, and education related activities, and which broadens the scope of donors interested in funding continuation and scale-up of activities.

Building human capacity in remote rural areas will occur by maximizing the capacities and skills of relatively abundant lay health workers to enable them to perform critical yet scarce services such as CT, health screening and personalized risk assessment, and health education, shifting the burden of these activities away from relatively scarce professional health workers like nurses and doctors. The organization will build the technical expertise and capacities of lay health workers through rigorous training and regular refresher courses, and through the technological support provided by the Information Technology components of the program.

These activities will contribute to PEPFAR goals of preventing 7 million new infections.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,680	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	108	☐

Target Populations:

Girls

Boys

Primary school students

Secondary school students

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	GOLD Peer Education Development Agency
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8239
Planned Funds:	$ 250,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to GoLD Peer Education Development Agency's activities in Condoms and Other Prevention (#8240). In addition, GoLD has collaborated with Life Choices (currently a PEPFAR Track 1 partner) as one of many sub-partners (#7549).

SUMMARY:

GoLD Peer Education Development Agency (GoLD) is an acronym for Generation of Leaders Discovered. GoLD is a new partner in FY 2007 and PEPFAR funds will support expansion of comprehensive youth prevention services by facilitating roll-out of the GoLD Peer Education (PE) model through three components: development and dissemination of PE best practice methods and materials; capacity building and training of PE participants; and quality assurance of implementation of the GoLD Model. The primary emphasis areas for these activities are Community Mobilization/Participation; Information, Education and Communication; Local Organization Capacity Development; and Training. Specific target populations include children and youth (non-OVC); program managers; community leaders; teachers; and implementing organizations.

BACKGROUND:

This project is part of a larger initiative begun in 2004. The activities described are ongoing; but will be scaled-up in FY 2007 with the help of PEPFAR. GoLD is a PE Development Agency that developed the GoLD PE Model. GoLD partners work with suitable youth organizations to implement its model using the secondary school system. GoLD works in conjunction with the relevant South African provincial government structures. GoLD manages and provides quality assurance of the implementation of GoLD PE of its sub-partners and assists them to align with the South African Government (SAG) on prevention of HIV with a focus on youth as a priority population group. The GoLD model is implemented within the Western Cape (WC), KwaZulu-Natal and Mpumalanga provinces of South Africa and will extend to Limpopo Province in 2007 with PEPFAR funding. The GoLD model is being implemented in the Western Cape (WC) Government's PE Project through collaboration between WC Departments of Health (DOH) and Education and GoLD. GoLD's sub-partners in the WC are partly funded by the Global Fund via the WC DOH. In other provinces sub-partners are partly funded by other organizations.

Two of the three activities will be implemented directly by GoLD. One activity, capacity building and training of PE participants, will be implemented in collaboration with 30 youth-focused organizations that implement the GoLD model in various sites and train the youth peer educators (PEs). These organizations are: Youth for Christ (YFC, George and Knysna), YMCA, Project Gateway, Masoyi Home-Based Care, Wagon of Hope, Planned Parenthood Association of South Africa (PPASA), MaAfrika Tikkun, Ukuthasa, Institute for Social Concerns, Christian Assemblies Welfare Organization, Club Coffee Bar Community Centre, SPADES Youth Development Agency, Leadership South, Life Choices-Salesians, Uniting Christian Students Association and OIL Reach Out. Thirteen additional organizations will be selected in 2007 and 2008.

The issues facing South African youth in HIV prevention are firmly entrenched in the social constructions of behaviors and identities and include unequal power in sexual relationships, gender-based violence and intergenerational sex. GoLD messaging is designed to look beyond awareness and reflect the complex social dynamics of HIV transmission. By reflecting these dynamics that youth face daily, the model is intelligible to youth and fosters critical awareness, transformation and long-term behavior change that increases gender equity, challenges male norms and behaviors and supports activities to strengthen sanctions against sexual violence and coercion. PEs are equipped to challenge stigma around HIV and to promote the reduction of discrimination faced by HIV affected and infected individuals. The GoLD curriculum emphasizes the message giver as the message. PEs are equipped and supported to role-model lifestyles that promote, in order: abstinence; delayed, faithful sexual debut and reduction of sexual partners amongst youth.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Development and dissemination of PE best practice abstinence and be faithful methods and materials

GoLD will refine and disseminate an interactive and context-specific GoLD PE curricula and methods for use by: GoLD staff; trainers and master facilitators; PE facilitators; PEs; and program managers implementing the GoLD PE Program within secondary schools and communities. This includes curricula that focus on social dynamics informing conceptions of gender, covering sexuality and the feminization of AIDS, to reduce the inequalities between men and women that have led to the increase of HIV and AIDS as well as challenging stigma around HIV and AIDS. Ongoing refinement and development of curricula will involve human capacity development of representatives of implementing partners to provide constructive feedback on experiences and share their findings together.

ACTIVITY 2: Capacity building and training of PE participants

GoLD will train program managers and community leaders from 30 implementing organizations, as well as teachers, to implement the structured three-year GoLD Model in 208 secondary schools and communities through equipping and supporting adolescent PEs. GoLD will assess and provide implementing organizations with intensive capacity building to deliver the GoLD model in schools assigned by the provincial Department of Education within youth high risk behavior sites. Staff of the organizations will be equipped by GoLD through a structured capacity building program including modular training sessions, mentorship and provision of PE resources and best practice methods. Implementers will then play a support role to new implementers within their region. GoLD will provide training to teachers to enhance the quality and ownership of the program for long-term sustainability. Thirty implementing organizations will train adolescent PEs within 208 secondary school sites to fulfill specific PE roles and outputs over a three year period in which they positively impact their peers.

It is anticipated that gender will be impacted through both the implementation of curriculum and the GoLD program environment. Youth in the PE program will work through gender issues within a safe and enabling environment (the GoLD program) and are given room to critically analyze and challenge gender norms, working together towards gender equality. These youth will in turn support each other as they work among their peers and communities. New GoLD trainers and facilitators will be recruited based on criteria that ensure their character and skills reflect the values and practices imparted through the curriculum and program design. A deliberate selection of both male and female facilitators and PEs will be recruited in line with GoLD facilitator and peer educator recruitment guidelines.

ACTIVITY 3: Quality assurance around implementation of the GoLD PE Model

This activity is to provide quality assurance around the implementation of the GoLD Model in secondary schools via implementing organizations, PE facilitators, and adolescent PEs. This will involve: ongoing development of a robust information and communication technology infrastructure to enable effective, swift roll-out of the program in a way that enables ongoing monitoring and evaluation; conducting bi-annual assessments at all sites; and implementing a comprehensive monitoring and evaluation system within all implementation sites.

The results contribute to the PEPFAR 2-7-10 goals by assisting to reduce new HIV infections among youth through: facilitating the structured promotion of safe and healthy behavior in HIV-infected and uninfected youth; improving access to services for affected youth and increasing positive youth role-modeling and advocacy.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	132,272	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	366	☐

Target Populations:

Community leaders
Program managers
Teachers
Children and youth (non-OVC)
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

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Western Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Ubuntu Education Fund
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8261
Planned Funds:	$ 85,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of the five carried out by Ubuntu Education Fund. The other activities include Condoms and Other Prevention (#8266), CT (8265), Basic Health Care and Support (#8263) and support to OVC (#8272).

SUMMARY:

Ubuntu Education Fund's (Ubuntu) health educators provide life skills education to vulnerable children and adolescents in the townships of Port Elizabeth a city in the province of Eastern Cape, South Africa. Ubuntu's life skills classes focus on the development of knowledge, attitudes, values and skills needed to make and act on the most appropriate and positive health-related decisions. The major emphasis areas for this activity is community mobilization/participation, with minor emphasis on information, education and communication and development of network/linkages/referrals Specific target populations include primary and secondary school students, and orphans and vulnerable children.

BACKGROUND:

For the past six years, Ubuntu has provided life skills classes in over 20 primary and high schools in the Ibhayi townships of Port Elizabeth. The vast majority of the children in these schools are from high-poverty areas including informal settlements. There are high rates of sexual abuse and rape in the target area. Ubuntu has established partners with the Department of Education and operates under Memoranda of Agreement with each school partner. Ubuntu works in close coordination with the Life Orientation Coordinator at each school and the Curriculum Development Specialist at the Nelson Mandela Bay Metropolitan Municipality's Department of Education to ensure that the life skills curriculum meets the learning and assessment objectives of the national curriculum for life orientation.

ACTIVITIES:

Health educators will provide life skills education classes in primary and secondary schools reaching 8,000 children in high-poverty, high-density township communities in Port Elizabeth. Learners in grades 4-10 receive a lesson from a comprehensive life skills curriculum once every 5 to 10 days (depending on school size). Topics to be covered include the rights of the child, sexual abuse and rape, gender roles, HIV and sexually transmitted infection (STI) prevention and living with HIV and AIDS. Discussions and role-playing promote crucial skill development, such as decision-making, withstanding peer pressure, interpersonal communication, value clarification, negotiation, goal-setting, self-assertion and accessing health services. Lessons focus on the development of positive attitudes related to gender equity and relationships, delaying sexual onset, delaying pregnancy, and challenging myths about HIV and AIDS. Older youth are engaged in discussions on correct and consistent condom usage, the risks of concurrent sexual partners, the risks of transactional sexual relationships, the role of substance abuse in exposure to HIV, the need to treat STIs, and the importance of knowing one's personal and partner's HIV status as an essential part of committed relationships. Ubuntu will integrate a 'Men as Partners' approach in the life skills curriculum to engage children and youth at an early age in establishing norms that reject gender-based violence.

The life skills program is integrated with onsite psychosocial counseling as well as referral to services in HIV care, including access to voluntary counseling and testing (VCT), risk reduction counseling, access to treatment, support groups for teenage mothers affected by HIV and AIDS and survivors of sexual abuse. Thus Ubuntu has established strong partnerships with organizations such as Childline, the Rape Crisis Centre at Dora Nginza Hospital and the South African Police Child Protection Units.

These results contribute to 2-7-10 goals by promoting knowledge and skills to prevent HIV infection in youth populations that may have an increased risk of HIV exposure.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	8,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Orphans and vulnerable children

Primary school students

Secondary school students

Key Legislative Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Coverage Areas

Eastern Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Training Institute for Primary Health Care
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8267
Planned Funds:	$ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Prevention initiatives are linked to the provision of Basic Health Care and Support (#8268) and OVC (#8269) activities.

SUMMARY:

The Training Institute for Primary Health Care (TIPHC) implements HIV and AIDS prevention activities in support of the South African Government (SAG) efforts of preventing HIV infection. Main program components are provision of information to underserved populations in townships, informal settlements, rural areas and mineworkers. The program emphasis area is training through workshops and will be complemented by community mobilization and participation, and capacity of local organization to enhance initiatives that promote HIV and AIDS prevention and behavior change. The main target groups are in-school youth, out-of-school young people, adult men and women, mineworkers, and local community leadership like school teachers, church pastors, traditional healers and ward councilors. PEPFAR funding will be used for abstinence messages for youth and young people and for AB messages targeting sexually-active populations.

BACKGROUND:

TIPHC is a South African registered non-profit organization which has been in operation since April 1994. It has a long history of implementing HIV and AIDS information, education, home care and support programs in Emalahleni Municipality, a local authority of Mpumalanga. TIPHC is a key partner to the national and provincial government's HIV and AIDS ABC initiative which is a component of the South African AIDS Prevention, Management and Treatment framework. The TIPHC program was initiated as the Witbank AIDS Education and Support Program (WAESP) with initial funding support from the Family Health International South Africa AIDSCAP program.

To date, TIPHC has conducted numerous training workshops, supplied thousands of information materials to communities and cared for, and supported, hundreds of HIV-infected and affected persons. It has since grown and gained the confidence of both the provincial and national Departments of Health who have funded the bulk of its prevention and care activities. Through its PEPFAR partnership, TIPHC intends to intensify and expand its community outreach with HIV and AIDS prevention messages to target populations in underserved informal communities and rural areas. TIPHC will implement the program in partnership with two sub-partners and align its strategies with the SAG policy of promoting equitable access to HIV and AIDS health services particularly for vulnerable groups such as women and youth and community education to eradicate stigma and discrimination.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training on HIV and AIDS

Training for provision of information and education is the cornerstone of the program to be funded by PEPFAR. The training involves conducting HIV education information and life skills workshops for students and teachers in twelve schools, the local technical college, youth clubs and church groups, members of the community-based organization (CBO) forum, mineworkers, and local communities. TIPHC will work in collaboration with the leadership of the various institutions i.e. school principals, teachers, church ministers, mine managers, union leaders, ward councilors and community development workers (CDWs) in mobilizing the various community groups to attend workshops. All workshops will be held within the local communities at schools, community halls, churches and mining companies' training rooms. The main aim is to influence behavior change and promote faithfulness among sexual partners and abstinence and delay of first encounter of sexual intercourse. Messages will be age specific according to the PEPFAR guidance on ABC. The workshops will also create a platform where gender based issues will be addressed like the norms of women's and men's behaviors and inequalities between men and women that increase the vulnerability to and impact of HIV and AIDS. Increasing gender equity in HIV

and AIDS programs, male norms and behaviors, reducing violence and coercion and reducing stigma and discrimination will be the main focus areas. The program will focus on enhancing life skills and values such as respect, integrity, responsibility, fairness, and decision making. Activities will be reviewed and adapted according to lessons learned from other workshops. Pre- and post-evaluations of workshops will be carried out to assess the knowledge of participants.

As part of the sustainability plan, TIPHC will train trainers from among the target groups such as teachers, traditional healers, youth peer educators and union leaders who will be entrusted with the responsibility of continuing with HIV and AIDS training for different target groups. The trainers will be identified and selected during training workshops and those with leadership qualities and skills in using participatory approaches will be considered for training of trainers. These target groups have been chosen because they command respect and have substantial influence in the community, thus have the ability to reach large audiences easily.

ACTIVITY 2: Community Mobilization and Participation

Mass mobilization of local communities and vulnerable populations to participate in HIV and AIDS awareness and information activities will be another strategy for reaching target groups and other populations with HIV and AIDS prevention messages. The activity will involve organizing HIV and AIDS information and education campaigns in the communities during the SAG calendar of events i.e. Youth Day, Human Rights Day, the Sixteen days of Activism and World AIDS Day. TIPHC will assume the coordination role of communicating and mobilizing schools, CBOs, faith-based organizations (FBOs), HIV-infected groups and performers like drama, choirs, dancers and musical bands to participate at the events. As a lead organizer and coordinator, TIPHC will be able to collate data of those reached through these events. In addition, TIPHC caregivers will conduct door-to-door campaigns talking to families about HIV and AIDS and distributing leaflets. TIPHC will produce leaflets about the PEPFAR program and distribute them together with the HIV and AIDS information materials from the national and provincial Departments of Health. Other activities that will increase community awareness and information on HIV and AIDS will include monthly community radio topical discussions by two people living with HIV who are supported with PEPFAR funding, distribution of posters and TIPHC PEPFAR news articles in the local papers. Although these activities do not have easily verifiable as targets, they contribute towards community understanding and education about HIV and AIDS abstinence and behavior change massages.

This activity will contribute to the PEPFAR goal of averting 7 million infections.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	3,800	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,020	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	220	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Teachers
Secondary school students
University students
Migrants/migrant workers
Out-of-school youth
Religious leaders
Traditional healers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Mpumalanga

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	LifeLine North West - Rustenburg Centre
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8271
Planned Funds:	$ 108,500.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Abstinence and Being Faithful activities are linked to the Condoms and Other Prevention (#8252) program area and to CT (#8255).

SUMMARY:

LifeLine's two major components of the Abstinence and Being Faithful (AB) program area include community outreach and mobilization around the designated hot spots and throughout Bojanala District in the North West (NW) province and HIV prevention activities at the areas populated with individuals with high risk behaviors (hot spot) and the LifeLine centre in Rustenburg, also in the North West province.

The major emphasis area is information, education, and communication conducted with target populations and the minor emphasis areas are local organization capacity development, community mobilization/participation and training.

Target populations include boys and girls, particularly with respect to abstinence-based activities, and men and women, especially of reproductive age. In a generalized epidemic such as the one in South Africa, the project targets the general population, though ongoing effort to reach high-risk populations to be emphasized.

BACKGROUND:

Lifeline is affiliated with LifeLine Southern Africa (which covers the Southern African countries) and in turn is affiliated with LifeLine International. Annual affiliation is based on performance and adherence to standards. Lifeline Rustenburg has a close working relationship with the National Office - they are informed with regard to all projects and services run by LifeLine Rustenburg. Biannual consultative meetings are held and quarterly reports submitted.

LifeLine Rustenburg has been operational since May 1991 and serves an area of approximately 200 kilometer radius. Main activities are: personal empowerment and life skills training, especially among youth in the district; drop-in counseling service during office hours as well as private interview counseling by appointment; HIV and AIDS counseling services in health facilities and local communities; provision of training for specialized HIV and AIDS counselors among health workers in several surrounding communities, health facilities, hospitals and mobile units; establishing a partnership with the provincial Department of Health through which Lifeline Rustenburg trains, supplies, and supervises 200 counselors at 147 health clinics throughout the Bojanala District; crisis team services on a 24-hour basis providing 24-hour call number available throughout the country; assistance with the establishment of LifeLine centers in Mafikeng in North West and in Botswana; provision of training to home-based caregivers in counseling skills and personal development for many organizations; and capacity building of other NGO/CBO's by providing training on HIV and AIDS counseling, care and support. This project also has the support of two U.S. volunteers (key legislative issue) based in the North West Lifeline office.

The AB activity is new but harnesses the activities and work of other ongoing projects, namely, the Community Counselor Project, especially with respect to community mobilization and outreach.

The South African Government (SAG), specifically the Bojanala District Department of Health in the North West, identifies the priority areas for program implementation in collaboration with LifeLine and supports and contributes to a sustained and broad-based community mobilization and outreach effort through public health facilities, schools, other government outlets, and media.

Informal partners in these activities include local businesses, Radio Mafisa, local taxi associations, mining corporations and others, who provide support for our community mobilization and outreach effort.

The AB messages and HIV prevention activities address gender issues and gender dynamics directly, encouraging target populations to examine gender roles in society. Many prevention modules require that male and female participants to be separated to encourage discussion of sensitive issues and LifeLine will continue with this approach. The program activities also emphasize, within the context of Abstinence and Being Faithful, AB changing male norms and behaviors and altering the norm of violence against women in society.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Mobilization and Outreach

LifeLine will work with the community at Bojanala District in North West to transform male norms and behaviors in order to reduce violence and sexual coercion which is rife in the community, and a major driver of the HIV epidemic. The community mobilization and outreach effort seeks to ensure the general public receives the necessary information targeted towards behavior change. Mobile units will be used to reach high numbers of the community. During the mobile visits in the area, communities will be engaged in activities with AB messages. Activities will also be held at the LifeLine office for the communities living closer to the LifeLine Center. Internationally recognized and researched appropriate messages will focus mostly on abstinence or delayed sexual debut, for younger audience. This will also include encouraging youth that is already sexually active to consider secondary abstinence. These activities strive to influence behavior change in the form of increased abstinence and delayed sexual debut, commitment to one partner at one time, and general social norm transformation.

Messages for the older youth and adult population will focus mostly on reduction of sexual partners and will encourage non-concurrent sexual relationships. The HIV prevention activities, conducted in the area surrounding the hot spots and LifeLine centre will be conducted by LifeLine community outreach volunteers, at least half of whom are People Living with HIV or AIDS (PLHIV) and men. Workshops of between one and five days will be conducted. These will utilize a variety of techniques and a participatory methodology.

Six stipend-earning community outreach volunteers, with the help of the Project Manager, will conduct the awareness campaigns and workshops. Funds are used for stipends and salaries, training, workshops, and research for material and program development, community outreach efforts such as pamphlets and radio time, and the administration of the mobile unit.

Sustainability occurs in the form of persistently pursuing ongoing funding for the project, from PEPFAR and the SAG. Equipment purchased for the project will not need to be replaced for many years to come.

Human capacity development, in the form of training, is ongoing throughout the project for the community outreach volunteers in order to ensure their motivation and proficiency in carrying out the activities. Peace Corps volunteers also help with development, planning, training and implementation of the activities.

Results for this activity will contribute to PEPFAR's objectives of averting 7 million HIV infections.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	400	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,600	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	4	☐

Target Populations:

Adults

Girls

Boys

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Volunteers

Stigma and discrimination

Coverage Areas

North-West

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CR transfer GHAI to GAP
Prime Partner: Association of Schools of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12042
Planned Funds: $ 0.00
Activity Narrative: See activity 7295

Table 3.3.02: Activities by Funding Mechanism

Mechanism: SANBS country buy-in
Prime Partner: South Africa National Blood Service
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12252
Planned Funds: $ 250,000.00
Activity Narrative: Plus-Up funds will be supplementing SANBS's activities listed under Activity ID 7394. SANBS is expanding its donor base by establishing in 2007 four new donor clinics in geographical areas previously not serviced by the organisation. The recruitment and educational programmes aimed at new donors will focus on safe lifestyle and AB messages. The donors who commit to a safe lifestyle and become regular blood donors will be screened for TTI markers. The test results will be conveyed to them in a programme that aims to reinforce the message of safe lifestyle, the role of AB in avoiding infections with sexually transmitted disease, and the benefit to society of becoming a blood donor. This message will be conveyed by one-on-one interviews with skilled and trained nursing sisters qualified as counselors. Again the message to the new donor will be emphasising the importance of AB and safe lifestyle. Four nurses, one for each of the pilot clinics, will act as donor counselors. In addition information/education packs with suitable materials on AB and prevention messages will be developed to support the interview process, This will be part of the ongoing education and recruitment drives to donors. Through this close interaction with the new donors, SANBS aims to heighten in its donors awareness of the benefits of a safe lifestyle and AB adherence; and in doing so, getting them to spread these messages to their family, friends and peers, thereby making them ambassadors of the program.
This programme, which will be piloted at the four new clinics, will later be institutionalized in all the clinics across SANBS (and WPBTS).

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Adults
Children and youth (non-OVC)
Other Health Care Workers

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CDC Umbrella Grant
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12253
Planned Funds: $ 100,000.00

Activity Narrative: SUMMARY

CARE is an umbrella organization for CDC in South Africa. CARE will support the Muslim AIDS Program (MAP) for these activities. MAP is a faith-based organization working primarily with youth populations to promote healthy norms and behaviour amongst individuals within communities and to promote the preservation of productive and contented families. The AB programs will target youth between 10 and 21 years. Our target areas are primary schools, secondary schools, universities, out of school youth and vernacular classes) in the four provinces viz. Western Cape, Kwa Zulu Natal, Gauteng and Mpumalanga. MAP will recruit and train young adults to work in the programs as peer group trainers and facilitators. The emphasis area for this program will be information, education and communication with a view to community mobilization and training. It would target the in and out of school youth, orphans and vulnerable children, disabled population community and religious leaders and other faith and community-based organizations. The target audience for this project is youth attending schools. The project will target both girls and boys up to the age of 21. The project will be implemented in close collaboration with the Department of Health in each of the four target provinces.

BACKGROUND

MAP lifeskills program is an initiative of the Islamic Careline, Jamiatul-Ulama and the Islamic Medical Association. One of our key objectives is to aid the development of our children and youth in becoming responsible members of our community. As such we have developed a series of lifeskills programs and continue to provide training for the facilitation of such programs. MAP has been receiving National Department of Health funding since 2001, this has been supplemented by PEPFAR through the CDC Cooperative agreement since 2005. In FY2007, PEPFAR will continue to support MAP, however the funding mechanism will change, and MAP will become a sub-partner of CARE.

ACTIVITIES AND EXPECTED RESULTS

Activity 1 (AB training)
MAP's AB activities are aimed at promoting behavior change. This will be achieved through workshops aimed at empowering youth. MAP will also target women's organizations and educational institutions (secular and religious) with counseling, training and AB lifeskills programs. The abstinence based messages are designed to assist youth out of school aged 18 to 21 and encourage them to delay sexual debut until marriage. For youth in this age group who may already be marriage the messaging is focused on being faithful within a marriage.
In order to empower and train youth, MAP had developed a methodology that targets women/mothers. MAP understands that women/mother need to be the target of interventions dealing with youth as in most cases, within the communities in which MAP works, it is the mothers who are responsible for being the primary caregivers of youth. By training mothers, these mothers will be better equipped to deal with their children's sexuality issues and the mothers' can play a role in empowering their children around the issues of abstinence. In order to ensure that all the above training is carried out appropriately, MAP will facilitate AIDS Educator training workshops. Once these facilitators begin implementing workshops, MAP will monitor the quality of the workshops.

Activity 2 (Lifeskills Training and Peer Education in Schools)

MAP will train young university students and youth that are unemployed.
The "Free Teens" program is abstinence based and encourages young people to make informed choices about their future through interactive discussion on pertinent topics. The program covers HIV and AIDS, STI's and as well as a teenage pregnancy prevention program.

Our facilitators are well trained in the program as well as working with young people. There is no doubt that learners will benefit a great deal from their expertise and from the essential topics covered in the program.

The "No Apologies" program will be implemented with youth from grade 7-12, and youth out of school. The program is a character based, abstinence until marriage program.

Topics covered include: Healthy Relationships, Media Literacy, Pre-Marital sex has consequences, Why abstinence works, Drugs and Alcohol as it relates to abstinence.

The program is further enhanced with the Ladies Lifeskills/Parenting skills which promotes constructive communication between the youth and caregiver (parents)

The Rutanang Peer Education concept will be implemented within the existing program, as our facilitators have already been trained as master trainers.

Activity 3: (Creative Education)

MAP incorporates entertainment in the form of role plays, drama, dancing and singing to reinforce the AB message. In the OVC program, lifeskills is modified to suit the needs of these learners. In some cases the program is translated for easy understanding by learners.

The use of holiday camps is rapidly becoming a means of intervention whereby parent-child interaction is enhanced and promoted.

Activity 4 (Capacity Building)

Interns and volunteers are recruited to facilitate the implementation of the above mentioned programs. Scope for further empowerment and enhancement with the program is realized continuously. The volunteers are capacitated with training and opportunities to improve skills.

MAP also provides technical assistance is provided to 4 CBOs for capacity building, which includes program management, training and mentoring.

MAP's contribution to the program will assist in the reduction of high-risk behaviour amongst the youth and the most vulnerable. The organization is also confident that it will contribute and support the prevention goals as outlined in the USG Five Year Strategy for South Africa to avert 7 millions new infections.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	☐

Target Populations:

Community leaders
Volunteers
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

Western Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Management 1
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12255
Planned Funds: $ 250,000.00
Activity Narrative: Plus up funds will be used to recruit a Prevention Advisor with expertise in AB and OP program areas. HVOP also includes funding for this advisor. This new activity is required to strengthen the prevention portfolio. The incumbent will expand and strengthen AB activities, integrate gender, improve nuanced, targeted communication and expand prevention efforts aimed at the general population and at youth. The Advisor will ensure the development and dissemination of rigorously-informed messaging in the PEPFAR/South Africa program. The Advisor will also ensure that prevention activities conform with the USG guidance, SAG policies and the National Strategic Plan.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Target Populations:

Children and youth (non-OVC)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12256
Planned Funds: $ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This Abstinence and Be Faithful (AB) activity is linked to the entries for new umbrella grants management mechanisms under Basic Health Care and Support (#9436), OVC (#9438), ARV Drugs (#9439) and ARV Services (#9441).

SUMMARY:

Currently, USAID/South Africa (USAID) supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including abstinence and fidelity focused prevention programs, through an umbrella grants management partner. In FY 2007, USAID will competitively identify at least two new umbrella grants management partners. The main purposes of these new umbrella organizations will be to: (1) to facilitate further scale-up of HIV and AIDS prevention services through local and international implementing partners in the short term; and (2) to develop indigenous capability thus creating a more sustainable program. The major emphasis area is local organization capacity development. Primary target populations are indigenous organizations, including governmental and non-governmental organizations (NGOs), faith-based organizations (FBOs) and community-based organizations (CBOs). FHI was selected through APS 647-07-001 to conduct umbrella grants management. This Activity is split with two organizations: Pact and FHI.

BACKGROUND:

USAID/South Africa's Health and HIV and AIDS strategy responds to the overwhelming challenges posed by the HIV and AIDS epidemic on individuals, families, communities and society in South Africa. Since 2004, USAID have obligated funds through an Umbrella Grant to over 30 partners and sub-partners in South Africa. These partners and sub-partners consist of indigenous NGOs, FBOs, and CBOs and all play valuable roles in the fight against HIV and AIDS. These partners and sub-partners were selected through the Inter-Agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition.

The umbrella organizations will not directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, who in turn, will carry out the assistance programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds are used for administrative purposes. In addition, in situations where an umbrella organization provides significant technical assistance and management support to grant recipients, the umbrella organization may devote a reasonable percentage of overall funding to providing this support. USAID has recently been allocated 11 new partners to manage for PEPFAR and this further necessitates the need for an umbrella grant mechanism.

USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG Departments, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, the National Departments of Health and Social Development, and representatives from the provincial departments.

Under the existing umbrella grant mechanism, USAID is supporting approximately five indigenous and international FBOs providing abstinence and be faithful-focused prevention services to communities in all provinces. Prevention activities have to date resulted in partners and sub-partners reaching over 200,000 people with AB focused messages. Grants to prevention partners support the delivery of AB programs in a variety of settings including schools, churches, and outreach to communities. Services are delivered in accordance with the PEPFAR ABC guidance. Approaches include capacitating community volunteers to conduct age-appropriate youth activities, working with religious leaders to reach congregations with value-based prevention for men and women, conducting participatory personal risk assessments and promoting VCT and use of other HIV services.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007, USAID will recompete the existing umbrella grant and identify at least two new grants management partners. USAID will continue to support AB prevention activities through these new umbrella grants management partners. Funds budgeted under this narrative will support costs for administering and managing these AB prevention partners. Separate COP entries describe the prevention activities implemented by each partner. Institutional capacity building of indigenous organizations is a key strategy for achieving prevention, care, and treatment goals of PEPFAR to ensure long-term sustainability of programs.

ACTIVITY 1: Grant Management

The umbrella mechanisms will award and administer grants to partners selected through the PEPFAR APS competitive process to implement HIV and AIDS AB prevention activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will monitor prevention program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting. All these functions provide key support to organizations so they better implement AB activities.

ACTIVITY 2: Capacity Building

The new umbrella mechanisms will support institutional capacity building of indigenous organizations, a key strategy for PEPFAR prevention goal, thus promoting more sustainable programs and organizations. (Capacity building activities are defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on external technical assistance and support.) The umbrella partners will support activities to improve the financial management, program management, quality assurance, strategic information and reporting, and leadership and coordination of partner organizations implementing prevention activities. All these functions provide key support to organizations so they better implement AB activities.

ACTIVITY 3: Monitoring and Evaluation (and Reporting)

The umbrella mechanisms will provide support to prevention partners in monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities, an eventual achievement of PEPFAR goals. Monitoring and evaluation (M&E) support of prevention partners include: measurement of program progress; provision of feedback for accountability and quality; surveillance; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation. All these functions provide key support to organizations so they better implement AB activities.

The umbrella grant mechanisms will contribute to the PEPFAR goals to provide treatment to 2 million HIV-infected people; prevent 7 million HIV infections; and provide care to 10 million people infected by HIV and AIDS, including orphans and vulnerable children.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Target Populations:

Community-based organizations
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
USG headquarters staff

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: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12257
Planned Funds: $ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This Abstinence and Be Faithful (AB) activity is linked to the entries for new umbrella grants management mechanisms under Basic Health Care and Support (#9436), OVC (#9438), ARV Drugs (#9439) and ARV Services (#9441).

SUMMARY:

Currently, USAID/South Africa (USAID) supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including abstinence and fidelity focused prevention programs, through an umbrella grants management partner. In FY 2007, USAID will competitively identify at least two new umbrella grants management partners. The main purposes of these new umbrella organizations will be to: (1) to facilitate further scale-up of HIV and AIDS prevention services through local and international implementing partners in the short term; and (2) to develop indigenous capability thus creating a more sustainable program. The major emphasis area is local organization capacity development. Primary target populations are indigenous organizations, including governmental and non-governmental organizations (NGOs), faith-based organizations (FBOs) and community-based organizations (CBOs). Pact was selected through APS 674-07-001 to conduct umbrella grant management. This Activity is split with two organizations: Pact and FHI.

BACKGROUND:

USAID/South Africa's Health and HIV and AIDS strategy responds to the overwhelming challenges posed by the HIV and AIDS epidemic on individuals, families, communities and society in South Africa. Since 2004, USAID have obligated funds through an Umbrella Grant to over 30 partners and sub-partners in South Africa. These partners and sub-partners consist of indigenous NGOs, FBOs, and CBOs and all play valuable roles in the fight against HIV and AIDS. These partners and sub-partners were selected through the Inter-Agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition.

The umbrella organizations will not directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, who in turn, will carry out the assistance programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds are used for administrative purposes. In addition, in situations where an umbrella organization provides significant technical assistance and management support to grant recipients, the umbrella organization may devote a reasonable percentage of overall funding to providing this support. USAID has recently been allocated 11 new partners to manage for PEPFAR and this further necessitates the need for an umbrella grant mechanism.

USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG Departments, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, the National Departments of Health and Social Development, and representatives from the provincial departments.

Under the existing umbrella grant mechanism, USAID is supporting approximately five indigenous and international FBOs providing abstinence and be faithful-focused prevention services to communities in all provinces. Prevention activities have to date resulted in partners and sub-partners reaching over 200,000 people with AB focused messages. Grants to prevention partners support the delivery of AB programs in a variety of settings including schools, churches, and outreach to communities. Services are delivered in accordance with the PEPFAR ABC guidance. Approaches include capacitating community volunteers to conduct age-appropriate youth activities, working with religious leaders to reach congregations with value-based prevention for men and women, conducting participatory personal risk assessments and promoting VCT and use of other HIV services.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007, USAID will recompete the existing umbrella grant and identify at least two new grants management partners. USAID will continue to support AB prevention activities through these new umbrella grants management partners. Funds budgeted under this narrative will support costs for administering and managing these AB prevention partners. Separate COP entries describe the prevention activities implemented by each partner. Institutional capacity building of indigenous organizations is a key strategy for achieving prevention, care, and treatment goals of PEPFAR to ensure long-term sustainability of programs.

ACTIVITY 1: Grant Management

The umbrella mechanisms will award and administer grants to partners selected through the PEPFAR APS competitive process to implement HIV and AIDS AB prevention activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will monitor prevention program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting. All these functions provide key support to organizations so they better implement AB activities.

ACTIVITY 2: Capacity Building

The new umbrella mechanisms will support institutional capacity building of indigenous organizations, a key strategy for PEPFAR prevention goal, thus promoting more sustainable programs and organizations. (Capacity building activities are defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on external technical assistance and support.) The umbrella partners will support activities to improve the financial management, program management, quality assurance, strategic information and reporting, and leadership and coordination of partner organizations implementing prevention activities. All these functions provide key support to organizations so they better implement AB activities.

ACTIVITY 3: Monitoring and Evaluation (and Reporting)

The umbrella mechanisms will provide support to prevention partners in monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities, an eventual achievement of PEPFAR goals. Monitoring and evaluation (M&E) support of prevention partners include: measurement of program progress; provision of feedback for accountability and quality; surveillance; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation. All these functions provide key support to organizations so they better implement AB activities.

The umbrella grant mechanisms will contribute to the PEPFAR goals to provide treatment to 2 million HIV-infected people; prevent 7 million HIV infections; and provide care to 10 million people infected by HIV and AIDS, including orphans and vulnerable children.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Target Populations:

Community-based organizations
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
USG headquarters staff

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:	Pop Council SA
Prime Partner:	Population Council
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	15761
Planned Funds:	$ 800,000.00

Activity Narrative: Activity 7614

Activity 7614 is linked to Population Council's other activities in PMTCT (#7613), Other Prevention (#7611), Counseling and Testing (#7612), and ARV Services (#7861). Activity number three is linked to work done by EngenderHealth (#7566) and Hope worldwide (#7607) on male interventions.

SUMMARY:
Prevention efforts are key to reducing sexual transmission of HIV. In South Africa, the Population Council (PC) has implemented several prevention programs targeting young people, learners, as well as men and couples to delay sexual debut, promote faithfulness and mutual monogamy, and to reduce risk behaviors. With PEPFAR FY 2007 funds, PC intends to strengthen and expand these activities. The proposed activities are in response to requests from various government departments (provincial and national), and will draw upon exiting partnerships with South African institutions and organizations such as the Departments of Health and Education and the South African Council of Churches.

BACKGROUND:
Over the past few years, the PC has developed an expertise in developing strategies and interventions focused on men more actively in preventing HIV transmission. The first activity has been to work with the Department of Education, South African Council of Churches and local FBOs piloting interventions on AB in primary schools and mutual monogamy in churches in Mpumalanga Province and the Eastern Cape Province, respectively. These community interventions have reached couples, church members, youths, teachers, learners, parents/guardians and other stakeholders. However, reaching an adequate number of men through churches is a major challenge because fewer men than women participate in church activities. This year's activities will continue to increase male involvement through specific strategies such as strengthening couples interventions, addressing gender-based violence and educating learners. In addition, the PC will address these same issues at a macro level. Women's low power and high male control in intimate relationships is generally associated with increased HIV risk behaviors and HIV infection. Building on past work with EngenderHealth and Hope worldwide targeting men to reduce GBV, risky HIV behaviors and increase involvement in PMTCT, the PC will use FY 2007 funds to facilitate the development and integration of a broad-based national strategy on male involvement in RH and HIV focusing on: referrals and linkages, policies and guidelines, quality assurance and supportive supervision. Interventions will target program managers, program implementers, NGOs, NDOH and other stakeholders.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Integrating AB into Life Skills Program
Teachers will be trained and ongoing support will be provided to deliver a strengthened and balanced ABC program in primary schools in the province of Mpumalanga. An AB module developed and piloted under Phase 1 and Phase 2 (FY 2005/2006) will be used to strengthen the AB message and intervention into the current life skills curriculum. In addition to working with teachers and learners, peer educators, community leaders and parents/guardians will be involved to promote and reinforce supportive norms and practices to enhance AB behaviors among learners aged 10-14. In this final phase, the program will be expanded from the pilot schools to additional schools in communities comprising different socio-economic backgrounds. Engaging parents/guardians and community leaders to create a supportive environment for young learners to adopt AB related behaviors and facilitate positive community norms promoting gender equity and the rights of girls will be a key component to sustainability.

ACTIVITY 2: Strengthening FBO Prevention Activities
This activity will constitute the final phase of a program targeting youth, couples and adults as part of a faith-based HIV and AIDS initiative. Working with existing partners - the National and Provincial Council of Churches, local faith-based organizations (FBOs) and church bodies, PC will utilize a piloted curriculum on mutual monogamy and AB to reach couples, adults and youths respectively. Church and FBO leaders will be trained to deliver AB, mutual monogamy and risk reduction messages, as well as to counsel and provide referrals for needed services. A key intervention will be to promote men's involvement to take responsibility for HIV prevention and to address gender-based violence within these

communities. The proposed program will be expanded to several churches in the current areas - Alice and Butterworth in the Eastern Cape, and replicated in churches in several communities in Soweto, Gauteng.

ACTIVITY 3: Technical Assistance to Develop Male Involvement Strategy
Recognizing the lack of male involvement in HIV prevention, as well as care and support activities, the National Department of Health through its Women's Health and Genetics Unit, has requested PC to provide technical assistance (TA) to systematically develop a strategy to address male involvement in HIV and AIDS issues. In response to this request, PC intends to use FY 2007 funds to provide TA to create a multi-sectoral task team to identify priority areas for actions toward the development of a national male involvement strategy. PC will facilitate the process by coordinating the involvement of different sectors and sharing programmatic lessons.

These activities will assist the PEPFAR program to reach the overall goal of preventing 7 million new infections, by addressing key prevention interventions.

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	19,400	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	520	☐

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Education Labour Relations Council
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	19205
Planned Funds:	$ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa. It includes activities in CT, Policy Analysis and Systems Strengthening, and Condoms and Other Prevention.

SUMMARY:

With an estimate of 12.3 million learners in South Africa, served by 386,600 teachers and more than 26,000 schools managing a response to HIV and AIDS across the education sector requires a comprehensive and substantial effort. Efforts must include a focus on both learners and educators if the impact of HIV is to be mitigated; and it must be recognized that any efforts focused on learners via the education sector cannot succeed without educators also being addressed. The Education Labour Relations Council (ELRC) will implement a comprehensive HIV and AIDS workplace program for the education sector of South Africa.

BACKGROUND:

ELRC is a statutory council which serves the South African education sector nationwide and is comprised of the public sector, the national and provincial departments of education, the private sector and teacher unions representing all primary and secondary public school educators. The ELRC works as an interface between the Department of Education (DOE) and labor organizations for labor peace and a vision of contributing towards the transformation and development of a quality South African public education system. A 2005 Health of Our Educators Report found that 50% of all teacher attrition is linked to complications of HIV and AIDS, resulting in 4000 teachers being lost each year due to AIDS. The general prevalence rate among educators was found to closely parallel that of the national population with an estimate of 12.7% of all DOE employed educators living with HIV. Based on the findings of this report and with FY 2007 PEPFAR funding ELRC will implement a project in 3 South African provinces to educators living with and affected by HIV and AIDS. The target group for this project is teachers, including those living with HIV or those who have family members living with HIV. This is a workplace intervention with minor emphasis areas in information, education and communication, community mobilization, and the development of linkages and networks. A particular focus of this project is the greater involvement of people with AIDS. ELRC will work with HIV positive teachers to ensure they can serve as role models to fellow teachers and to learners.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Development of Workplace Prevention Education

PEPFAR funds will be used to support the development of a comprehensive education sector prevention program targeting teachers and education sector union members. Funds will also be used to support workplace prevention education programs targeting the health and education sector. With funding from PEPFAR, these workplace programs will conduct training sessions for employers, senior management, senior union leadership and employees on the basic facts of HIV transmission, prevention, and impact of HIV and AIDS on the industry. Peer educators for unions in the education sector will receive ongoing training on prevention (especially abstinence and being faithful), PMTCT, stigma and discrimination, counseling and testing, palliative care, and access to treatment. The goal of the peer education is to increase workers' knowledge about HIV and AIDS prevention, care and treatment with the purpose of changing their attitudes and practices and modifying behavior to prevent HIV infections and reduce violence and coercion (key legislative issue).

Activity 2: Training of peer educators for teachers unions

Working in three provinces, peer educators from three teachers' unions will be identified and trained a peer educators. Training will focus on prevention, particularly AB messages. A structure will be set up to support the peer educators and ensure quality assurance for

the one-on-one interactions and community mobilization activities that they will be expected to participate in.

Activity 2: Community Mobilization

The newly trained peer educators will reach teachers in their unions with AB prevention messages. The focus of the AB messaging for teachers already involved in relationships will be the B component. The peer educators will distribute IEC materials, organize mobilization events, campaign messages and conduct one-on-one interactions with teachers and/or their families.

This activity will directly contribute to PEPFAR's goal of preventing 7 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**
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Workplace Programs	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	60,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	☐

Target Populations:

People living with HIV/AIDS

Teachers

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: South African Business Coalition on HIV and AIDS
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 19206
Planned Funds: $ 250,306.00

Activity Narrative: SUMMARY:
This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa. It includes activities in CT, ARV Drugs, ARV Services, Policy Analysis and Systems Strengthening, and Condoms and Other Prevention.

Background:

PEPFAR funds will be used to support a follow on cooperative agreement for implementation of a peer education prevention program for South African workers and managers in SMEs. This is a replacement activity for public-private partnerships since the cooperative agreement with the American Center for International Labor Solidarity will soon expire. The South African Business Coalition (SABCOHA) will implement these activities through the Vender Chain Management and BizAids sub-partnerships. The major emphasis for this program will be the development of a workplace program, with minor emphasis given to community mobilization and participation; training and linkages with other sectors and initiatives and development of information, education and communication materials. The target population will include adults (men and women of reproductive age), truck drivers, factory workers, the business community and HIV/AIDS affected families. The project will focus on gender by addressing male norms and behaviors, issues associated with violence and coercion and stigma and discrimination (all key US legislative issues).

ACTIVITIES AND EXPECTED RESULTS:
Activity 1: Vendor Chain
Vendor Chain Management will make use of the SABCOHA HIV/AIDS Toolkit methodology which has a component on workplace prevention programs. During the capacity building of companies, there will be training of managers, steering committees and HIV Coordinators on prevention. It will be one of the major components of the program as it will cut across at all levels of the company. The approach used will include the education in terms of workshops, information in terms of materials which will be provided during the various sessions as well as various communication channels include audio-visuals. In addition, an assessment to determine needs and risk profile of company(gender, age, socio-cultural aspects) will be conducted. This will assist in determining how prevention programs can be tailored to meet companies' needs. Companies will also be linked to external service agencies for continuous support after the direct capacity building intervention. A particular focus of the company workshops will be on the be faithful component of the abstinence and be faithful messaging.

Activity 2: Project Promote
Through Project Promote the current private sector partners in the cleaning and hygiene sectors will receive information, educations and communication (IEC) material and program messages to be included in in-house HIV/AIDS company training. This focuses on issues such as the be faithful messages highlighting the significant risk of having concurrent partners as well as issues of stigma and discrimination within the workplace. The contract cleaning industry is almost 60% female and as such gender issues will also be covered in the materials provided to companies for dissemination. Current private sector partners of Project Promote combined employ over 30,000 cleaners. Through internal company trainers and as part of the partners ongoing workplace programs, Project Promote aims that its private partners will reach at least half of these employees over a five year period.

Activity 3: BizAids
The Micro Enterprise sector in South Africa is enormous. Developed by the International Executive Services Corps (IESC) BizAIDS mainstreams HIV and AIDS issues within broader operational and strategic issues for micro enterprises. BizAIDS is a tested strategy in mitigating the economic impact of HIV and AIDS and other unplanned risks on micro-enterprises. In a 15 hour program, at minimal cost to the business owner, they will acquire business management; health (HIV) and legal knowledge in managing their business better. The aim of the SABCOHA response will be to expand on the BizAIDS Project as a core strategic initiative and to include HIV counseling and testing as well as treatment and care to the core projects and through the BizAIDSs project to train 250

people over the next five years. As the BizAIDS progam links with the vendor chain program, the same treatment and care model will be used. While numbers are based on an average of 50 micro-enterprises per year to be serviced each year over five years, it is possible that the treatment and care components can be extended to include spouses and dependents should funds allow. The BizAIDS program will have access to 50 micro-enterprises. On Average these enterprises have approximately five employees each with an additional five family members being influenced by the enterprise itself.

This activity will directly contribute to PEPFAR's goal of preventing 7 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**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	203	☐

Target Populations:

Adults
Business community/private sector
Factory workers
HIV/AIDS-affected families
Truck drivers
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

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: Aurum Health Research
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 19207
Planned Funds: $ 200,000.00

Activity Narrative: SUMMARY: Aurum has been awarded funding to provide prevention services to workers in small and medium sized companies initially in the central business district of Johannesburg. Educators and students at independent colleges located in the central business district will also be targeted by these activities. Services will be provide both within the workplaces as well as at checkpoints (stand alone or portable offices) and mobile units within the business district.

BACKGROUND: Aurum has been a partner providing care and treatment services in both the public and private sectors. This new activity is based on a recent award expanding public-private partnerships.

ACTIVITIES AND EXPECTED RESULTS:

Small and medium sized companies exist in nodes within the central business district. Companies within these nodes will be approached to determine both worker and employer willingness to participate in the training. This funding will be used to develop and deliver messaging targeted at workers and the surrounding communities..

ACTIVITY 1: Development of appropriate educational material

Aurum currently has training modules that address aspects of prevention such as identification of personal risk and development of skills to overcome peer pressure and cultural norms related to sexual behavior. As part of the new project there will be a review of the existing material and other available material and development of a set of modules that would provide ongoing messaging to the targeted workers. The main forum for communicating with the targeted workers will be in the form of small groups and individual counselling. Funding will be used to employ staff to man the checkpoints as well provide education to workers and communities that will assist them to adopt measure and behaviors that will reduce the risk of contracting HIV. Funding will also be used to develop material that will be specific and relevant to the targeted groups both in content and by the use of local languages. Staff will be trained to deliver the educational messages to the targeted groups in an effective manner. Young people that attend private colleges will be specifically encouraged to delay their sexual debut, be empowered to deal with peer pressure and if sexually active will be educated on the avoidance of risk taking and reduce the number of sexual partners.

ACTIVITY 2: Delivery of educational messages to workers and students and surrounding communities

An ongoing activity will be the delivery of targeted messaging to workers of small and medium sized companies, students and educators at independent colleges located in the Johannesburg Central business district and communities surrounding their targeted groups. The messaging will be delivered both in weekly small group sessions as well as through larger monthly community mobilization sessions. As part of the preparation process, a number of focus group sessions will be held with workers and students to determine what their current needs and preferred format for information related to HIV prevention would be. It is anticipated that there would be a range of responses but all groups would respond to and welcome messaging that is relevant to their particular needs. Messaging will specifically targets young men and young women and will encourage abstinence, delayed sexual debut, avoidance of risk taking behavior and reduction in the number of sexual partners. The project will involve interaction with male workers and encourage reduction in number of sexual partners, avoidance of violence in relationships. It is envisioned that through regular contact with the targeted workers, male workers will be able to express in small groups their views and perceptions and also be trained to identify that these behavior patterns could contribute to their increased risk of contracting HIV as well as spreading HIV if they are already positive. All the messaging will be provided in languages understood by the targeted group and the project will involve an ongoing conversation with the targeted communities.

ACTIVITY 3: Training of workers to deliver AB focused messaging.

During the course of the activity period, individuals within the targeted small and medium sized companies will be identified and provided with additional training in order for them to function as peer educators within their workplace and communities. Aurum already have a 5 day training module for peer educators. The existing curriculum will be reviewed to incorporate increased A/B focused messaging. As part of the curriculum review, other published material will be reviewed and incorporated prior to the development of new training material. Topics covered in the existing peer educator training include basic counselling skills, sexuality, HIV transmission, gender as related to the HIV epidemic, prevention methods, counselling for behavioral change, group and individual counselling.

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

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	☐

Target Populations:

Adults
Business community/private sector
Factory workers
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Gauteng

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: South African Democratic Teachers Union
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 19208
Planned Funds: $ 200,000.00

Activity Narrative: SUMMARY:

The South African Democratic Teachers Union (SADTU) project aims to reduce the impact of HIV and AIDS by focusing on preventing transmission of HIV for teachers and caring for orphans and vulnerable children in the workplace. SADTU has existing national and provincial partnerships with the Department of Education and was a member of the team that developed the National Strategic plan with the Department of Health. SADTU has also established relationships with other HIV and AIDS organizations around the country. This will ensure sustainability of program after PEPFAR funding. The target population for these activities are teachers, and primary and secondary school learners.

BACKGROUND:

The HIV pandemic has created workplace environments that are not conductive to quality teaching and learning for both educators and learners alike. The school as a workplace is plagued by high levels of stigma. This often results in educators suffering silently and becoming victims of the pandemic despite high perceptions of knowledge of HIV and AIDS. As a result many educators do not have the courage and support in the workplace to go for voluntary counseling and testing, since knowing your status is not publicly encouraged. Consequently most educators discover they are HIV positive when they start showing symptomatic illnesses that do not respond to medications. By this time their CD4 counts are usually low and they can no longer function optimally at their schools with compromised health. SADTU aims to address this by focusing on HIV prevention and increasing access to care and treatment services.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1a: Training teachers (union leaders) as peer educators

The SADTU workplace program will seek to sustain peer education for teachers. IEC materials focusing on prevention, knowledge of HIV and AIDS, PMTCT and human rights will be used to ensure that the peer educators can implement activities after the initial training. The focus of the prevention messages will be a comprehensive ABC approach with a focus on the be faithful message. SADTU will work, through the trained peer educators to increase community involvement, and increase male involvement and awareness around HIV prevention, PMTCT, the role of male norms and behaviors in HIV transmission through peer education groups. Peer education support groups may consist of mixed gender, female or male participants and are mostly attended by HIV positive people. In addition, through community involvement activities, SADTU will ensure the distribution of IEC materials to educators and communities. In addition, teachers in each of the target schools will be trained as school OVC caregivers. Thirty-six school educators called 'site gender conveners' in SADTU, will be trained on children's rights, stigma reduction, HIV prevention, abstinence and being faithful and care giving to orphans and vulnerable children.

Activity 2: Increase access in local languages to HIV and AIDS prevention knowledge

The SADTU workplace teachers program will target educators and learners through age and gender appropriate group activities and community mobilization to increase knowledge around HIV and AIDS prevention. The program will focus on addressing gender inequalities by reducing violence and coercion, and addressing male norms and behaviors to increase male partner involvement in preventing HIV transmission. In addition community mobilization activities will focus on the reduction of stigma and discrimination by increasing knowledge around HIV and running community activities that focus on stigma reduction.

Activity 3: Implement HIV prevention activities for learners

As part of their OVC program, SADTU will integrate HIV prevention messages building on the existing school life skills program. The focus of these messages will be on AB. These messages will be carried out by both youth peer educators and teachers.

These activities contribute to the PEPFAR 2-7-10 goals and objectives by increasing knowledge of HIV transmission and the prevention of new infections. The union leaders training activities encourage the PEPFAR goal of encouraging bold leadership at every level to fight HIV&AIDS.

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

Target Populations:

Teachers
Primary school students
Secondary school students

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: $ 2,550,000.00

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), a Track 1 partner. 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.

SANBS operates in eight of the nine provinces in South Africa and is responsible for the delivery of transfusion services to 87% of patients in the country. The Western Province Blood Transfusion Service (WPBTS) provides blood to patients in the Western Cape. The National Health Act requires a single national blood transfusion service. In the foreseeable future, the WPBTS will merge with SANBS, creating a sole provider. SANBS, WPBTS and the National Department of Health (NDOH) are discussing the way forward to comply with the provision of the National Health Act. FY 2007 funding to SANBS will be used to support processes in support of this merger.

In 2005, SANBS was confronted with a major challenge to implement a new Blood Safety Risk Management Policy. The previous policy which was based on using race as a major indicator of blood safety was unacceptable to the NDOH. SANBS developed a new blood safety policy, the Donor Status Blood Safety Policy. This policy is based on the knowledge that repeat, regular blood donors are less likely than first-time donors to donate blood in the infectious window period. The model is supported by the introduction of individual donation nucleic acid test (ID-NAT) screening of all donations for HIV, HBV and HCV and an extensive structured donor education, selection and exclusion program. The new risk model was successfully implemented in October 2005. New operational systems, training programs for staff, standard operation procedures, adaptation of the operational IT system, and the inclusion of measurement systems for monitoring and evaluation have been implemented and refined since then. This was a very significant achievement that has been supported by the SANBS PEPFAR program.

The success of the Donor Status Risk Management Model can be judged from the findings for the period October 2005 to March 2006. During this period a total of 277,920 units of blood were procured. Of these donations 56% were from regular, repeat donors who provide very low-risk donations that were used for the manufacture of components. Red cells were issued from donations of repeat donors; these donors provided 29% of the blood supply. The higher risk blood, used primarily for the preparation of fresh frozen plasma, made up the balance. The prevalence of HIV in the donor groups differed significantly: component donations 0.011%; red cell donations 0.057%, and the plasma donations 0.53%. Estimating the number of undetected HIV positive units in the blood supply by a window period incidence model calculated that about three HIV window period donations may have entered the blood supply during this period. This indicates that the Donor Status Risk Management Model is equivalent in terms of blood safety to the race indicator model used in the past. The outcomes of the risk model, however, have to be monitored carefully, will need refinement and must be adjusted appropriately. The impact of the Donor Status Risk Management Model on blood safety, the measurement of outcomes and the optimization of the model will be a major component of the SANBS PEPFAR program.

In the past year, SANBS has spent considerable effort in planning and implementing strategies to expand the donor pool in light of the revised risk model that was put into place. SANBS has coordinated with the NDOH and the Department of Education to provide prevention education to potential young donors that will assist them in protecting themselves from infection and will result in their being "certified" as committed safe regular donors. PEPFAR resources will also be used to develop cultural and language-specific donor recruitment and HIV educational materials.

In FY 2007, PEPFAR resources will continue to strengthen SANBS information technology systems and

training of donor recruiters, HIV counselors, technicians, quality officers, and internal and external health care providers. In the future, SANBS also has plans to link with other PEPFAR partners specifically working in ARV services to be able to improve the referral network for persons who test positive.

The American Association of Blood Banks (AABB), another Track 1 partner, provides technical assistance (TA) to SANBS. SANBS has reported that the TA provided by AABB has been of high quality and AABB has especially played an important role in the development of the new risk model in South Africa. In FY 2007, AABB will focus on establishing an accreditation program for SANBS, improving training activities, strengthening the IT system, and providing TA on policies and guidelines.

The blood safety activities represent an integrated program which contributes to objectives delineated in the USG Five-Year Strategy. PEPFAR 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 carrying out blood safety activities	2,597
Number of individuals trained in blood safety	2,164

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: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 7394
Planned Funds: $ 2,000,000.00

Activity Narrative: SUMMARY:
South African National Blood Service (SANBS) will use PEPFAR funds to carry out activities to ensure an adequate supply of safe blood to patients. This includes expanding the Safe Blood Donor Base by donor education and selection; training of SANBS staff in donor and technical disciplines; logistics management; and developing appropriate information systems. The major areas of activity are donor and blood user education, emphasizing clear communication and understanding of causes and risks of HIV transmission by blood, and strengthening the technical and information systems infrastructure. The primary target population is the potential blood donors of South Africa.

BACKGROUND:
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 in the country. The Western Province Blood Transfusion Service (WPBTS) provides blood to patients in the Western Cape. The National Health Act requires a single national blood transfusion service. In the foreseeable future, the WPBTS will merge with SANBS, creating a sole provider. SANBS, WCBTS and the National Department of Health are discussing the way forward to comply with the provision of the National Health Act. FY 2007 funding to SANBS will be used to support processes in support of this merger.

The blood safety program is in accordance with the National Health Act and supports South African government regulations and standards. The donor education program is in harmony with the national HIV and AIDS strategy and plan, and the school program agrees with the objectives of the Department of Education. Most programs are ongoing but some pilot programs are now being introduced into other branches. A few programs are dependent on the implementation of new program processes and these are classified as new activities implemented within the broad framework of the program.

ACTIVITES AND EXPECTED RESULTS:
ACTIVITY 1: Expanding the donor base
The focus of this activity is to expand the donor base by including younger and more demographically representative population groups. Blood safety will be achieved by donor education and self-exclusion of those who have a higher risk of HIV exposure. Previous PEPFAR funding combined perception survey outcomes (KAP) study and geo-demographic segmentation analysis to define and identify effective recruitment strategies in previously untargeted geographic areas. In FY 2007 the results of the KAP study will be used to expand the donor base.

Culture and language-specific marketing, communication and education strategies will continue to be developed and implemented in previously neglected communities. Fifty thousand new donors will be exposed to the education, and selection programs will be developed. A further 50,000 scholars will be subjected to blood donation awareness education and HIV prevention programs on a continual basis by the donor recruiters and educators appointed under PEPFAR funding.

A donor deferral guideline will be developed to assist approximately 100 specially trained telerecruiters to better educate and inform the donor. A pilot project aimed at developing SANBS partnerships with private companies has been successfully initiated and will be broadened in FY 2007. This will serve to expand SANBS donor activities.

SANBS will actively pursue partnerships with PEPFAR partners, and donors identified as HIV reactive will be referred to PEPFAR-supported ARV sites. SANBS will also link with PEPFAR AB partners particularly in the areas of educating the youth on safe lifestyles, and where the experience of PEPFAR partners may be valuable for the development of culture-specific donor education and marketing materials.

ACTIVITY 2: Training
Training activities will focus on human capacity development and addressing the skills shortage in SANBS through training programs for technicians, technologists, and donor, education and recruitment staff. This training is important for sustainability of the program. Ongoing training of donor and technical staff is a challenge because of the wide dispersion of SANBS staff in branches in eight provinces. This necessitates the development of appropriate distance learning programs and training materials; equipment

will be purchased to facilitate this process and make materials accessible.

The development of a national and regional Training Center will commence in FY 2007. This facility will focus on training of donor and technical staff and to develop programs to educate healthcare professionals in the appropriate use of blood and risk management. The facility and expertise will be made available to healthcare professionals operating in institutions in South Africa, Southern African Development Community and other African countries.

SANBS staff will continue to host seminars, workshops, symposia and lectures on blood safety and transfusion related topics to internal staff, as well as external medical and health practitioners. Specifically, training of 40 medical technicians will continue enabling them to complete the four year part-time training course at a tertiary institute to qualify as medical technologists. Forty SANBS staff will also receive specialist training in a one-week blood transfusion workshop by a specialist lecturer. Accredited training for 60 trainee phlebotomists will enable them to register with the Health Professionals Council of South Africa as Phlebotomy Technicians. Two members, one each from the donor and technical areas, under the American Association of Blood Banks' PEPFAR program, will attend a training course at Emory University. SANBS is assisting the University of the Free State to develop and implement a clinical course in transfusion medicine.

ACTIVITY 3: Plasma repository
SANBS tests over 700,000 blood donations for HIV, HCV and HBV annually and there is a need to establish an appropriate plasma repository for storage of viral positive plasma which can be used to assess the impact and outcome of blood safety programs. The repository will necessitate the purchase of freezers, equipment and software to manage the inventory of viral positive plasma. In addition, 170 emergency blood fridges will be purchased and supplied to rural hospitals to ensure that blood is made available and stored optimally. A quality system to remotely monitor ambient temperatures of fridges and freezers in blood banks and outlying hospitals is critical. This will be achieved by purchasing and installing 450 temperature monitoring units.

ACTIVITY 4: Data warehouse
The Meditech operational (information) system will be rolled out to the east coast region, and hardware and equipment upgrades procured to enable this rollout. The data warehouse is an essential component of the information system and will allow the management of the blood donor base, analysis of the effectiveness of donor education and selection programs, risk management and the optimal management of the blood inventory. The current system is not satisfactory for the extraction of data, report writing, measurements of outcomes and analysis of the blood safety programs and processes, and so software will be purchased in FY 2007 to complete the analysis and reporting functions of the data warehouse project. The wireless communication project deployed in the inland region needs to be deployed to the east coast region. This project, as well as the continuous uptime infrastructure deployed, requires support costs to ensure system sustainability.

These activities contribute to objectives in the USG Five-Year Strategy, and will help to ensure that the blood supply is safe and meets the blood supply needs in South Africa. Together, the activities to strengthen policies and guidelines, build human capacity, implement a functional information system, and improve infrastructure, ensure the sustainability of the SANBS PEPFAR program.

Continued Associated Activity Information

Activity ID:	3059
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	South Africa National Blood Service
Mechanism:	N/A
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Infrastructure	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs carrying out blood safety activities	0	☐
Indirect number of individuals trained in blood safety	0	☐
Number of service outlets carrying out blood safety activities	2,597	☐
Number of individuals trained in blood safety	2,042	☐

Target Populations:

Adults
Business community/private sector
Community-based organizations
Faith-based organizations
Doctors
Nurses
International counterpart organizations
Children and youth (non-OVC)
Laboratory workers
Doctors
Laboratory workers
Nurses

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: American Association of Blood Banks
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 7926
Planned Funds: $ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
AABB will use FY 2007 funds to support SANBS in the activities listed below. For detailed descriptions of the SANBS activities, please refer to the SANBS COP (#7394).

SUMMARY:

The American Association of Blood Banks (AABB) has been awarded Track 1 funding to continue providing technical assistance to the South African National Blood Service (SANBS) for purposes of strengthening the blood supply in South Africa. The main focus of this activity is to achieve substantial improvement in the affected transfusion services and their infrastructure, and to improve transfusion safety. The ultimate goal is to effect significant change in the incidence of transfusion-transmitted HIV.

BACKGROUND:

The AABB cooperative agreement was intended to fund technical assistance for six of the 15 PEPFAR target countries. Although this is a continuing activity, this is the first time that AABB activities have been included in the South African COP.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Blood Donor Base Expansion:

The focus of this activity is to expand the donor base by including younger and more demographically representative population groups. Blood safety will be achieved by donor education and self-exclusion of those who have a higher risk of HIV exposure. AABB will participate in the development and review of SANBS donor recruitment materials.

In 2006, SANBS conducted a Knowledge, Attitudes, Practices (KAP) survey and geo-demographic segmentation analysis to define and identify effective recruitment strategies in previously untargeted geographic areas to expand the donor base. AABB will participate in the review and interpretation of the KAP survey results.

ACTIVITY 2: Training

Training activities will focus on building human capacity and addressing the skills shortage in SANBS. In order to facilitate knowledge and skills transfer, AABB will provide SANBS with AABB membership and facilitate key personnel to attend the AABB Annual Meeting. They will also provide fellowship opportunities for physicians in transfusion medicine through Emory University. Second, AABB will assist in the development of educational programs for physicians on the appropriate use of blood and other relevant topics. They will also assist SANBS in the creation of a curriculum for the development of research protocols to be included in physician training programs. Lastly, AABB will develop a proposal for the provision of Specialist in Blood Banking (SBB) personnel certification or similar programs.

ACTIVITY 3: Policy and System Strengthening

SANBS recently began using nucleic acid testing (NAT) on all individual blood samples for HIV, HBV and HCV. In FY 2007, AABB will conduct an assessment of SANBS' quality systems to ensure that mechanisms are in place to ensure the safe blood supply.

Currently SANBS is self-regulated but they would like to move towards developing an external accreditation program. AABB will assist with the establishment of the accreditation program to provide more objectivity on the operations of SANBS. AABB will also participate in the development of South African national blood policies, especially regarding notification of blood donor test results.

ACTIVITY 4: IT Systems

Recently, SANBS rolled out the Meditech operational (information) system with technical assistance from AABB. This will allow the management of the blood donor base, analysis of the effectiveness of donor education and selection programs, risk management and the

optimal management of the blood inventory. AABB will continue to provide technical assistance as it is rolled out to all regions. AABB will also assist with the development of M&E systems and Quality Management Systems data reporting for purposes of monitoring improvement to blood safety and blood services operations.

By providing technical assistance to SANBS, AABB will help to ensure that the blood supply is safe and meets the blood supply needs in South Africa. Building local capacity will also ensure the sustainability of SANBS programs.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of service outlets/programs carrying out blood safety activities		☑
Indirect number of individuals trained in blood safety		☑
Number of service outlets carrying out blood safety activities		☑
Number of individuals trained in blood safety	2	☐

Target Populations:

International counterpart organizations

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: SANBS country buy-in
Prime Partner: South Africa National Blood Service
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 12129
Planned Funds: $ 150,000.00
Activity Narrative: See activity 7394

Plus-Up funds will be supplementing SANBS's activities listed under Activity ID 7394. SANBS will utilise professional consultants in the fields of general education and training, and specialists in the design and development of web-based education. This will initiate the project to establish SANBS as a training centre for the Southern African region, particularly the SADC countries that will form the basis for a later expansion to offer the services to sub-Saharan-Africa. The consultants will assist SANBS in the investigation, design and development of an appropriate web-based tele-education system. The system should satisfy the needs of SANBS and WPBTS in terms of web-based training, education and continuous professional development for donor, technical and medical personnel. Initially the SANBS intranet will be used to pilot the system. Once proven an effective educational tool, this will be used as the model to develop the web-based system for other African countries.

The system should therefore incorporate a design that will allow its extension into neighbouring Southern African countries, in particular the SADC countries, and later to sub-Saharan and other African countries. It is also envisaged that this web-based educational system could act as a model for other countries.

The investigation will also incorporate needs analysis of the training and education requirements for SANBS, WPBTS and the SADC countries. The investigation by experts will give guidance and advice on the minimum personnel requirements (qualification and experience); the necessary communication network capability and capacity of SANBS, WPBTS and SADC; and specifications for system hardware and software.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Infrastructure	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs carrying out blood safety activities		☑
Indirect number of individuals trained in blood safety		☑
Number of service outlets carrying out blood safety activities		☑
Number of individuals trained in blood safety	120	☐

Target Populations:

Adults
Business community/private sector
Community-based organizations
Faith-based organizations
Doctors
Nurses
International counterpart organizations
Children and youth (non-OVC)
Laboratory workers
Doctors
Laboratory workers
Nurses

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

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: $ 0.00

Program Area Context:

A report by the South African Human Sciences Research Council (HSRC), 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 highlighted the need for more emphasis on adequate policy and practice in the area of preventing medical transmission of HIV.

Statistics show that the average number of medical injections per person per year is 1.5. In addition, 100% of facilities which use syringes for patient care (e.g., injections, preparation and administration of medications, phlebotomy) use single use and sterile syringes (e.g., observed to come from a new, unopened package).

The PEPFAR program in South Africa aims to address issues of medical transmission of HIV through the Track 1 Making Medical Injections Safer (MMIS) project led by the John Snow Research and Training Institute, Inc. The goals of this project are to:

1. Improve Injection Safety practices through training and capacity building;
2. Ensure the safe management of sharps and waste; and,
3. Reduce unnecessary injections through the development and implementation of targeted advocacy and behavior change strategies.

The project's three main programmatic areas are logistics, waste management and behavior change communication. Training on these issues, its core activity, is provided to professional and non-professional staff. The project works at national, provincial and district government levels and is present in all nine provinces of South Africa. Buy-in from the South African Government (SAG), partnerships with local organizations as well as synergies with other PEPFAR projects have been used to ensure sustainability and rapid scale-up. A multi-pronged approach is being used in training and consists of providing in-service and on-the-job training to three different levels of workers: senior management, middle managers and clinical personnel, as well as waste handlers, as a short-term approach. In the medium to long-term, pre-service training with the incorporation of injection safety content in the curricula for nurses, doctors and other professionals is being planned.

National policy guidelines on Infection Control and Prevention have been developed by the National Department of Health (NDOH) with input from MMIS. In addition, the project is working with the NDOH on an agreed set of norms and standards for injection safety. An accreditation process to assess compliance to these has been planned with the Council for Health Service Accreditation of Southern Africa. The said process will follow evaluation activities conducted through the first national injection safety survey.

The NDOH Quality Assurance and Environmental Health units have made plans to institutionalize the use of the adapted version of the DO NO HARM manual as the country's reference manual for training in injection safety. Other sustainability efforts are made by leveraging support from local partners. Hence the project has been able to leverage support from the Democratic Nurses Organization of South Africa (DENOSA), Khomanani (the South African Government's HIV and AIDS Information, Education and Communication (IEC) Campaign), Excellence Trends (a private firm consulting in waste management) and the Basel Convention for the completion of a number of deliverables including training as well as printing and dissemination of IEC material on injection safety. In addition, the project is working with provinces and municipalities where it is present, to plan allocations for current JSI-related costs through the SAG Medium Term Expenditure Framework.

The MMIS South Africa team has made significant progress since its inception. The team provided input to the National Policy on Infection Control, specifically the chapters on Injection Safety and Waste

Management. Secondly, systems are being implemented to procure personal protective equipment for waste handlers in two provinces, the Eastern Cape and Western Cape. Thirdly, MMIS South Africa and MINDSET Health Channel have partnered to relay injection safety information to over 200 facilities (public hospitals and clinics) across South Africa, using a computer-based multi-media platform. An external evaluation has established that this technology significantly increases knowledge levels among users. Lastly, MMIS has also recently conducted a national baseline assessment of injection safety in hospitals.

In addition to the JSI MMIS activities, HSRC will also be supported for Injection Safety activities. Specifically, they will conduct a targeted evaluation to assess infection control practices and to determine possible modes of HIV acquisition among children, other than by mother to child transmission, in the Eastern Cape and Northern Cape. Based on the results of this study and the JSI baseline assessment on injection safety in hospitals, HSRC will work to develop specific interventions to improve injection safety and infection control.

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 medical injection safety	1,000

Table 3.3.04: 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:	GHAI
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	7316
Planned Funds:	$ 0.00
Activity Narrative:	This activity was proposed in the original COP submission on 09/30/06. However, on 12/12/06 funds were reprogrammed to HSRC's PMTCT activities.

Continued Associated Activity Information

Activity ID:	6426
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Human Science Research Council of South Africa
Mechanism:	HSRC
Funding Source:	GHAI
Planned Funds:	$ 600,000.00

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in medical injection safety		☑
Number of individuals trained in medical injection safety		☑

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: Central (GHAI)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 7317
Planned Funds: $ 0.00

Activity Narrative: SUMMARY:

This project conducted by John Snow Research and Training, Inc. (JSI) aims to bring about an environment where patients, healthcare workers and the community are better protected from transmission of HIV and other blood-borne pathogens through medical practices. The project's primary target population is healthcare workers. Emphasis areas include training and human resources, development of policy and guidelines and commodity procurement.

BACKGROUND:

As part of the Making Medical Injections Safer (MMIS) project in South Africa, John Snow Research and Training Inc. is implementing interventions aimed at reducing the risk of medical transmission of HIV and other infections. This project started as a pilot initiative in 2004, and is now active in all nine provinces of South Africa. MMIS is supported by the National Department of Health (NDOH) and the policies of the activity are consistent with the NDOH's Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment. Provincial and local government agencies also support this initiative. The project's three main programmatic areas are logistics, waste management and behavior change communication (BCC). Training is a core activity and is provided to professional and non-professional staff. A national injection safety survey conducted in 2006 indicated that 100% of the surveyed facilities used sterile needles and syringes to administer injections. Although no re-use was observed, quality improvement is still needed in the three programmatic areas mentioned above. The results of the survey also showed that shortages are only related to certain types of syringes and that in cases where this occurs, nurses simply use a bigger syringe and try to adjust the gauge so as to keep the exact same dosage. South Africa unlike many other African countries does not have supply problems when it comes to standard needles and syringes as these are made available in sufficient quantities by the South African Government. The project's activities in 2007 will include addressing recommendations emanating from this survey.

The NDOH is not providing auto-disable syringes, some facilities do use them but not all types and not in the quantities required to adhere to good standards of infection control and undertake waste management activities with minimal exposure. Currently, the NDOH is expected to award a tender for public facilities to be able to buy auto-disable syringes.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Healthcare worker training

More healthcare workers will be trained in FY 2007. Senior managers, middle managers and clinical staff as well as waste handlers will be trained to increase the public health sector's capacity in injection safety and infection control. This will be done in partnership with local organizations such as MINDSET Health, Excellence Trends, the Basel Convention office in South Africa and the Democratic Nurses' Organization of South Africa. In addition, the project will work with the NDOH's Quality Assurance and Environmental Health Directorates to have an amended version of its "Do No Harm" manual institutionalized to ensure the sustainability of training efforts. Part of the training will take place through tele-education through a partnership that was initiated last year with MINDSET. Training of trainers will also take place. Over 360 healthcare workers were trained in 2006.

ACTIVITY 2: Injection safety materials

MMIS finalized a national BCC strategy in 2006. FY 2007 funds will be used to publish materials on injection safety and these will be disseminated to healthcare workers and the communities they serve. The community outreach program will form part of the South African government's Khomanani campaign whereby community outreach workers visit 100,000 persons each month to disseminate health information. In FY 2007, the outreach workers will incorporate information on injection safety as part of this campaign. The visits will not only serve to educate and inform community members, but safety boxes for storing medical injections at home will also be distributed where necessary.

ACTIVITY 3: Protective equipment

As part of follow-up on monitoring and evaluation activities conducted in 2006, the project will also devote PEPFAR resources to improve logistics and procurement, and waste management procedures in public health facilities. JSI will continue to use PEPFAR funds to purchase protective equipment for healthcare workers in FY 2007 to ensure an uninterrupted supply of safe injection material and safety boxes.

ACTIVITY 4: Norms and standards

MMIS will work with the NDOH and the Council for Health Service Accreditation of South Africa to implement norms and standards, and a supervision check list to allow the structuring of mentoring and supervision of activities related to injection safety and infection control in healthcare facilities.

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. It is a sustainable program such that it is building human capacity and working closely with the SAG to implement long-lasting policies for injection safety. It also supports PEPFAR's goals of preventing 7 million new infections.

Continued Associated Activity Information

Activity ID: 2945
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: John Snow, Inc.
Mechanism: Safe Medical Practices
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in medical injection safety		☑
Number of individuals trained in medical injection safety	1,000	☐

Target Populations:

Adults
Doctors
Nurses
Infants
Policy makers
Children and youth (non-OVC)
Other Health Care Worker
Doctors
Nurses
Other 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: Program Planning Overview

Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05

Total Planned Funding for Program Area: $ 12,918,067.00

Program Area Context:

With HIV prevalence of 16% in the population aged 15-49, most new HIV infections in South Africa occur in the general population, outside those groups usually considered to be most-at-risk populations (MARPs). For example, informal transactional sex creates a continuum of risk behavior that extends well beyond formal commercial sex. Self-reported condom use at last sex among young men aged 15-24 is high, at 73%. However, reported use is lower among women and older men, and there is considerable scope to increase consistent and correct condom use. Over five million people living with HIV are a priority for secondary prevention.

Limited data are available on the contribution to the epidemic in South Africa by MARPs, such as commercial sex workers (CSWs), injecting drug users (IDUs) and men who have sex with men (MSM). Some MARPs appear to be at higher risk than others. Infection rates among some sex worker populations exceed 65%. Very high HIV infection rates have been documented among drug-using CSWs and MSM, and among IDUs in major cities. The military, other uniformed services, migrant workers, miners and incarcerated individuals also appear to be at higher than average risk. In addition, many men abuse alcohol, which increases disinhibition and HIV risk. However, coverage of vulnerable groups by prevention programs has been uneven.

Certain geographic settings are also associated with higher risk behavior. Formal sex work is concentrated in the inner cities, mining and border areas, and along major truck routes. Informal settlements have the highest HIV prevalence, perhaps reflecting the role of migrant labor and informal transactional sex in the epidemic.

Rape and sexual violence, especially involving young girls, are a widespread problem in South Africa and have been associated in some settings with increased risk of HIV. Although male circumcision appears to provide significant protection against HIV for both circumcised men and their female partners, rates of circumcision in South Africa—about 30%—appear too low to provide population-level protection from HIV. Recent legislation to regulate circumcision among minors represents a potential policy barrier, should evidence support a rollout of voluntary circumcision services in the future.

The South African Government (SAG) strategy for HIV prevention emphasizes improved access to male and female condoms, especially for 15-25 year olds, and to services for sexually transmitted infections (STIs), post-exposure prophylaxis (PEP), and counseling and testing. The SAG makes male and female condoms widely available free of charge, and provides broad-based public education about condoms. The trucking industry, major transportation corridors, and other migrant labor, are also priorities for the SAG.

The USG Five-Year Strategy mirrors the SAG strategy in calling for expanded prevention programs to focus on high-transmission areas and most-at-risk populations, and to expand workplace prevention efforts. Consistent with the SAG, the USG seeks to support a comprehensive ABC approach, with linkages to HIV testing and care. The FY 2007 COP budgets $9.8 million for 26 activities targeting the military, correctional facilities, women engaging in formal and informal sex work and their clients, and other at-risk populations. Geographically, these activities focus on inner cities and informal settlements. As of March 2006, these programs had reached almost 3.2 million persons with prevention services, and over 6,800 rape victims with PEP services.

USG assistance complements support from the SAG and other donors for prevention among high-risk groups. DFID/United Kingdom funds condom research, social marketing and STI management. The International Organization for Migration, SIDA (Sweden), DFID/United Kingdom, and the private sector truckers' union are supporting comprehensive prevention interventions for sex workers, truckers and local communities along major transportation routes previously served by the USG's former regional Corridors of Hope project.

FY 2007 priorities in the Condoms and Other Prevention program area for the USG/SA include balancing interventions to address risk-taking in the general population with increased priority towards more targeted interventions for MARPs. The USG and partners have identified several key actions to strengthen the impact of prevention efforts, elaborated below.

The USG will support both community outreach and media programs that integrate condom and AB messages for adults and older adolescents, jointly funding these activities across the AB and Condoms and Other Prevention program areas. USG-funded programs will emphasize correct and consistent condom use in sexual encounters with persons of unknown HIV status, and address alcohol and other substance abuse that contribute to sexual risk-taking. HIV and AIDS workplace programs supported through partnerships with private companies and through trade unions in the health and education sectors will adopt this comprehensive approach. The USG will support the SAG's Khomanani media campaign, which encourages partner reduction, condom use, and early detection and treatment of STIs, and continue to build SAG capacity to better manage condom procurement and distribution. Results of a recent communication survey will be used to develop a comprehensive national HIV and AIDS communication strategy, including refinement of condom messages.

Through diverse existing partners, the USG will expand targeted outreach and prevention education for MARPs, with linkages to comprehensive services including STI treatment, HIV counseling and testing, care and treatment. The USG will continue to support prevention efforts with staff and inmates of correctional facilities, sex workers and their clients in inner city Johannesburg, and in informal settlements. It will also continue to assist the South African Department of Defense in providing comprehensive coverage of the armed forces, with special attention to the role of alcohol in sexual risk-taking.

The USG will initiate new activities to expand coverage of key MARPs. Following a rapid assessment of vulnerable groups in FY 2006, the USG convened key NGOs working with these populations to strengthen coordination of MARP activities. FY 2007 funds will support several NGO consortia to expand linked drug treatment and comprehensive prevention and other HIV services for injecting and non-injecting CSWs and MSM in three major cities. Prevention services will be linked to MARP-friendly STI, counseling and testing, and other HIV services. The USG will also support a new public-private partnership in a mining community.

Every interaction with HIV-infected individuals will be used to communicate and reinforce prevention for positives (secondary prevention) messages. All USG partners involved in treatment and facility- and home-based care will include a package of prevention interventions at every service site. This package will include: counseling to encourage disclosure to partners and families; family or home-based testing where feasible; counseling to help HIV-infected individuals and discordant couples develop personal prevention plans; and linkages to family planning and other HIV care and treatment services. HIV-infected youth entering adolescence will also be counseled on prevention.

The USG will support national scale-up of PEP services for rape victims in FY 2007. These activities will link the health, justice, and police departments, building on best practices developed by an existing pilot activity. It will also support a study of male circumcision performed by various existing providers, and the development of accredited curricula to enhance safety of this procedure. This activity could potentially support the rollout of circumcision as an intervention in the future.

Program Area Target:

Number of targeted condom service outlets	1,909
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,063,920
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	22,996

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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7289
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY06 COP, is funded with FY06 PEPFAR funds, and is included here to provide complete information for reviewers. No FY07 funding is requested for this activity.

The five–year cooperative agreement with the American Center for International Labor Solidarity is ending on March 31, 2007.

A new competitive program announcement will be released to identify a new partner (or partners) to implement similar activities in FY 2007.

The proposed activities are described in this COP as PPP TBD.

Continued Associated Activity Information

Activity ID: 3322
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: American Center for International Labor Solidarity
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,050,000.00

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
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Western Cape

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:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7291
Planned Funds:	$ 220,000.00

Activity Narrative: INTEGRATED ACTIVITY NARRATIVE:
This activity relates to activities to be carried out by Harvard School of Public Health (HSPH) in AB (#7295) and Policy/System Strengthening (#7293). While no specific targets are set, the project also expects to reach significant numbers of OVC (#7292) as a result of peer-based AB programs.

SUMMARY:
Through the South Africa Center for the Study and Support of Peer Education (SACSSPE), the Harvard School of Public Health (HSPH) contributes to PEPFAR prevention (abstinence and being faithful (AB) and Other), orphans and vulnerable children (OVC), and system/capacity building goals by providing training, technical assistance, and materials development to government, NGO, faith-based organizations (FBO), corporate, and other organizations using peer education strategies. SACSSPE is the first academic center devoted to development and continuing improvement of a sustainable national intersectoral peer education system.

BACKGROUND:
This project is an expansion and institutionalization of a five-year national consultative process developing consensus on goals, essential elements and standards of practice for peer education programs, and materials and tools (Rutanang) in wide circulation to improve how peer education is conducted in settings including schools, FBOs, sport and recreation, clinics, and worksites. Rutanang peer education is consistently defined and implemented as including, among other characteristics, multiple-dose small-group structured and facilitated discussions; informal influence; recognition and referral of those with further needs (e.g., voluntary counseling and testing (VCT), treatment, OVC); and advocacy. The first HSPH initiative in workplace Other Prevention activities was launched in 2005 with the South Africa Police Services and expanded through a collaboration with the South Africa Business Coalition on HIV/AIDS (SABCOHA) and the Wits Business School (WBS). The latter is funded through the private sector, but adds to the expertise and influence of SACSSPE and provides trained peer educators who are deployed in other settings in the community.

ACTIVITIES AND EXPECTED RESULTS:
SACSSPE provides PEPFAR and non-PEPFAR partners with training and ongoing technical assistance and assists with the development and adaptation of educational materials, tools, policy guidelines, linkages and community mobilization, and strategic information focused on Other Prevention in multiple settings. All SACSSPE Other Prevention activities and materials explicitly and intensively address the following areas of legislative interest: male norms and behaviors, sexual violence and coercion, stigma reduction, and maintaining infected and affected children in school. Peer education with adolescents and adults emphasizes delaying sexual debut, secondary abstinence, and reduction in concurrent partners. Peer education having primary Other Prevention goals is also a means for early identification and referral to services of vulnerable children and youth, and we are pursuing strategies that enhance peer education as an advocacy tool to make environments safer. Each of the foregoing content themes is explicitly addressed in the design of peer education support systems, training of peer educators, and the content peer educators are trained to deliver.

While SACSSPE Other Prevention peer education focuses on teenagers and older youth, young adults, workers and families through worksite programs and FBOs, it continues to emphasize the benefits and rewards of primary and secondary abstinence, delay of sexual onset, and fidelity. However, for many populations (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 concurrent partners, condom use for those who are not abstinent, improved diagnosis and treatment of sexually transmitted infections (STIs), and promotion of voluntary counseling and testing (VCT). In all settings, a persistent reconsideration of male roles and behavior, reductions in gender violence and discrimination, and encouragement of participation in organizational governance are critical SACSSPE peer education prevention strategies. Peer education activities at worksites also emphasize the roles audiences play as parents, grandparents and guardians, and prepare them to promote abstinence and sexual safety for their children. Activities include:

1. Eastern Cape: Working through Youth for Christ, SACSSPE provides materials, training and technical assistance (T&TA), and monitoring and evaluation (M&E) consultation for an extensive program targeting Out of School Youth. We will also support HIV and AIDS education and VCT for students (youth and adults) in Further Education and Training (FET) and Adult Basic Education and Training (ABET) institutions in the province.
2. Mpumalanga Department of Health: Other Prevention training for 40 provincial and district level staff on T&TA, planning, M&E of peer education programs.
3. South Africa Police Services (SAPS): SACSSPE will develop materials and tools, provide ongoing T&TA, and assist with M&E as SAPS reconsiders its original workplace program. Sixty peer educator supervisors and trainers from 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 9600.
4. NGOs, FBOs and community-based organizations (CBOs) in out-of-school and after-school settings: SACSSPE will reach approximately 6,000 youth. A minimum of 20 learners/high school (in excess of the learner counts enumerated under AB) will require Other Prevention activities in addition to AB.
5. Free State, Mpumalanga and KwaZulu-Natal Departments of Education: Peer education is part of the institutional response for FET and ABET sector. Peer education addresses Other Prevention in this subsector. SACSSPE will work with 56 education staff from 14 selected institutions; peer educators working under their direction will reach more than 8000 youth.
6. Worksite programs: SACSSPE will provide planning, T&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, 7200 adults will be reached. Two private employers in KwaZulu-Natal will partner with SACSSPE and SABCOHA on workplace peer education projects.

In addition to contributing to PEPFAR annual and cumulative targets, long-term results of the HSPH project will be the establishment of a sustainable integrated system supporting rigorous, measurable peer education that increases the amount and quality of social interactions and skills acquisition concerning norms, traditions, and behaviors that will help reduce the transmission of HIV.

Continued Associated Activity Information

Activity ID:	2932
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Association of Schools of Public Health
Mechanism:	ASPH Cooperative Agreement
Funding Source:	GAP
Planned Funds:	$ 155,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	650	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Policy makers
Program managers
Teachers
Volunteers
University students
Out-of-school youth
Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Volunteers

Education

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Mpumalanga

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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7301
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds. No FY 2007 funding is requested for this activity.

The HIVAN project focuses on networking and infrastructure development in a very rural community in KwaZulu-Natal. The project started as a research project, and the targets that are reported appear to have been collected from meetings that HIVAN helps to facilitate.

CDC decided that funds could be better spent on direct service delivery activities, or on more effective activities focused on strengthening networks.

Although HIVAN was advised to participate in the competitive process of fund allocations, the APS, they declined our offer. It was recommended that HIVAN do received PEPFAR funds in FY 2007.

Continued Associated Activity Information

Activity ID: 3010
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Center for HIV/AIDS Networking
Mechanism: Rural KZN Project
Funding Source: GHAI
Planned Funds: $ 250,000.00

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
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

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:	HSRC
Prime Partner:	Human Science Research Council of South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7314
Planned Funds:	$ 500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to Other Prevention activities, Human Sciences Research Council (HSRC) also implements activities described in the Strategic Information (#7313), Injection Safety (#7316), PMTCT (#7315) and CT (#8276) program areas.

SUMMARY:

The HSRC plans to use PEPFAR funds to implement and determine the effectiveness of two prevention-with-positives interventions to reduce HIV transmission risks for their partners.

The prevention-with-positives (PwP) activity will adapt and pilot an existing CDC intervention for promoting HIV status disclosure and behavioral risk-reduction strategies among people living with HIV (PLHIV). This intervention is known as Healthy Relationships. It is a support-group-based intervention designed to reduce HIV transmission risks for PLHIV and their partners using an interactive approach that includes educational, motivational, and behavioral skill building components. Once this intervention has been piloted, a second individualized intervention will be developed and pilot-tested for effectiveness. Both interventions will include messages on condom use for PLHIV. The major emphasis area for the activity is information, education and communication, with minor efforts in community mobilization and participation, targeted evaluation, development of networks/linkages/referral systems, and policy development. Target populations include men and women of childbearing age, National AIDS Control Program staff, HIV-infected pregnant women and healthcare workers, doctors, nurses, CBOs, FBOs and NGOs.

BACKGROUND:

Among adults, the predominant mode of HIV transmission in South Africa is through heterosexual intercourse. PLHIV are an important group to target for HIV prevention activities (both to prevent re-infection with other HIV strains, and to prevent transmission to others), but to date prevention in this group has received little attention. Behavioral risk-reduction interventions targeting PLHIV will reduce new HIV infections and will complement behavior change prevention, including condom usage, efforts currently targeting uninfected people. Until now, people who knew they were infected with HIV had been largely ignored by HIV risk-reduction strategies in South Africa. There is an urgent need to develop behavioral and other supportive interventions to assist PLHIV to manage sexual situations, avoid acquiring new sexually transmitted infections, and to prevent the transmission of HIV to uninfected sexual partners. For behavioral risk-reduction to be successful among PLHIV, de-stigmatization must be an integral part of the intervention. Although there is also a need for broad-based stigma-reduction interventions at a community/population level, interventions for PLHIV can assist in managing the adverse effects of HIV-related stigma, including the hazards of disclosure of their HIV-infected status. The Healthy Relationships intervention is a small (support) group-based intervention which has been packaged and disseminated as part of CDC's Replication Project (REP). It has been implemented successfully in several U.S. states as part of an initiative by the CDC to provide HIV prevention interventions for PLHIV. This intervention has not previously been used in South African populations, and will need to be adapted slightly prior to implementation. A second individualized intervention is being considered as many PLHIV have not yet reached a point when they are willing to disclose their status to others (including other PLHIV). The second intervention will focus on individual (one-on-one) positive prevention activities.

ACTIVITIES AND EXPECTED RESULTS:

The HSRC will use PEPFAR funding to adapt and implement the Healthy Relationships Program in the area around Mthatha in South Africa's Eastern Cape province. Funds will be used to employ ten support group facilitators and an administrative staff person to undertake formative evaluations at baseline and at one, three and six months after enrollment, and to develop or purchase training materials and videos. HSRC hopes to provide the intervention to PLHIV in Region E of the Eastern Cape in the future. Each group of ten PLHIV participating in the Healthy Relationships intervention will attend five

sessions of two hours each over a 1 to 2 month period. The effects of the intervention will be evaluated using before and after comparisons, and by comparisons to PLHIV who have not yet taken part in the intervention. A process evaluation will also be conducted. In addition to adapting and piloting the Healthy Relationships intervention as a small group intervention, HSRC proposes to develop or adapt another intervention to be delivered as an individual intervention by lay counselors; because issues of stigma and fear to disclose one's HIV serostatus may serve as barriers to participation in a group-based intervention for PLHIV. This will be conducted with 400 PLHIV. This individual intervention is likely to consist of three one-hour individual sessions with a lay counselor over a one month period.

The project will establish how well these interventions work in a rural under-resourced South African setting and will also determine the feasibility of scaling-up these interventions in other rural areas with a high HIV prevalence. The interventions will be framed by the challenges PLHIV 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 be taught for disclosing HIV status to non-sex partners, particularly family members, friends, and employers (stigma and discrimination, key legislative issue). The interventions will also address building skills for reducing HIV transmission risk through behavior change with a particular focus on one of the key legislative issues: male norms and behavior. Risk-reduction strategies arise naturally in the context of disclosing HIV status, with different implications for practicing protected and unprotected sex with HIV-infected partners, HIV-negative partners, and partners of unknown HIV status. An advocacy component will be incorporated to train participants to advocate for HIV testing and risk behavior reduction among partners, family members, and friends. In this way, the impact of the intervention will be spread among their social and sexual networks, and hence increasing gender equity in HIV and AIDS programs. Participants in both field tests will be assessed at baseline, immediately post-intervention, and at one, three and six months after completion of the intervention. Once the evaluation of these two interventions has been completed, they will be further adapted if necessary and expanded throughout Region E of the Eastern Cape. Expansion to other regions and provinces is also anticipated. The HSRC will train an additional 50 lay counselors and other healthcare workers working in the public sector or for local NGOs, community-based organizations or faith-based organizations, in the delivery of positive prevention interventions, and will undertake monitoring and evaluation of the program.

This activity will contribute to the PEPFAR goals by developing prevention strategies for PLHIV and their partners, thus having an impact on prevention of new infections.

Continued Associated Activity Information

Activity ID:	3552
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Human Science Research Council of South Africa
Mechanism:	HSRC
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,080	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Other Health Care Worker
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

Eastern Cape

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:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7373
Planned Funds:	$ 450,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is part of a comprehensive range of services provided by the Department of Correctional Services. Programs are described in Other Prevention (#7373), Palliative Care (#7374), CT (#7376), ARV Services (#7378), TB/HIV (#7379) and SI (#7375).

SUMMARY:

PEPFAR funds will support the Department of Correctional Services (DCS) to raise awareness about the prevention of HIV and progression to AIDS through the procurement of posters, pamphlets, booklets and condom containers. CDC South Africa (SA) will review posters prior to printing and distribution. The appointment of six HIV and AIDS management area coordinators, eight dieticians and eight pharmacists on a contract basis of one year, will enhance the program implementation. The HIV and AIDS coordinators will coordinate, monitor and evaluate (M&E) all HIV and AIDS programs. Dieticians will ensure proper prescription of diet for ARV eligible offenders and the pharmacists will ensure procurement and proper storage of ARVs and other related treatment. 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 information, education and communication. The target population will include men and women offenders, people living with HIV (PLHIV) and their caregivers, several most at-risk populations (e.g., men who have sex with men, injection drug users, tattooing with contaminated instruments, etc.).

BACKGROUND:

Raising awareness on prevention amongst offenders and personnel forms a critical element of the comprehensive HIV and AIDS Program in the Department of Correctional Services. The utilization of educational posters, pamphlets and booklets will indeed assist in strengthening the prevention messages. Educational posters have previously been procured and distributed to the Regions. Feedback received from the Regions with regard to the utilization of these posters was positive and encouraged procurement of more educational material by Department of Correctional Services from accredited and registered service providers. The educational material was utilized by the master peer educators and HIV and AIDS coordinators during training and awareness raising sessions in prisons.

The appointment of HIV and AIDS management area coordinators (MACs) whose function is to coordinate HIV and AIDS comprehensive programs on contract basis, with funding received in 2004/2005 has proven to be successful and has enhanced the implementation of HIV and AIDS programs and services at management area level as well as at a correctional center level. It furthermore contributed to the fact that the human resource capacity in at least five management areas was extended by converting the contract post to a permanent post.

ACTIVITIES AND EXPECTED RESULTS:

There are approximately 156,621 offenders (both sentenced 113,680 and un-sentenced 42,941) incarcerated in 241 Correctional Centers managed by the DCS, and 36,879 offenders in community corrections programs/jails (total 193,500). 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 offender and every staff member will be exposed to ongoing information sessions on HIV and AIDS through awareness and prevention messages.

ACTIVITY 1: Procurement of Educational Material, e.g. posters, pamphlets, booklets

DCS will procure HIV and AIDS educational material that will be utilized during training sessions and awareness raising events. These materials will be obtained through the procurement process. The educational material will be distributed to all Correctional Centers and the utilization thereof will be monitored by the management area and correctional center coordinators. This activity it is expected to reach individuals with relevant prevention messages.

ACTIVITY 2: Appointment of HIV and AIDS Management Area Coordinators, Dieticians and Pharmacists

PEPFAR funds will also support the appointment of six HIV and AIDS management area coordinators, eight dieticians and eight pharmacists on a contract basis for one year. These posts are intended to oversee the implementation of project activities. HIV and AIDS MACs are responsible for M&E of all HIV and AIDS programs. They will coordinate with other stakeholders, procure materials, and facilitate in-service and other training of staff and offenders as peer educators and on awareness. Posts will also facilitate HIV and AIDS work sessions, coordinate meetings, assist in gathering and tabulating required HIV and AIDS data and ensure that necessary reports and documents are submitted to the Regional HIV and AIDS coordinators. The appointment of dieticians and pharmacists will contribute positively to the requirements and criteria of establishing accredited ARV sites. Dieticians will ensure proper prescription of diet for ARV eligible offenders and the pharmacists will ensure procurement and proper storage of ARVs and other related treatment.

This activity will strengthen the rendering of ARV services within the DCS, and activities will contribute to the realization of PEPFAR's goal of preventing 7 million new infections. These activities will also support efforts to meet the prevention objectives outlined in the USG Five-Year Strategy for South Africa.

Continued Associated Activity Information

Activity ID:	3029
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Department of Correctional Services, South Africa
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	120	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	☐

Target Populations:

Nurses
Injecting drug users
Men who have sex with men
People living with HIV/AIDS
Prisoners
Caregivers (of OVC and PLWHAs)
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Soul City
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7397
Planned Funds: $ 1,000,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to activities in AB (#7395) and ARV Services (#7396).

SUMMARY:

"Heartlines" is a values-based, media-led intervention that aims to mobilize the faith-based community in Southern Africa to prevent the spread of HIV by promoting abstinence and faithfulness, as well as decreasing stigma and increasing care for those infected or affected by HIV and AIDS. The major emphasis area is information, education, and communication. Minor emphasis areas include community mobilization/participation and linkages with other sectors and initiatives. Target populations include children and adults, people living with HIV and AIDS, communities, teachers and faith- and community-based organizations.

BACKGROUND:

This is an ongoing activity and was first funded by PEPFAR in FY 2006. This intervention complements Soul City's existing activities, targeting faith-based organizations (FBOs) nationally using prevention messages that will best resonate with this group. Mass Media Project (MMP), a Soul City sub-partner, is implementing the project. It is an NGO set up in 2001 with seed financing and with technical support from Soul City. The MMP works with the Government Communications and Information Services as well as the Department of Education. Decreasing gender disparity especially in an FBO context is a key focus.

ACTIVITIES AND EXPECTED RESULTS:

"Heartlines" aims to revive in South and Southern Africans the positive value system that traditionally prevailed. In so doing, it will lead to the re-examination of people's norms and values. It aims to lead to the prevention of new infections, decreased stigma and increased levels of care for those already infected with HIV. It aims to mobilize at least 50 percent of all FBOs in South Africa in support of this objective. Implementation started in July 2006. Areas of legislative interest include gender as it related to male norms and behaviors and reducing violence and coercion; others include stigma and discrimination and education.

This intervention is a partnership with the Nelson Mandela Foundation, a major South African Bank and the Public Broadcaster, along with four other smaller donors. They have between them already contributed over $4 million to this intervention to date.

ACTIVITY 1 (Distribution of eight TV drama films and a story book for use in multiple settings):

The eight films and the book were produced in FY 2006 with other donor funding. They were aired at primetime across all public broadcast TV stations and were hugely popular. Each film focused on a different value: abstinence and delayed gratification, self control, perseverance, tolerance and acceptance of difference (stigma reduction), positive parenting with an emphasis on men, forgiveness and integrity and grace (second chances). A spiritual dimension was introduced in the dramas which, for most Africans, is the highest source of moral authority. Multiple other media platforms in radio, TV and print media were used in the period of broadcast to integrate the values raised, in particular in relation to HIV and AIDS and other contributing social issues such as violence against women and so stimulate a national debate. These films were complimented by a book for parents on teaching values to children. The book includes ten stories to be read to 3-6 year olds, focusing on the same values as the films.

Both the children's book and films were adapted in the course of FY 2006 for use in FBOs; and a facilitator guide will be produced. They will be duplicated and distributed in the course of FY 2007 to at least 20,000 FBOs. At least 24 training/mobilization events will be held nationally with FBOs in support of the materials and their messages.

PEPFAR funding will contribute 80 percent of this budget.

ACTIVITY 2 (Adaptation of the films for use in workplace programs and prisons):

Considerable interest has been forthcoming for the use of these films in workplace management and HIV and AIDS programs as well as from the Department of Correctional Services. Consequently an adaptation of the films will be made with support training materials for this purpose. PEPFAR funding will contribute to the development of the materials but not the duplication and distribution. The major emphasis area is information, education, and communication. Areas of legislative interest include gender as it relates to male norms and behaviors and reducing violence and coercion, others include stigma and discrimination and education.

In the course of FY 2007 further values-based media programs will be developed under the Heartlines brand as an HIV intervention. They may include an initiative targeting preschool children and one aimed at teenagers. These will initially not require PEPFAR funding and will be funded by other donors.

These materials will first have impact in South Africa and then be available for use across the region through Soul City's regional program.

A major public-private partnership has been forged by the MMP which sees approximately 50 percent of project funding provided by a South African bank. Indications are that this will continue. Further funding will be forthcoming from the public broadcaster as well. As the MMP is a relatively new organization, work will be done on career development and other organizational development.

These activities contribute to the PEPFAR goal of averting 7 million new HIV infections.

Continued Associated Activity Information

Activity ID:	6567
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Soul City
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,000,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	450	☐

Target Populations:

Adults
Business community/private sector
Community-based organizations
Faith-based organizations
People living with HIV/AIDS
Teachers
Girls
Boys
Primary school students
Secondary school students
Religious leaders

Key Legislative Issues

Stigma and discrimination

Education

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.05: 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:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7423
Planned Funds:	$ 100,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Nelson Mandela School of Medicine carries out integrated activities described in AB (#7422), Palliative Care (#7424), CT (#7425), Other Prevention (#7423) and support to OVC (#7426).

SUMMARY:

The Nelson Mandela School of Medicine (NMSM) is using PEPFAR 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. The major emphasis area for this program is information, education and communication, with minor emphasis placed on community mobilization and participation, human resources, policy and guidelines, quality assurance and supportive supervision, and strategic information. The target population includes traditional health practitioners (THPs) in the private and public sector who are members of the KwaZulu-Natal and Ethekwini Traditional Health Practitioner Councils.

BACKGROUND:

The University of KwaZulu-Natal has an ongoing collaboration with associations of traditional healers in Ethekwini District, and the larger KwaZulu-Natal province. Traditional Healers are extremely influential in KwaZulu-Natal, and are a resource in HIV and 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 provides THPs with the necessary tools and training to act as effective HIV prevention agents. The message of Abstinence, Be Faithful, and Condoms (ABC) has not been entirely successful in the Zulu cultural context. These issues are continuously explored with the THPs in our program and we are constantly developing more effective ways of communicating prevention messages that resonate in the Zulu cultural context. Project training, prevention message delivery and follow-up with the THPs emphasize a clear understanding of the facts of viral transmission in sexual practices and the necessity of barrier methods to prevent viral transmission during sex. THPs work with their patients and the community to change cultural practices (non-sexual) that can contribute to viral transmission, such as blood-letting, scarification (use of razor blades to make incisions for rubbing herbs directly into the bloodstream), and skin puncturing using porcupine quills that are frequently used in an African type of acupuncture. Prevention messages delivered in training courses and follow-up work with THPs emphasize the biomedical facts of viral transmission and the vital necessity of safety precautions to prevent viral transmission in these cultural practices. In FY 2005, with the arrival of PEPFAR funding, NMSM trained 221 traditional healers to deliver HIV prevention messages to their clients and communities. NMSM will implement the project in collaboration with the KwaZulu-Natal and Ethekwini Traditional Healer Councils.

ACTIVITIES AND EXPECTED RESULTS:

1. Although NMSM is already engaging South African Government healthcare workers in biomedical facilities, PEPFAR funds will allow for additional individuals to work full-time on increasing collaboration and communication with government health workers. NMSM considers it a vital aspect of their work since it seeks to integrate traditional healers into the public healthcare system.
2. NMSM will build on English and Zulu language prevention messages developed with the traditional healers by the KwaZulu-Natal Provincial Department of Health. This project will also promote the understanding of infectious disease in the traditional healer culture. Engagement with THPs through this project both in training workshops and follow-up work have made it clear that the majority of THPs were previously uncertain about what HIV is, that there is a "virus" that is transmitted, how this virus is transmitted both sexually and through cultural healing practices, and how to prevent this transmission. Similarly most THPs were unclear about what the virus does inside the body, how the activity of the virus leads eventually to AIDS, and what steps could be taken to slow this progression. It was also unclear to most THPs what the relationship was between HIV transmission and other sexually transmitted infection (STI) transmission, and why it was so important to treat and clear up other STI pathologies. In KwaZulu-Natal, HIV and AIDS

are a heterosexual pandemic, and largely a behavior-driven epidemic.

The following activities will be achieved:

1. NMSM will work to increase uptake of HIV and AIDS prevention messages from the healers by both genders (increasing gender equity in HIV and AIDS programs, key legislative issue), specifically looking into novel ways to instill behavior change ideas into the community.
2. Community mobilization/participation will be used to enhance the capacity of traditional healers to deliver prevention messages as they work with their patients and their families. A small number of medical school faculty, support staff and traditional healers will receive salaries in order to facilitate this project. Specifically, they will be responsible for monitoring and evaluation and training.
3. Monitoring and evaluation 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.
4. Local organization capacity development will expand the capacity of the School of Medicine, the Ethekwini and KwaZulu-Natal Traditional Health Practitioner Councils. Through regular staff site visits, quality assurance and supportive supervision of the development and implementation of prevention messages will be carried out.

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.
- The development of better understanding of cultural perceptions, leading to better prevention messages.
- Train THPs and Improve their prevention message delivery capacity as they work with their patients and the patient families.
- 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).
- Assessment of the effectiveness of Other Prevention approaches within the Zulu cultural context in Ethekwini.

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 PEPFAR's goal of preventing 7 million new infections. These activities will also support efforts to meet the prevention objectives outlined in the USG Five-Year Strategy for South Africa.

Continued Associated Activity Information

Activity ID:	3068
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of KwaZulu-Natal, Nelson Mandela School of Medicine
Mechanism:	Traditional Healers Project
Funding Source:	GHAI
Planned Funds:	$ 180,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	250	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	54,600	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250	☐

Target Populations:

Traditional healers

Traditional healers

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: Masibambisane 1
Prime Partner: South African Military Health Service
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7439
Planned Funds: $ 225,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The activity is linked to AB (#7568), CT (#7573), Basic Health Care and Support (#7570) and ARV Services (#7575) as part of the South African Department of Defence (SA DOD) Plan for the Comprehensive Care, Management and Treatment of HIV and AIDS.

SUMMARY:

This prevention activity mainly addresses workplace programs and includes a spectrum of activities such as mass awareness; peer education on HIV prevention and gender equity [through experiential learning and theories of behavior change (following adult behavior theory)]; substance abuse prevention; training of SA DOD members to develop and conduct prevention programs; and reducing stigma and discrimination [through guided introspection about participants' sexuality, case studies about people living with HIV (PLHIV), fact sheets addressing myths, and confronting topics such as fear, stigma, isolation, discrimination and marginalization]. The primary emphasis area for this activity is training while minor emphasis will be given to information, education and communication (IEC), strategic information, workplace programs policy guidance, quality assurance and community mobilization/participation. Target populations include public health workers, doctors, laboratory workers, adults, people living with HIV and AIDS, military personnel, out-of-school youth and factory workers.

BACKGROUND:

Masibambisane is an integrated prevention, care and treatment program in the SA DOD, addressing the management of HIV and AIDS within the Department by interventions that target South African military personnel and their dependants. The prevention programs include mass awareness; workplace programs that includes condom distribution through condom containers in military units and sickbays (container supplies monitored by workplace managers); information, education and training; gender equity and substance abuse programs (delivered by social workers, psychologists, occupational therapists, peers and peer educators) . The program uses communication and education through a wide range of media such as pamphlets, posters, industrial theatre (dramatic plays that address coping with stigma and discrimination in the workplace) and videos.

The overall activities are ongoing and in FY 2007 the activities will be continued and expanded upon by broadening the curriculum and reaching more SA DOD members. 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 Regional HIV and AIDS Coordinators in the Masibambisane Program. A Knowledge, Attitudes and Practices (KAP) survey (SA DOD, 2006) indicates that there is an overall increase in knowledge about prevention; however work still remains on preventing risk behavior practices related to HIV infection. Community awareness and education programs include celebrations of World AIDS day and other HIV-related international and national days, exhibitions and displays, sport and recreation activities that focus on HIV prevention and healthy living and unit competitions with HIV prevention as a focus. All HIV training packages are centrally-developed by the SA DOD HIV Advisory Committee and the Social Work Research and Development Department. Training aims are tailored to target groups (i.e. - healthcare workers, peer educators, or occupational therapists).

ACTIVITIES AND EXPECTED RESULTS:

Due to the scope of the program area, the SA DOD will carry out eight separate activities.

ACTIVITY 1:

Establishment of 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. Workplace programs include discussions of safer sex practices with demonstrations of the correct use of male and female condoms and the distribution of condoms via workplace-manager monitoring of condom containers placed in each military unit and military sick bay. Condoms are obtained through the National Department of Health

(NDOH) via their distribution mechanism. This activity will be linked with the values and ethics based intervention in the Abstinence and Being Faithful program area and the gender equity training discussed under Activity 4 in this narrative.

ACTIVITY 2:

This activity will focus on peer educator training and training of peers. This includes training during mobilization and preparation for mission readiness as well as training in the operational area. Other components of this program are: knowledge and attitudes about HIV, skills required to act as peer educators, and to run HIV peer group training. This is accomplished through adult learning. Activities include information about sexuality and occupational exposure to HIV.

ACTIVITY 3:

SA DOD will focus on the prevention and management of occupational exposure to HIV infection, including medical transmission and injection safety through the placement of first aid kits in all workplaces; provision of personal protective equipment, training of healthcare workers and cleaning staff on occupational health and safety, and the development and publication of relevant IEC material.

ACTIVITY 4:

This activity will address gender equity and HIV through gender equity training, women empowerment and men as partner projects; workshops, seminars and awareness campaigns on gender equity as well as the development and printing of IEC material in this regard. This activity will be linked with the values and ethics based intervention in the Abstinence and Being Faithful program area and the peer education and training discussed earlier in this narrative.

ACTIVITY 5:

The development of a model and strategy and implementation of a substance abuse prevention program will be the focus of this activity. This will consist of training of line commanders on the link between HIV and substance abuse and a substance abuse summit for services and divisions.

ACTIVITY 6:

Expansion of the pilot study on the use of brief motivational interviewing as a prevention strategy with a particular focus on the prevention of HIV transmission from HIV-infected individuals.

ACTIVITY 7:

Diffusion of innovation through attendance of PEPFAR prevention partner meetings, publications in military and peer reviewed magazines and journals and oral and poster presentations on effective and innovative programs at conferences and seminars.

ACTIVITY 8:

SA DOD will conduct mass awareness activities at regional level that focus on celebrations of World AIDS day and other HIV related international and national days, exhibitions and displays, sport and recreation activities that focus on HIV prevention and healthy living and unit competitions with HIV prevention as a focus.

Program implementation will be supported and supervised through staff visits to the regions and monitoring and evaluation through the HIV and AIDS Monitoring and Evaluation Program of the SA DOD to ensure performance. Most of the activities and interventions are well established and the challenge in this regard is to expand interventions to reach an optimal number of members in the SA DOD. The activities will be scaled-up to reach more dependants; including children of military members.

Continued Associated Activity Information

Activity ID: 2978
USG Agency: Department of Defense
Prime Partner: South African Military Health Service
Mechanism: Masibambisane 1
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	403	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,000	☐

Target Populations:

Adults
Business community/private sector
Military personnel
People living with HIV/AIDS
Secondary school students
Out-of-school youth
Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Deliver 1
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7530
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2006 funding is requested for this activity.

PEPFAR funds were allocated to OP ($500,000) for the DELIVER project of John Snow, Inc. (JSI) to continue to support the STI & HIV/AIDS Prevention Unit, within the NDOH and provincial Departments of Health, 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 is implementing an intensified focus in logistics management capacity building within the NDOH, to enable the NDOH to sustain the national condom distribution program.

FY 2007 funding for this activity is requested under TBD: Follow-on to John Snow, Inc. as the DELIVER project is coming to an end and the new agreement is being competed in Washington. Therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID: 2944
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow, Inc.
Mechanism: Deliver 1
Funding Source: GHAI
Planned Funds: $ 500,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Adults

Family planning clients

Secondary school students

University students

Key Legislative Issues

Addressing male norms and behaviors

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:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7533
Planned Funds:	$ 2,975,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
Activities described are part of an integrated program related to the ARV Services (#7536), CT (#7535), OVC (#7534), SI (#7531) and AB (#7532) program areas.

SUMMARY:
With funding through the Health Communication Partnership (HCP), Johns Hopkins University (JHU) coordinates the work of 15 South African partners and provides technical assistance and capacity building to prevent HIV and AIDS by promoting correct and consistent condom use and other interventions. PEPFAR funds support a comprehensive, integrated ABC program that addresses risky behavior in the general population. Major emphasis includes community mobilization/participation with minor emphasis on IEC. The target populations include youth, adults, people living with HIV, HIV-infected pregnant women, discordant couples, community and religious leaders, nurses, factory workers and public health workers, and community-based, faith-based and non-governmental organizations. All 15 partners will contribute to changing male norms and behaviors, with an emphasis on reducing the practice of multiple, concurrent partners and reducing violence and coercion, while diminishing alcohol use, stigma and discrimination (key legislative issues). Findings from the 2006 National HIV and AIDS Communication Survey will provide valuable information about community and individual perceptions of AB to help design the partners' programs. The survey found that 87% of all South Africans were reached with messages dedicated to AIDS prevention and living with HIV and AIDS by means of television and radio programs. The JHU/HCP partners utilize the media to reinforce community mobilization interventions.

BACKGROUND:
The JHU prevention initiatives in the condoms and other prevention area are in their fourth year. The evidence-based strategic message design identifies key theoretical and practical factors that influence behavior, reinforcing the positive and minimizing the negative. Each activity below is designed to enhance critical and creative thinking, contribute to changes in social norms, create social networks that support individual change, build skills, and improve decision making leading to safer sexual behavior.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Mobilization
Lesedi and Mothusumpilo will work in the mining districts of Free State and Gauteng provinces, especially with young women, including sex workers, at risk to inform them about PEP, GBV, stigma and discrimination, condom negotiation, male norms and behaviors and risks associated with alcohol consumption and sexual behavior. They will utilize Peer Educators (PEs) and healthcare workers (HCWs) to meet with women in clinics, schools, in their communities and homes. Their programs will be linked to the local mining companies who generally focus on male employees especially for sexually transmitted infection (STI) services.

LifeLine will work in the Alexandra informal settlement in Gauteng, and with mobile agricultural workers in Limpopo. Their strategy of working with both employers and employees has proven successful in previous, non-PEPFAR-funded interventions. They will train 30 PEs to provide education on correct and consistent condom use, prevention with positives, PEP, GBV, stigma and discrimination, male norms and behaviors and risks associated with alcohol consumption and sexual behavior. They will also carry out community-based interventions in combination with other CBOs and faith-based organizations. LifeLine will work in partnership with the Small Business Association in Alexandra, an informal settlement in Gauteng, and the Farm Owners' and Farm Workers' associations in Limpopo.

ACTIVITY 2: Mass Media Support for Community Mobilization
The South African Broadcasting Corporation will play a key support role by co-funding two TV programs with radio (nine local language stations) components and by providing web support. Trailblazers, a community health show, will air 13 episodes highlighting individuals that provide models of positive behaviors for others to emulate. A new 26 episode TV drama will deal with contextual issues relating to social and cultural norms that inhibit and/or support positive male norms and behaviors, including positive examples that counter violence and coercion. Radio talk shows will follow both programs, providing

additional information and stimulating community participation.

Continued Associated Activity Information

Activity ID:	2989
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 2,650,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of targeted condom service outlets	64	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,300,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,550	☐

Target Populations:

Adults
Business community/private sector
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Discordant couples
Men who have sex with men
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Secondary school students
University students
Religious leaders
Other Health Care Worker
Cross-generational sex

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)

Western Cape

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Government Projects
Prime Partner:	Research Triangle Institute
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7539
Planned Funds:	$ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Research Triangle Institute (RTI) implements related activities described in the Basic Health Care and Support (#7541) program area. RTI will work closely with the Population Council (#7611) which is also providing care and support for rape victims (but in different communities).

SUMMARY:

This goal of this project is to improve care provided to victims of rape, through the establishment of seven new Thuthuzela Care Centers (TCCs). These multi-disciplinary centers provide comprehensive care services to women and children rape survivors, including post-exposure prophylaxis (PEP), HIV and AIDS counseling and testing, and referral to HIV care and treatment services. These centers will also assist men and boys, who are increasingly becoming victims of rape. The major emphasis area will be on training with minor emphasis on commodity procurement. Target population will include infants, girls, boys, men, women, doctors, nurses and pharmacist. Commodities to be procured include rape kits, medical equipment, comfort kits, and PEP medication.

BACKGROUND:

This project is a continuation of work supported through PEPFAR funds in FY 2006 in which the standards of existing TCCs were made consistent with the National Department of Health's (NDOH) National Management Guidelines for the Care of Rape Victims. In FY 2007, this project will focus on establishing seven new TCCs in provinces where they do not currently exist and in other locations where need is identified. Ten TCCs currently exist. This activity is linked to the USAID Democracy and Governance office's longstanding program to support the Sexual Offenses and Community Affairs (SOCA) Unit of the National Prosecuting Authority of South Africa in its endeavor to eradicate all forms of gender-based violence against women and children, especially the crime of rape. The SOCA Unit has responded to the ongoing problem of sexual offences and specifically rape in the country in several ways. One way was to establish 54 sexual offenses courts country-wide. The other has been to establish the Thuthuzela ("to comfort" in isiXhosa) Care Centers. The TCCs are a bold approach to rape care management. When the anticipated Women's Justice and Empowerment Presidential Initiative (WJEI) starts, there will be an important linkage established between the objectives of the SOCA Unit and those of the WJEI to increase women's legal rights. Very aptly SOCA's slogan is "Putting the rights of women and children first."

For victims of rape, the benefit of being assisted through a TCC is that the rape survivor can obtain comprehensive, integrated rape services at a single location, including receiving medical assistance, reporting the case to the law enforcement authorities (the police and prosecutors), and accessing counselors and emergency support services on a 24-hour basis. To allow for easy access to health services, the TCCs are located within hospitals and health care facilities. The TCCs are an initiative of the SOCA Unit of the National Prosecuting Authority and are in compliance with the standards of the NDOH.

The past few years have witnessed a growing recognition of the links between violence against women and HIV and AIDS. The risk of HIV infection is a very real possibility with rape. Perpetrators seldom use condoms, placing the vast majority of women and children who are victims of this crime immediately at risk. For example, of every 100 survivors that report rape at the Manenberg (Cape Town) TCC, an average of five are HIV-infected. This means that 95% of survivors are HIV-negative at the time of rape at this particular TCC and can benefit from PEP and ongoing counseling. On average, 80% of rape victims in South Africa are HIV-negative at the time of rape.

According to the TCC model, when rape victims arrive at the police station to report a rape, they are removed from the crowds to a quiet room to take a statement. They are then transported to the nearest TCC where they are welcomed by a site coordinator. Once the nurse or doctor is summoned to conduct the forensic medical exam, the Victim Assistance Officer (VAO) and the doctor or nurse explains to the victim what procedures need to be performed and help her understand why she must sign consent forms. The police detective on call to the center is summoned and assigned to the case. Case

managers are responsible for coordinating sexual offenses cases and assist the victim in understanding what information the police investigator needs to investigate the crime. If the victim decides to pursue charges, the case manager opens a file where copies of all the relevant documents will be kept and the status of the victim's case will be tracked.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Scale-up of TCCs

With FY 2007 PEPFAR funds, RTI will support SOCA's efforts to establish seven TCCs in provinces where they do not currently exist. Part of this funding will go towards the training of the medical officers (doctors, nurses and pharmacists) on how to provide PEP as well as to site coordinators and VAOs on how to educate victims on compliance with PEP. Site coordinators manage the multidisciplinary team and administer each TCC. When the victim arrives, she is comforted by a VAO, who is also responsible for building a relationship with the victim until she has been able to report the rape, receive a medical examination, and obtain voluntary counseling and testing (VCT). In addition, the victim is linked to any other critical service that she may require such as a place of safety and follow up medical assistance. Promotion and education activities will also be conducted to educate communities in which TCCs are located about the services they provide.

At the TCCs, each rape victim is encouraged to test for HIV. If the rape is reported within 72 hours, the rape survivors who test negative are immediately provided with PEP. They are placed on PEP for 28 days and are tested again for sero-conversion at 3 months and again at 6 months. In these 28 days, the survivor is intensively supported to ensure compliance with medication as well her overall well-being. Rape victims who test positive for HIV will be given appropriate counseling and will be referred to the nearest government treatment site for further counseling, care and Antiretroviral Treatment (ART) when necessary.

U.S. legislative interests being addressed by this project include increasing gender equity in HIV and AIDS programs and women's legal rights. This activity is also closely linked to USAID's programs in Democracy and Governance. The National Prosecuting Authority is committed to addressing rape and the resulting problems such as HIV and AIDS, especially the support and development of TCCs. The National Prosecuting Authority is particularly committed to empowering women, protecting children and ensuring that the crime of rape is reduced throughout South Africa. As such, this project will be sustainable beyond the provision of PEPFAR funds, as the government will continue to support it.

This project will assist PEPFAR meet its goal of averting 7 million new infections by playing a critical role in increasing access to and improving quality of vital post-rape services, including the provision of PEP.

Continued Associated Activity Information

Activity ID:	6545
USG Agency:	U.S. Agency for International Development
Prime Partner:	Research Triangle Institute
Mechanism:	Government Projects
Funding Source:	GHAI
Planned Funds:	$ 280,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,800	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Adults
Doctors
Nurses
Pharmacists
Infants
Girls
Boys

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's legal rights

Democracy & Government

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7567
Planned Funds: $ 450,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity relates to EngenderHealth's activities in AB (#7566), and CT (#7983).

SUMMARY:
EngenderHealth's Men as Partners (MAP) program challenges 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 behaviors. MAP uses a range of strategies, including workshops, community education, media advocacy and public policy, to encourage young and adult men to use condoms, decrease their number of sexual partners, and take an active stand on violence against women and children. This reduces the behavior that puts them and their partners at risk. The primary emphasis area is training, with additional emphasis on community mobilization/participation and information, education and communications (IEC). Specific target populations include out-of-school youth, university students, adults, HIV-infected women, community and religious leaders, program managers, public healthcare providers, people living with aids, caregivers, CBOs, FBOs and NGOs.

BACKGROUND:
EngenderHealth has received USG funding since 1998 to support FBOs, NGOs and the South African Government (SAG) in implementing MAP programs in South Africa. EngenderHealth uses workshops, community education, IEC materials, media advocacy and policy development to promote a comprehensive, integrated ABC program. MAP aims to promote effective and appropriate use of condoms, reduction of sexual partners, behavior change, and to increase men's use of HIV services. Responding to the SAG's Stakeholders' Consultation on Social Mobilization, EngenderHealth has provided training and technical assistance (TA) to over 30 public sector and civil society organizations over the last 24 months, each of which has, in turn, trained other organizations.

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. EngenderHealth played an integral role in the preparation and hosting of the first 365 Days of Action to End Gender Violence Conference in May 2006, which resulted in a Task Team to take the resolutions forward. Through its training program, 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 encouraging condom use, reduction of risky behavior and concurrent partners, and active stands in their own lives and in the communities against Violence on Women and Children. The MAP program was recently selected as a finalist for the Red Ribbon Award at the XVI International AIDS Conference in the category of "Addressing Gender Inequalities."

With FY 2007 PEPFAR funding, EngenderHealth will focus on two semi-urban areas and one rural area to deliver a set of coordinated MAP activities. EngenderHealth will monitor the outcomes as implementation progresses. This will be a demonstration program to learn lessons and value of activities for replication and scale-up of MAP activities.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Capacity Building
EngenderHealth will continue to provide training and TA on the implementation of MAP to three sets of partner organizations: PEPFAR grantees; Western Cape Department of Education; and the Western Cape Department of Social Development's HIV and 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 Gender Equality Community Manual created by EngenderHealth and Planned Parenthood Association of South Africa in 1998, EngenderHealth will continue to build skills and commitment of these partner organizations to implement MAP workshops at the community level that focus on condom usage, reduction of sexual partners, respecting women's rights to negotiate sex and the need for men to play a more engaged role in caring for OVC. MAP workshops will use the MAP Community Action Team Manual to train partner organizations in community mobilization strategies to reach greater numbers of

young and adult men with risk reduction messages that promote OP, challenge gender-based violence and promote gender equality. These activities will be delivered in coordination with at least 10 organizations.

EngenderHealth will also continue to train partners in the use of MAP's IEC materials and strategies including videos, posters, murals and cartoons. In addition, drawing on EngenderHealth's past successes in the Presidency's National Task Force, EngenderHealth will train partners in policy analysis and systems strengthening approaches that increase the government's capacity to promote male involvement.

ACTIVITY 2: Building Networks
EngenderHealth will continue to coordinate the MAP Network, an alliance of about 40 FBOs, CBOs, NGOs and SAG departments working together to create social change. The Network allows organizations to share and leverage resources which in turn increase the number of men reached with MAP activities. Members of the network also work in strategic collaboration to optimize media coverage on issues including men's awareness and commitment to OP. In collaboration with the Presidency, National Prosecution Authority and civil society organizations, EngenderHealth will continue to participate in the coordinating committee on the National Action Plan to End Gender-based Violence.

ACTIVITY 3: Condom Promotion
The MAP program has been carrying out peer education and counseling with condom distribution in Johannesburg since 2004. With FY 2007 funds, additional full-time Peer Educators (PEs) will be hired to counsel older youth and adults, encourage healthy behaviors, and promote correct and consistent use of condoms. Time will be spent on delivering risk reduction messages as part of the standard counseling session during CT. Comprehensive counseling on ABC strategies will be discussed and promoted to avoid HIV. PEs will continue to provide government-issued condoms to men through establishing distributions sites and one-on-one community distribution channels.

ACTIVITY 4: Behavior Change
This activity will address gender norms that increase vulnerability to and impact of HIV and AIDS. Communities will be mobilized to fight forced sex, unequal status of women, and the sexual coercion and exploitation of young people. PEs will be trained and monitored as they conduct workshops to challenge male behaviors and norms relating to masculinity, and encourage condom use, partner reduction and risk aversion. With Let Us Grow, a local NGO, EngenderHealth will organize campaigns and events to educate communities about sexual violence against women and children, thus strengthening community sanctions against such behaviors. Through involvement in the 365 Days of Action to End Violence Against Women and Children, in collaboration with SAG and civil society, EngenderHealth will support activities and policies to strengthen sanctions against sexual and physical violence.

ACTIVITY 5: Partner Reduction
Community-based messaging, in the form of posters, brochures, and workshop manuals, will advocate for reduction of concurrent sexual partners and low sexual partner turnover as methods for decreasing HIV transmission. This activity is integrated with the increased condom use activity explained above.

These activities contribute to the PEPFAR 2-7-10 goal by increasing the number of men accessing HIV services including treatment; increasing the number of men using condoms and reducing their number of sexual partners; reducing women's vulnerability to HIV by preventing gender-based violence; and increasing the number of men caring for the ill.

Continued Associated Activity Information

Activity ID:	2920
USG Agency:	U.S. Agency for International Development
Prime Partner:	EngenderHealth
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	8	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,200	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Street youth
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
University students
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.05: Activities by Funding Mechanism

Mechanism: HPI
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7606
Planned Funds: $ 150,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to the Condoms and Other Prevention activity, Health Policy Initiative (HPI) will also carry out activities in AB (#7602), Basic Care and Support (#7603), Strategic Information (#7605), and Policy Analyses and Systems Strengthening (#7604).

SUMMARY:

Several studies have shown a clear correlation between male circumcision (MC) and HIV prevalence. A four-country study in Africa by Auvert et al (2001) confirmed the population and individual-level association between HIV and the lack of male circumcision. Cross-sectional studies have demonstrated a willingness by men to undergo the procedure based on its presumed preventive effect. Three randomized-control trials were initiated in Kenya, Uganda and South Africa to assess to what extent circumcision intervention may have a protective effect against HIV acquisition in adult men. So far, results from one study in South Africa appear to confirm this hypothesis.

With FY 2007 funding HPI will convene a two-day workshop with national leaders from government, national and regional experts, and people living with HIV and AIDS and will draw on the work done by PHRU with nurses and HSRC with traditional healers. The workshop will form the basis of a policy analysis of the impact of pending South African legislation restricting male circumcision to medically defined conditions and for cultural practices. This activity will build on the work done by Perinatal HIV Research Unit (PHRU) (#7881) in comparing the feasibility and acceptability of alternative models of male circumcision and the Human Sciences Research Council (HSRC) (#7314) study of with traditional healers. In all three cases the activities will concentrate on policy issues surrounding circumcision within the South African context rather than on actual service delivery. The issues of legislative interest are male norms and behaviors, and stigma and discrimination.

BACKGROUND:

HPI is follow-on to the POLICY Project funded by USAID tasked with supporting the implementation of policies and programs to integrate gender, stigma and discrimination into USG programs. HPI will contribute to PEPFAR goals by providing technical assistance and capacity building to local partners at the national, provincial, and community levels to identify and address the operational barriers that impede the expansion of HIV and AIDS programs.

Researchers have cautioned that circumcision is not only a policy or health services issue. It embodies important cultural and religious beliefs in some communities, while there are cultural and religious issues surrounding the practice in other communities. It is also recognized that, for circumcision to be introduced as an intervention, many processes would have to be undertaken, including training of medical and traditional practitioners who conduct the majority of these procedures. If MC is confirmed by clinical trials to have a protective effect and is endorsed as a prevention strategy by major normative bodies such as the World Health Organization and UNAIDS, it will be critical for government and other key stakeholders to understand the implications of providing MC services within their prevention programs and for society as a whole.

In South Africa, male circumcision is a procedure that is usually done for cultural or religious reasons rather than for health benefits. This is seen among certain ethnic groups such as the Xhosa who routinely practice male circumcision as part of initiation to transition boys to manhood. In such cases the circumcision is done by traditional healers rather than by medically trained in a health facility. Since it is a surgical procedure, there are risks involved in traditional male circumcision. Partly in response to reports of adverse events surrounding traditional male circumcision, the South African Government is considering legislation to restrict circumcision to only medically defined conditions and for cultural practice.

ACTIVITY 1:

With FY 2007 PEPFAR funding, HPI will conduct a policy analysis of MC within the South

African context and convene a two-day workshop with national leaders from government, national and regional experts, and people living with HIV and AIDS and will draw on the work done by PHRU with nurses and HSRC with traditional healers who will be invited to a plenary sessions to present the scientific evidence and policy, public health, economic and cultural issues related to introducing MC as an HIV prevention strategy in South Africa. The analysis will examine the potential impact of pending South African legislation restricting circumcision to treating medical conditions and when it is part of culturally accepted practice. By bring into the dialogue the myriad of key stakeholders, such as traditional leaders, community groups, provincial authorities, and the medical establishment together, the analysis and workshop will support efforts to implement MC in a safe and culturally appropriate manner.

A report summarizing the policy analysis and the workshop be prepared and disseminated to all key stakeholders including the NDOH and other policymakers, the medical community, traditional healers, civil society groups.

The activities outlined above will contribute towards meeting the vision outlined in the USG Five-Year PEPFAR Strategy for South Africa by mobilizing and training faith-based organizations and traditional leaders and equipping them with skills to promote AB prevention programs in their communities and churches.

With the additional $50,000 reprogrammed into this activity from HSRC, all of the above dimensions of this activity will be enhanced and reach full potential.

Continued Associated Activity Information

Activity ID:	6427
USG Agency:	U.S. Agency for International Development
Prime Partner:	The Futures Group International
Mechanism:	Policy Project
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Needs Assessment	51 - 100
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful	50	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Traditional healers
Non-governmental organizations/private voluntary organizations
Program managers
Boys
Men (including men of reproductive age)
Religious leaders
Host country government workers
Other Health Care Worker

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

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:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7611
Planned Funds:	$ 0.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is linked to Population Council's other activities in AB (#7614), PMTCT (#7613), CT (#7612), and ARV Services (#7861). Activity 2 is linked to the Research Triangle Institute activity with the South African Department of Justice, which focuses on scaling up the Rape Crisis Centers in South Africa (# 7539).

SUMMARY:

Building on past experience, the Population Council (PC) will implement two activities aimed at increasing access to post-exposure prophylaxis (PEP) and strengthening the support and referral systems, including medical and legal, for victims of rape. Major emphasis areas will be community mobilization/ participation while minor emphasis will be linkages with other sectors and initiatives and training. Target populations include girls, women, community leaders, policy-makers, National Aids Program Staff, other National Department of Health (NDOH) staff and implementing organizations.

BACKGROUND:

There has been growing alarm regarding the high levels of rape reported in South Africa. Sexual violence and violence against women have become one of considerable political importance and the Department of Justice (DOJ) has launched a major initiative to address the needs of rape victims in a comprehensive manner. Meeting the immediate healthcare needs of rape survivors (including sexually transmitted infections, treatment of injuries, and counseling) is a priority. Guidelines exist for the provision of PEP, along with these other key services; however, evidence shows that these are not often followed. In addition, there is a poor link between medical post-rape services and the necessary legal and police procedures.

Population Council (PC) and Rural Aids and Development Action Research (RADAR) have been working in Limpopo to implement and evaluate a rural, multi- sectoral model for post-rape care. A number of obstacles in providing comprehensive post-rape care at the project site were identified including uptake of service by community, institutional and provider capacity, quality of service delivery, and inter-sectoral linkages. An intervention strategy was developed to address these key challenges. A Project Advisory Committee (PAC) was formed and a hospital rape management policy was developed. Healthcare workers and other providers were trained on: multi-sectoral approach to rape management, centralization and co-ordination of post rape care, strengthening of inter-sectoral linkages with local police and community awareness. Following the interventions, a repeat evaluation at the hospital and police station indicated that the flow of patient care has been streamlined, necessitating fewer providers, fewer steps, and fewer delays in treatment. Nurses are taking a more active role in management of rape cases, using formal protocols and policies, and referral rates to other providers appears to be increasing. With support from hospital management, the hospital pharmacist has begun to dispense a full 28-day regiment of PEP on the initial visit. Community awareness campaigns have reached over 14,000 individuals in the hospital catchment area, with information about post-rape services, including PEP. Whether due to increased awareness and/or other factors, there has been an observed increase in the uptake of services at the hospital. The project is also working with national and provincial (Limpopo and Mpumalanga) Departments of Health to train healthcare workers and health managers regarding management of sexual assault, and to share policies and management tools. Although these activities have strengthened the health sector response to violence, they have also revealed weaknesses in addressing the legal needs of rape survivors. Although nurses and doctors have been trained in collecting forensic evidence, few cases are actually brought to court, and even fewer successfully prosecuted. Lack of confidence in legal proceedings discourages survivors from seeking medical care or reporting to police.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007, PC and RADAR will use this health sector-based model as a foundation to strengthen linkages with other sectors, particularly social welfare, police, and judicial, building on the relationships and gains made during the previous phase of the work. This will include the following activities:

ACTIVITY 1:

This activity will continue to focus on strengthening systems in the project site in Limpopo. The lessons learned will inform the next phase of development that will sustain PEP and strengthen relationships between hospitals, legal entities, communities and health departments at national and provincial level and inform the Department of Justice's efforts to enhance the quality of their comprehensive rape centers, The Thuthuzela ("To Comfort") Care Centers. A baseline assessment of processes and outcomes relating to the necessary legal interventions following reporting of rape cases to the hospital will be conducted. This will formally document actual prosecution rates, highlight current obstacles and points for possible intervention areas. RADAR will partner with the Tshwaranang Legal Advocacy Centre (TLAC) to bring on board two paralegal advisors and a program manager to develop an intervention strategy for engaging with the local police station and prosecutors. Training workshops will be conducted with Victim Empowerment Program volunteers, police and prosecutors in order to raise sensitivity regarding sexual violence and obstacles and obligations for reporting and prosecution of cases. Using channels developed during the previous phase, RADAR will add a legal component to the community outreach and awareness raising activities targeting the villages surrounding the project. In addition to the sexual and reproductive health related messages previously emphasized, messages focusing on a rights-based approach will be included, as well as information regarding the legal issues of reporting a rape case. PC will develop systems for monitoring and evaluating the reporting and prosecution of cases of sexual violence, as much as possible drawing on and strengthening existing record keeping systems within the hospital and police station. Building on existing relationships with government stakeholders at the national and provincial (Limpopo and Mpumalanga) Departments of Health, the project will disseminate tools and lessons learned from this model for developing a strengthened medico-legal response to sexual violence in rural areas.

ACTIVITY 2:

At the request of the DOJ, PC in collaboration with RADAR and Research Triangle Institute (RTI), will also utilize PEPFAR funds to provide technical assistance and health-related experience to guide a process of scaling up the DOJ rape care centers from 8 centers to 40 nationwide. Technical assistance will also be provided to ensure quality of post-rape care. The centers aim to offer rape survivors caring and dignified treatment, and effective prosecution of cases in the justice system. The 24-hour service centers have services that include police, counseling, doctors, court preparation and a prosecutor. Lessons learned and materials developed through the ongoing PEPFAR funded work in Limpopo will be shared. Links between the Departments of Health and Justice will be strengthened through the various partners.

These activities will assist the US Mission in attaining their goal of averting 7 million HIV infections by strengthening a key gender intervention in South Africa.

Continued Associated Activity Information

Activity ID:	2968
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Council
Mechanism:	Frontiers
Funding Source:	GHAI
Planned Funds:	$ 250,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Community leaders

National AIDS control program staff

Policy makers

Girls

Women (including women of reproductive age)

Other MOH staff (excluding NACP staff and health care workers described below)

Implementing organizations (not listed above)

Key Legislative Issues

Increasing women's legal rights

Reducing violence and coercion

Democracy & Government

Coverage Areas

Limpopo (Northern)

Mpumalanga

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Male Circumcision
Prime Partner: Human Science Research Council of South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7620
Planned Funds: $ 0.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is conducted in coordination with the Perinatal HIV Research Unit (#7881) and Health Policy Initiative (#7606).

SUMMARY:

The Human Sciences Research Council (HSRC) will use PEPFAR funds to hold stakeholder meetings with traditional healers and traditional leaders to receive input on what should be included in messages for delivering circumcision as a part of a comprehensive traditional healers HIV prevention program. Based on the policies and guidelines, HSRC will work with traditional healers to develop medically and culturally appropriate messages for traditional male circumcision. This is one of three interrelated activities focusing on articulating a framework for male circumcision that meets international standards and reflects the local cultural context. The other two activities are (1) support to PHRU for a workshop and a report on the feasibility of alternative models of male circumcision and (2) support to HPI to conduct a policy analysis of the impact of pending South African legislation restricting male circumcision to medically defined conditions and for cultural practices. In all three cases the activities will concentrate on policy issues surrounding circumcision within the South African context rather than on actual service delivery. The major emphasis area addressed for circumcision is policy and guidelines. Doctors, nurses, traditional healers and community healthcare workers are the target groups for this activity.

BACKGROUND:

Although not widespread, prevalence rates for male circumcision in South Africa ranges from 20% to nearly universal among some ethnic groups. Male circumcision is a procedure that is usually done for cultural or religious reasons rather than for health benefits. This is seen among certain ethnic groups such as the Xhosa who routinely practice male circumcision as part of initiation to transition boys to manhood. In such cases the circumcision is done by traditional healers rather than by medically trained in a health facility. However, since it is a surgical procedure, there are risks involved in traditional male circumcision. Complication rates vary depending on the study but range from 1.7% to 12%. In a study of adverse effects (AE) of male circumcision by facility type, it was found that traditional circumcision carried a 34.3% rate of AE versus 11.1% at public facilities and 22.5% at private facilities. There are many anecdotal reports in South Africa highlighting problems of bleeding, infection, mutilation and death associated with traditional circumcision practices.

In the past, one reason that HIV infection has been acquired during traditional circumcision ceremonies is because one instrument has been used to circumcise large numbers of initiates, one after the other, without taking any infection control precautions. Further, most traditional surgeons are not trained in proper health standards and procedures; therefore, there is a high risk of transmission of HIV and other infections such as Hepatitis B and HIV during circumcision, as well as other complications. Trained medical staff has not been available in order to intervene in the case of complications. Conversely, if male circumcision is performed correctly, there may be significant benefits. Results from the Orange Farm study in South Africa in 2005 indicated that circumcised males were 60% less likely to acquire HIV after a mean 18-month follow-up.

With this in mind, HSRC will use FY 2007 PEPFAR funding to 1) perform desk-top review of "best-practices" in traditional male circumcision; 2) hold stakeholder meetings with traditional healers who perform traditional male circumcision; and 3) begin the development of messaging, communication and prevention particularly around safe male circumcision among traditional healers.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Development of Messages

Following on a one-day colloquium on male circumcision hosted by the Perinatal HIV Research Unit in South Africa in 2006, HSRC will focus of the development of messages

and communication for the development of safe male circumcision practices by traditional healers.

Initially, HSRC will conduct a desk-top review of best practices in male circumcision by traditional healers. The review will be followed by a series of workshops and focus groups in the Eastern Cape between and among traditional healers, traditional surgeons and traditional nurses, as well as with medical doctors and nurses. This background work will take into consideration the South African social and cultural context in order to formulate the basis on which messages for male circumcision by traditional healers can be developed. These messages will build on and be adapted from existing UNAIDS/WHO surgical training with the primary focus of ensuring safety and prevention of HIV by traditional healers. Once messages on safety and HIV prevention have been developed, these will be piloted with same groups that took part in the series of workshops and focus groups to ensure that the messaging is appropriate and culturally appropriate. Thereafter, HSRC will ensure that the messaging is distributed appropriately.

This activity will contribute to the PEPFAR goal of preventing 7 million new infections.

Continued Associated Activity Information

Activity ID:	6534
USG Agency:	U.S. Agency for International Development
Prime Partner:	Human Science Research Council of South Africa
Mechanism:	Male Circumcision
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Policy and Guidelines	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Doctors
Nurses
Traditional healers
Policy makers
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
Doctors
Nurses
Traditional healers
Other Health Care Workers

Coverage Areas

Eastern Cape

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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7645
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

PEPFAR funds allocated to Other Prevention ($110,000) are for the Reproductive Health and HIV Research Unit (RHRU) to implement an outreach project in a deprived inner city area, providing prevention, clinical and support services to commercial sex workers in the many brothels in Hillbrow, Johannesburg. This activity will be competed in an Annual Program Statement (APS) for FY 2007 funding, as the activity has grown in scope and funding level that warrants competition, therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID: 3082
USG Agency: U.S. Agency for International Development
Prime Partner: Wits Health Consortium, Reproductive Health Research Unit
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 110,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Adults
Brothel owners
Commercial sex workers
Community-based organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Partners/clients of CSW

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Gauteng

Table 3.3.05: Activities by Funding Mechanism

Mechanism: PHRU
Prime Partner: Perinatal HIV Research Unit, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7881
Planned Funds: $ 160,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to PHRU activities described in the following program areas: Basic Health Care and Support (#7598), TB/HIV (#7595), CT (#7596), PMTCT (#7599), ARV Services (#7597) and ARV Drugs (#7600).

SUMMARY:

The approach taken by the Perinatal HIV Research Unit (PHRU) is one of comprehensive, high quality care and support for PLHIV. Building on their 2006 workshop on the feasibility of scaling-up doctor-based male circumcision, the PHRU will use FY 2007 funds to organize and facilitate a stakeholders workshop on the feasibility, acceptability, and resource requirements of alternative models of delivering circumcision as a part of a comprehensive HIV prevention program. The workshop will compare three models of male circumcision: the use of traditional healers (where they are culturally appropriate) as circumcisers; use of trained doctors; and a nurse-based approach to circumcision. The workshop will draw upon the work of Human Sciences Research Council (HSRC) (#7620) and PHRU's non-PEPFAR funded study of the feasibility and acceptability of nurse-based male circumcision. This activity, along with HSRC's partnership with traditional healers, will be used by the Health Policy Initiative (#7606) in their policy analysis of the impact of pending South African legislation restricting male circumcision to medically defined conditions and for cultural practices. In all three cases the activities will concentrate on policy issues surrounding circumcision within the South African context rather than on actual service delivery. The major emphasis area addressed in this activity is human resources; secondary emphasis areas are information, education and communication, community mobilization, and training. Healthcare workers, program managers, and local health officials are the target group for this activity. Issues of U.S. legislative interest are: gender (increasing gender equity in HIV and AIDS programs, male norms and behaviors) and stigma and discrimination.

BACKGROUND:

Although not widespread, prevalence rates for male circumcision in South Africa ranges from 20% to nearly universal among some ethnic groups. Male circumcision is a procedure that is usually done for cultural or religious reasons rather than for health benefits. This is seen among certain ethnic groups such as the Xhosa who routinely practice male circumcision as part of initiation to transition boys to manhood. In such cases the circumcision is done by traditional healers rather than by medically trained in a health facility.

A recent study conducted in South Africa showed that male circumcision reduces the risk of becoming HIV-infected. UNAIDS and WHO have stated that these results should be confirmed prior to recommendations being issued regarding policy and program development. Two further large scale studies of circumcision for HIV prevention are in progress in Uganda and Kenya, with results anticipated in 2007. In addition, the potential that HIV-infected circumcised men may have a lower chance of transmitting HIV to their partners is being tested in a separate study. If these trials return efficacious results, circumcision may be considered for both HIV-infected and uninfected men. Scaling-up male circumcision in South Africa may therefore soon become a priority, as a component of comprehensive HIV prevention programs.

In anticipation of this development, the PHRU held a workshop in June 2006 on issues related to the feasibility of scaling-up male circumcision. Contributions to this workshop were made by researchers who conducted the South African trial, academic surgeons, and included input on diverse aspects of possible interventions including training requirements, legal and ethical concerns, traditional methods, anesthesia, cultural concerns, and potential target groups. An important conclusion from this preliminary consultation was that there is little circumcision being carried out by trained surgeons. Alternatives include integration with traditional circumcision schools. A medical model with circumcision delivered by trained nurses could also be considered. PHRU is currently conducting research, with non-PEPFAR funding, on the feasibility and acceptability of a nurse-based approach to circumcision. Through non-PEPFAR funding, male circumcision would be performed by trained nurses under the supervision of a surgeon in sterile operating rooms

at primary and tertiary health facilities. It is expected that this activity would impact male norms and increasing equity in treatment programs.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Feasibility, Readiness and Acceptability of Alternative Models of Circumcision

This activity will support a workshop that compares the readiness and acceptability of alternative models of circumcision, including nurse-based male circumcision. While the workshop would focus primarily on various medical models, the role of traditional healers and practitioners would also is examined using the materials generated from the HSRC study (#7620) of traditional circumcision practices. The outcome would be a report, describing the training, legal, ethical components for alternative models of male circumcision including doctor-based and nurse-based models. .

These activities will contribute to the PEPFAR goal of preventing 7 million new infections.

ACTIVITY 2: Male Circumcision Using Nursing Staff

No male circumcision training or service delivery will take place without the express consent of the National Department of Health. In the absence of such approval and based on discussions with the PEPFAR South Africa team, funds could fully or partially be reprogrammed. Should the approval for safe clinical male circumcision activities be given, PHRU is proposing the following male activities:

This activity assumes that the South African Government will change legislation to allow male circumcision to take place on a large scale in South Africa. Recognizing that specialized surgical and other staff are in short supply, this activity will look at alternative models to scale-up male circumcision. This will include training nurses to do male circumcision, paying staff to perform circumcisions and paying for materials required to perform male circumcision. Training, mentoring and implementation will be the main areas of emphasis and developed in consultation with NDOH and JHPIEGO. It is likely that this activity will take place initially in Gauteng, but may be expanded to other provinces on request of the National Department of Health.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Community leaders
Community-based organizations
Doctors
Nurses
Boys
Men (including men of reproductive age)
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Gauteng

Table 3.3.05: 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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7884
Planned Funds: $ 500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This program is related to Humana's activities in AB (#7624), CT (#7625) and Basic Health Care and Support (#7885).

SUMMARY:

Humana People to People (Humana) implements a comprehensive, integrated ABC HIV and AIDS prevention program called Total Control of the Epidemic (TCE). TCE trains community members as Field Officers (FOs) to utilize a person-to-person campaign to reach every single household within the target area with prevention messages including the correct use of condoms and on prevention of mother-to-child transmission (PMTCT). The major emphasis area is community mobilization/participation, while minor emphasis areas are development of network/linkages/referral systems, information, education and communication (IEC), and training. Key target populations are men, women, pregnant women, discordant couples, migrant workers, out-of-school youth, community leaders and traditional healers.

BACKGROUND:

TCE was launched by Humana in 2000 in Zimbabwe. The program has been implemented in five countries in Southern Africa, reaching a population of three million. Humana received its first PEPFAR funding in July 2005. Humana runs three TCE areas in the provinces of Mpumalanga and Limpopo. In the first year of implementation 200 community members have been trained as Field Officers (FOs) and prevention services have been provided to about 60% of the targeted community members. FOs mobilize communities to address stigma and discrimination associated with HIV and AIDS and to raise awareness of HIV preventive behaviors. TCE will track service provision by gender, and develop strategies to reach men with condoms and other prevention messages. FOs promote gender equity during their home-visits by empowering both sexes with information and education. TCE trains community volunteers -- known as Passionates -- to establish vegetable gardens, run children and youth clubs, offer care and support to orphans and people living with HIV (PLHIV).

Humana works in partnership with the Bohlabela District Municipality (now Mopane/Ehlanzeni districts), a major partner contributing over $140,000 per year to the program. TCE has received a number of awards, including the 2003 Stars of Africa Award (in partnership with Johnson and Johnson) for best Corporate Social Investment Program within Health/HIV/AIDS in South Africa.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Household-Based Person By Person Campaign

The TCE Program uses a person-to-person campaign to reach every single household with information about HIV and AIDS within the targeted areas. Each FO is allocated a field of 2,000 people (350 households). Households are visited three times over a one-year period and will receive targeted IEC messages emphasizing age-appropriate condoms and other prevention messages with the objective of changing community sexual norms. FOs visit households and engage individuals in discussions on preventive behavior and promote counseling and testing and PMTCT. FOs are trained to recognize potential signs and symptoms of advanced AIDS and HIV-related conditions, including STIs, and refer individuals directly to public health clinics for CT, CD4 testing, HIV clinical staging, and treatment of opportunistic infections. Although the TCE program focuses on AB messages, it will also provide appropriate community members with prevention messages like use of condoms and PMTCT. TCE carries out a series of targeted interventions to reach workplaces, at-risk youth and vulnerable population groups, such as taxi drivers, sex-workers and young men with information on the use of condoms. During the door-to-door campaigns, the FOs assess the needs of the individual. TCE organizes workshops for key players in the community, such as local leaders, traditional healers and community-based organizations to promote the use of condoms. TCE also establishes condom outlets in the homes of FOs and Passionates. Passionates undergo training in condom demonstration. The FOs also educate pregnant women on PMTCT and refer them

to antenatal clinics.

ACTIVITY 2: Human Capacity Building

Through weekly meetings, the FOs receive continuous internal training, in the first year as lay-counselors, during the second year as educators. The training is based on experiences gathered in the field. TCE makes use of both its own materials, which have been continuously tested and amended, and educational materials developed by other organizations and the government. TCE often makes use of guest speakers from government and other organizations for training purposes. Passionates are trained in HIV and AIDS and in communication and facilitation skills (such as running youth clubs), and some are trained to distribute and demonstrate the use of condoms.

ACTIVITY 3: Linkages with Sectors and Initiatives

TCE works in close collaboration with other stakeholders in the region. For example, the Department of Health provides all the condoms that are distributed by TCE; FOs mobilize and refer pregnant women to antenatal clinics for PMTCT. Furthermore, TCE has a strong partnership with the tuberculosis (TB) sub-directorate in the Bohlabela district, where FOs are trained to raise awareness about TB, make referrals to clinics and collect sputum. TCE also cooperates with SAG departments including the Department of Social Development to ensure that OVC and PLHIV, who are identified through household visits, are able to access social security. Through the door-to-door campaign, the FO will also identify patients in need of palliative care and can refer them to services provided under the TCE program or to other services.

ACTIVITY 4: Monitoring and Evaluation

TCE has developed a range of systems to measure the results of the program. Before starting in a new area, TCE carries out a baseline survey collecting information about knowledge, attitudes and practices in the area. Once the program has begun, each FO has a household register, which keeps basic information about each household and is a continuous source of data to evaluate the progress of the program, such as number of people tested, number of OVC and pregnant women referred to PMTCT and STI services. This data can be used to track community behavior change. TCE has also developed a tool called Perpendicular Estimate System (PES), which is tailored to measure the impact of the program in the target areas; PES consists of a set of questions and demands to the individual in order to be TCE-compliant, which means being in control of HIV and AIDS in one's life. During the second and third year of the program, community members interact with their TCE FOs on an individual basis to make a PES-plan, which minimizes their risk of being infected and makes them live responsibly and positively if infected. This data provides information on individual behavior change in the target area. Throughout the program, the FOs and TCE Management meet on a weekly and monthly basis to evaluate the progress of the program. The meetings monitor the progress of achieving targets and deliberate on the challenges faced in the field. Quarterly, TCE management meet with staff at the TCE Regional Headquarters in Zimbabwe to further evaluate the progress of the program and develop activities in order to increase impact.

These activities will contribute to the 2-7-10 goals of averting 7 million new infections by increased knowledge and skills among community members in HIV and AIDS prevention; reduced stigma; higher gender equity; increased knowledge about services (PMTCT and CT); increased use of condoms; strengthened linkages between other organizations in the area and government services; increased number of people knowing their HIV status; and higher mobilization and capacity among community members to deliver prevention messages and offer care and support.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	200	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,400	☐

Target Populations:

Adults
Community leaders
Traditional healers
Discordant couples
Pregnant women
Migrants/migrant workers
Out-of-school youth

Coverage Areas

Limpopo (Northern)

Mpumalanga

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Africare
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7920
Planned Funds: $ 100,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Africare's Condoms and Other Prevention activities are linked to AB (# 7280), Basic Health Care and Support (# 7278), CT (# 7279), ARV Services (# 7277), TB/HIV (# 7281) and OVC support (# 7282) activities described in the COP. Peer educators and advocates contribute to the promotion of counseling and testing, reduction of stigma, and care and support. Empowerment of, and respect for women and girls is incorporated into prevention activities.

SUMMARY:

In the Hewu Hospital catchment area (in Whittlesea, Eastern Cape), part of Africare's Injongo Yethu Project approach is working through several foci of influence in the community to disseminate information and influence behavior change to prevent new HIV infections and to encourage testing. Activities will address target groups such as those patronizing taverns and using them for access to transactional sex (clients of sex workers), and prisoners will be reached with messages emphasizing correct and consistent condom use and getting tested for HIV. Traditional healers will extend further into villages in the Hewu area and strengthen their activities in Ilinge, outside of Queenstown to promote voluntary counseling and testing (VCT), prevent transmission during medical procedures, and provide messages on correct and consistent condom use, along with being faithful and partner reduction messages during their cultural dancing. Activities carried out by traditional healers aim to reduce stigma. Major emphasis will be on community mobilization/participation with minor emphasis on information, education and communication (IEC) and training. Target populations include men, women, prisoners and partner clients of sex workers.

BACKGROUND:

This is an ongoing activity, extending from the Abstinence and Being Faithful (AB) messages initiated with these groups and bringing tavern owners more formally into the partnership of the project. Traditional healers have been very active in combining messages into their cultural dancing, and have begun to refer clients for VCT. All trained traditional healers have medical waste sharps disposal boxes. Two local associations of tavern owners have initiated activities through the local community policing forum and express interest in being trained to implement activities in their establishments. While there is not a formal sex worker trade in this community, informal sex for transaction does occur and is frequently initiated at taverns. Monthly discussion sessions have been carried out in the male prison around HIV transmission and AB prevention. The local minimum security prisons have small populations (about 70 inmates) with short sentences and will return to their communities in a short time. Prisoners have expressed the need for prevention work, including condoms and condom information.

ACTIVITIES AND EXPECTED RESULTS:

Largely through consistent and frequent messages using video and print materials and backed by trained tavern owners, correct and consistent condom use along with reducing the number of concurrent sexual partners will be encouraged. Backing of the taverns owners will be important. In addition to affecting behavior while in prison, it is anticipated that significant information coupled with discussion while in prison will positively influence behavior after release into the community.

ACTIVITY 1:

Tavern owners from the Whittlesea and Romanslaagte Community Policing Forums will be trained first in HIV disease, transmission and prevention, as well as oriented to IEC materials that can be used in their establishments. Included in their program will be an orientation to the local HIV services for testing and care (including treatment). Project support will also be used to provide videos and Xhosa print materials on condom use and reducing the number of partners. VCRs and televisions will be made available on a rotational basis where they are not available on premises. Discussions once per quarter in each establishment facilitated by project volunteers will reinforce messages in addition to the informal discussions that will be generated by the videos and supported by the tavern

owners.

ACTIVITY 2:

Prisoners in the Sada prison for men and the Queenstown prison for women will continue to be reached with monthly discussion sessions. Videos will be used to trigger discussion and Xhosa print material on condom use, partner reduction and AB messages will be provided. Where condoms are not institutionally available, they will be provided, given permission from the authorities.

ACTIVITY 3:

Traditional healers trained in the Hewu and Ilinge areas will be refreshed, updated and supported in their ongoing activities. Reinforcement of messages around limiting sexual networks through partner reduction and condom use will be provided. Additional practice to build confidence in answering questions will be structured to promote independence from project staff.

ACTIVITY 4:

Violence reduction is addressed through several activities in the community. Traditional caretakers/educators (Ikankhatha) who educate male youth during traditional circumcision and initiation "school" are beginning to include emphasis on traditional norms and values that mandate respect and caring for women and children. This is to counter anecdotes of bullying behavior of young men toward women (even their mothers) when they come out of the school. Traditional leaders will include similar discussions with adult men with regard to violent behavior toward women and children. Peer Educators for out-of-school youth will continue to receive capacity building to lead youth discussions around gender issues and relationships. In-school youth (intermediate phase) will be introduced to issues of gender, how we see the other sex, bullying, and consideration for others. Pastors and church leaders discuss with respect for each other with couples. Youth both in- and out-of-school will be made aware of sexual abuse and what to do if it happens.

By focusing on prevention among people at risk, Africare contributes to the PEPFAR goal of preventing 7 million new HIV 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
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		☑
Number of targeted condom service outlets	100	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	16,900	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	☐

Target Populations:

Adults

Prisoners

Partners/clients of CSW

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Eastern Cape

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	South African Clothing & Textile Workers' Union
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7933
Planned Funds:	$ 90,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Southern African Clothing and Textile Workers Union's programs aim to provide comprehensive prevention, care and treatment services. Related activities are described in CT (# 7932) and ARV Services (# 7934).

SUMMARY:

The Southern African Clothing and Textile Workers Union (SACTWU) project has received PEPFAR funding in previous years through a sub-agreement with the Solidarity Center, but in FY 2007, SACTWU will receive direct PEPFAR funding. SACTWU has a well-structured training program, initiated in 1999, that has evolved within the dynamics of the industry and includes basic facts on HIV, AIDS, abstinence, being faithful and condom use. The major emphasis area of the activity is training, with minor emphasis on workplace programs, community mobilization/participation, human resources and information, education and communication. Target populations include factory workers and people affected by HIV, HIV-infected positive women and business/ community/ private sector.

BACKGROUND:

The Southern African Clothing and Textile Workers Union is South Africa's largest trade union organizing textile and clothing workers. It also organizes footwear, leather and retail workers. Hence, SACTWU members form part of the economically active population that has been identified as being the hardest hit by the HIV and AIDS epidemic. Further, around 66% of SACTWU's membership is female. The prevention program is a three-level training program that starts with a foundation phase on the basic facts of HIV and AIDS, abstinence, being faithful and consistent and correct condom use (ABC). These facts are reinforced and strengthened with the intermediate and advanced modules of training. The intermediate module deals with legal aspects and workplace policy development. In the advanced module, delegates are trained to become trainers, lay counselors and home-based carers. SACTWU also has an HIV and AIDS awareness workplace program where trainers take the training to floor level in 30-minute sessions in the factories. The major emphasis of the workplace program is on prevention.

SACTWU has a membership of approximately 110,000 members nationally. The SACTWU AIDS Project is a national program that provides prevention and care services in five provinces, KwaZulu-Natal, Western Cape, Gauteng, Eastern Cape and Free State. The SACTWU AIDS Project was initiated in 1998 and developed a national comprehensive program, with an initial focus on prevention. It has matured over the years to the point where it now has a well-structured comprehensive training program, provides "in house" voluntary testing and counseling (VCT) services, access to a social worker in KwaZulu-Natal, runs income generating workshops, provides a primary package of care through the VCT service, and provides home-based care through its regional nurses and a home-based care network in KwaZulu-Natal. The nurses provide some level of support in the home through home visits, but this activity is mainly implemented by the home-based care network of 19 home-based carers who provide ongoing home-level support.

Prior to FY 2007 SACTWU received PEPFAR funding as a sub-grant from the Solidarity Center. In FY 2007 SACTWU becomes a prime partner, and will receive direct funding.

ACTIVITIES AND EXPECTED RESULTS:

The training program serves as an education program and addresses stigma and discrimination associated with HIV status for all workers, shop-stewards, managers and healthcare staff within the industry nationally. It also serves as an instigator for the demand for the voluntary counseling and testing program. With PEPFAR funding SACTWU employs two trainers and a training coordinator fulltime to deliver all prevention programs in-house and achieve set targets. This activity will aim to educate shop-stewards and workers within the industry in the five provinces where the program is active and to address issues of HIV prevention, stigma and discrimination by empowering the delegates and repeatedly reinforcing the facts on HIV. The basic module emphasizes the ABC message of the South African government and aims to prevent new infections. SACTWU also has an intermediate module that deals with the worker's rights and HIV as well as

development of workplace policies. Empowering individuals on their rights directly addresses the issue of stigma and discrimination.

The program will also distribute male and female condoms. One of the reasons why the epidemic is more prevalent amongst women is the lack of power of women in the relationship, which impacts on negotiating condom use. By making available the female condom SACTWU allows women additional protection if the male partner refuses to wear a condom. The prevention training is complemented by activities like the condom man campaign as well as using drama to reinforce the prevention message--this helps to get HIV "out of the closet" and make it an interactive and informal discussion.

PEPFAR funding will be used for human resources costs related to the prevention program. These figures will link into overall PEPFAR objectives of 7 million infections averted.

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

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of targeted condom service outlets	150	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	☐

Target Populations:

Adults
Business community/private sector
People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination

Education

Coverage Areas

Free State

KwaZulu-Natal

Eastern Cape

Gauteng

Western Cape

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	NEW APS
Prime Partner:	Youth for Christ South Africa (YfC)
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7949
Planned Funds:	$ 250,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to activities in AB (#7948).

SUMMARY:

Youth for Christ (YFC) will promote HIV risk reduction and prevention activities by distributing and promoting the use of condoms among out-of-school youth 18 years and older. YFC will recruit and train young people as youth workers. After training, the youth workers will be placed in Youth Clubs where they will assist in expanding YFC's HIV prevention campaign by distributing condoms to communities and the youth. Major emphasis for this program is community mobilization/participation with minor emphasis on development of networks/referrals and information education and communication. The primary population includes out-of-school youth, CBO's and NGO's.

BACKGROUND:

YFC has been involved with prevention programs in schools for several years. The National Department of Health (NDOH) has funded YFC activities since 1995. The organization was PEPFAR funded as from 2005 through the NDOH cooperative agreement but as of 2007 YFC will become PEPFAR prime partner. YFC's prevention activities will focus on distribution and correct use of condoms, and on gender issues, which will be addressed through life skills programs. The life skills programs will focus on empowering young women, and challenging young men to question gender stereotypes.

ACTIVITIES AND EXPECTED RESULTS:

Two separate activities will be carried out in this program.

ACTIVITY 1: Condom Distribution

The condom distribution and condom use program will be aimed at out-of-school youth, as these young adults are likely to be sexually active, and so will have a higher risk of exposure to HIV. YFC will distribute government-provided condoms at several community-based sites and public health facilities. This activity will also aim to empower and positively influence men to practice safe sex and to use preventative methods. YFC peer educators and interns will interact with their peers and challenge gender stereotypes, and at the same time, serve as mentors and positive role models.

ACTIVITY 2: Awareness Campaigns

This activity will focus on the development and implementation of awareness campaigns around HIV and AIDS. Information, communication and communication (IEC) publications developed by Khomanani, a South African communications company, will be distributed along with the condoms. Peer educators and interns will encourage discussion around condoms and HIV and AIDS, and this activity will help to alleviate stigma and discrimination in the communities in which YFC is working.

Interns and peer educators will be recruited from unemployed and in-school youth who are active in faith-based organizations. The youth will be trained using the YFC peer educator programs described in the AB section of the COP (#7948). In addition, peer educators will be trained to inform the community about local healthcare services and to refer participants to the appropriate facilities for counseling and testing, psychosocial counseling and other HIV prevention services. Parents will be targeted and provided with information on raising responsible and informed children. Community awareness programs will aim to destigmatize HIV and AIDS in communities and YFC will develop infrastructures to provide community support for HIV-affected families.

Through the distribution of 15,000 male and 5,000 female condoms and through behavior changing messages, YFC will support prevention goals as outlined in the USG Five-Year Strategy for South Africa to avert 7 million new infections.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	300	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	600	☐

Target Populations:

Community-based organizations

Faith-based organizations

Out-of-school youth

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Eastern Cape

Gauteng

Mpumalanga

North-West

Western Cape

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Medical Research Council of South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7956
Planned Funds:	$ 600,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG: As part of an integrated approach addressing vulnerable populations components of this Medical Research Council (MRC) activity is also described in the CT (#7664) program area.

SUMMARY: Findings from the International Rapid Assessment Response and Evaluation (I-RARE) of drug use and HIV risk behaviors among vulnerable drug using populations point to: (1) high prevalence of overlapping drug and sexual risk behaviors; (2) high prevalence of HIV in these populations; (3) high levels of alcohol use and sexual risk behaviors and (4) barriers to access and utilization of risk reduction, substance abuse and HIV services. The I-RARE evaluation's target population group included injecting drug users (IDUs), sex workers and men who have sex with men (MSM) and the study took place in Cape Town, Durban and Pretoria, South Africa.

This project build supon FY 2005 and 2006 PEPFAR investments to strengthen programs serving IDUs, sex workers and MSM by developing the capacity of organizations to deliver services that enable these populations to reduce risk of HIV infection. Activities will focus on creating multi-sectoral and multi-disciplinary consortia of substance abuse and HIV organizations and developing organizational capacity to implement targeted community-based outreach interventions, linking outreach efforts to risk reduction counseling related to drugs and HIV, and access and referral to substance abuse, HIV care, treatment, and support services. MRC also will design and implement a behavioral HIV prevention intervention to reduce sexual risk behavior associated with alcohol use in bars in Tshwane.

The major emphasis area for these activities is development of networks, linkages, and referral systems. Minor emphasis areas include community mobilization/participation; information education and communication; linkages with other sectors and initiatives; local organization capacity development; policy and guidance; quality assurance and supportive supervision; strategic information; and training. Primary target populations are men, high-risk vulnerable populations and support organizations for IDUs, sex workers, other healthcare workers, CBO's, NGO's and MSM. This project is consistent with the revised South African National Drug Master Plan and will provide guidance on how the SAG can translate strategies into action. Sustainability is addressed across all activities by developing the capacity of existing programs, creating synergy across organization and service provider networks, providing quality assurance and refresher trainings, enhancing data management systems, and providing program adjustments as necessary. Legislative issues addressed include: (1) gender, by providing information and education on male norms and behaviors regarding multiple sex partners for men and transactional sex; increasing gender equity in HIV and AIDS programs; reducing violence, increasing women's access to income and productive resources; and (2) reducing stigma and discrimination associated with HIV status and vulnerable populations.

BACKGROUND: In FY 2005, PEPFAR supported MRC to conduct a rapid assessment of drug use and HIV risk among IDUs, sex workers and MSM in Cape Town, Durban, and Pretoria. In FY 2006, PEPFAR supported the convening of public and private partners, stakeholders, and organizations serving the target populations to develop recommendations based on the findings of the rapid assessment. In FY 2007, the MRC, in collaboration with a consortium of organizations and provincial governments, is well positioned to implement interventions to reduce high-risk drug use and sexual behaviors and increase access to and utilization of services.

ACTIVITY 1: Linking and Coordination of Drug Abuse Treatment and HIV
Three separate activities focusing on the target groups are consolidated into one activity description as they share similar components
A major finding of the rapid assessment indicates a lack of linkages and coordination of drug abuse treatment and HIV services. The focus of this activity is developing the capacity of NGO/CBOs and other HIV and drug service organizations serving IDUs, sex workers and MSM to implement interventions targeting high-risk drug use and sexual behaviors and increase their access to and utilization of services. Specifically, this activity will support formalization of consortia linking drug abuse treatment and HIV service delivery organizations and development of capacity and skills among the consortia for provision of comprehensive HIV and AIDS programs tailored for drug using vulnerable populations and adapted to the local epidemic. Components will include community-based

outreach, risk reduction counseling, and access and referral to HIV counseling and testing, substance abuse, and other HIV care and treatment services, including STI services. Community workers will be trained to access hidden populations and provide risk reduction related to violence, drug use, injecting and safer sex. Existing training manuals used in other countries including Vietnam and Kenya (e.g., WHO's Training Guide for HIV Prevention Outreach to Injecting Drug Users, 2004) will be adapted to train outreach workers to plan and implement community-based outreach.

ACTIVITY 2: Managing and Monitoring Links and Coordination of Drug Treatment and HIV
In preparation for activities in FY 2007, the MRC will conduct formative key informant and focus group interviews to ensure interventions are aligned with the local epidemic. This activity will support the MRC in the complete management, oversight, monitoring, and evaluation of the activities summarized under Activity 1. The MRC will regularly monitor all aspects of the activities, including ensuring that sub-partners coordinate provision of trainings by local AIDS Training Centres. The MRC will establish a system for collecting on-going data on targets and suggest program adjustments as necessary. The MRC will rapidly evaluate Activity 1 to determine the relative effectiveness of the interventions to reduce high-risk drug use and sexual behaviors and increase access and utilization of services among the three target populations. Activity 2 also addresses the needs of non-drug using female sex workers by strengthening and building the capacity of local organizations already providing services to vulnerable women in Durban.

ACTIVITY 3: Design and Implement an HIV Intervention to Reduce Sexual Risk Behavior Associated with Alcohol use in Tshwane Bars
Using FY 2006 funding MRC conducted formative research to identify a range of intervention methods that may be effective in reducing HIV sexual risk behavior associated with alcohol consumption. FY 2007 funding will be used to develop specific bar-based intervention using proven methods based on sound behavioral theory and adapted to the logistical, socio-cultural and risk behavior of patrons at the participating bars.

Future plans for this project will build upon FY 2005 and 2006 PEPFAR investments and lessons learned from implementation of the interventions in FY 2007. In FY 2008, the MRC will continue to refine the interventions and rapidly scale them up to reach other provinces and underserved populations.

Plus up funding will develop integrated services for vulnerable populations at risk of contracting HIV/AIDS and expand outreach activities aimed at these populations. Funding will expand services in Durban and Cape Town for IDUs and non-intravenous drug users, women who engage in transactional sex and MSM.

Results contribute to PEPFAR 2-7-10 goals by preventing infections and increasing uptake of voluntary counseling and testing (VCT) among vulnerable drug using populations to know their status and be appropriately referred to treatment services. Also, results are aligned with South Africa goals to scale-up programs serving populations at high-risk, including IDUs, MSM, and sex workers.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
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
Quality Assurance, Quality Improvement 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 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		☑
Number of targeted condom service outlets	15	☐
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful	140	☐

Target Populations:

Commercial sex workers
Community-based organizations
Injecting drug users
Men who have sex with men
Non-governmental organizations/private voluntary organizations
Men (including men of reproductive age)
Other Health Care Worker

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.05: 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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8216
Planned Funds: $ 225,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to activities described in CT (#8215) and PMTCT (#8218).

SUMMARY:

There are two separate activities described in this entry:

The first activity focuses on educating sexually transmitted infection (STI) patients to recognize genital herpes symptoms. Genital herpes (HSV) is the primary cause of genital ulcer disease in South Africa, and has been linked with enhanced HIV transmission and acquisition. Most patients with HSV are unaware of their infections but can be taught to recognize symptoms. The activity will support development of educational materials and provision of training allowing HSV-infected patients visiting primary care clinics providing STI services to recognize herpetic lesions and to take action to reduce their markedly increased risk of HIV acquisition and transmission related to HSV. An increase in local capacity will occur with the hiring and training of local staff while CDC provides supportive supervision and quality assurance measures.

The second activity involves producing and disseminating a condom skills-building video targeting high risk youth. The development of a brief, animated video aimed at a young, sexually active audience will provide critical HIV/STI prevention information and skills, and will predominantly focus on consistent and correct condom use and the importance of STI treatment for partners exposed to STIs. Additional information such as the roles of abstinence, mutually monogamous partnerships, and knowledge of HIV serostatus in preventing HIV acquisition will also be discussed in the video.

The major emphasis area addressed by these two activities is information, education and communication. The minor emphasis areas addressed include linkages with other sector initiatives, local organization capacity development, policy and guidelines, quality assurance and supportive supervision, and training. The target populations include men and women, girls and boys, people living with HIV and AIDS, special populations, National Department of Health (NDOH) staff, and healthcare providers, community-based organizations and non-governmental/private voluntary organizations.

BACKGROUND:

The first activity is new, and has not been previously funded by PEPFAR. The new educational program on herpes symptom recognition is planned to be conducted within existing, government-run primary care settings where STI patients seek services, and will coordinate directly with services provided by the South African provincial government. The prime partner, CDC's Division of STD Prevention (DSTDP), will provide technical expertise and oversight for the project and will work directly with collaborators in the Gauteng Department of Health to conduct activities. DSTDP will also sub-contract with the National Institute of Communicable Diseases (NICD), STI Reference Centre (STIRC), (a South African parastatal organization), for hiring of additional staff, commodities, and other needed services to conduct the activity.

The second activity allows for production, translation and dissemination of a culturally-appropriate educational video for high risk youth. The video is currently under development as part of a PEPFAR 2006 Plus-Up funding: scripts for a brief, high-tech and youth-focused animated message are being developed, and production work will be initiated. Past 12 months achievements include meetings with technical experts outlining key areas to include in video scripts and identification of professional scriptwriters and potential production companies. The current funding will allow video production to be completed, dubbing into multiple languages and dissemination into prevention programs targeting high-risk youth. The prime partner, DSTDP, will provide technical expertise and oversight for the project. DSTDP will sub-contract with a video-production team and work directly with in-country collaborators to be determined, ideally local NGOs serving youth as well as health facilities serving patients with STIs. Gender issues will be addressed indirectly (e.g., negotiation of condoms with partners).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

The herpes education program does not address areas of legislative interest. The target population is STI patients infected with genital herpes viruses, often including most-at-risk-populations. PEPFAR funding will be used to: (1) formulate culturally-appropriate messages about genital herpes and HIV, recognizing herpes symptoms, and means of preventing genital herpes-related HIV acquisition and transmission; (2) develop appropriate educational materials, brochures and posters, about genital herpes and its symptoms to use in primary healthcare settings; (3) translate materials into local languages; (4) assess the use of new educational materials among men and women seeking STI care at primary care settings, and modify materials accordingly; (5) hire local staff (one nurse and one trainer) to support activities (i.e., materials development, training); and (6) provide in-depth training to clinical staff about herpes infection, its links to HIV, and how to use educational materials to teach STI patients.

The condom skills-building video does not address areas of legislative interest. The target population is high-risk (i.e., already sexually active) youth. PEPFAR funding will be used to: (1) complete the production of an educational video; (2) dub the animated video (English) into additional local languages; (3) disseminate the video into healthcare or prevention settings serving high risk youth; and (4) hire one in-country coordinator to oversee dissemination activities, including education to participating sites. Sustainability will be addressed through providing the video and educational materials to health care providers or other prevention specialists at existing programs serving high risk youth. Human capacity will be developed primarily through condom skills building and information provided on the video.

The first activity is anticipated to contribute directly to 2-7-10 goals by preventing transmission of HIV among HSV-HIV co-infected persons, and by preventing acquisition of HIV among HIV-negative patients with STIs. The second activity is anticipated to contribute directly to 2-7-10 goals by reducing acquisition and transmission of HIV through consistent and correct condom use.

Emphasis Areas	**% Of Effort**
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, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	20	☐
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful	30	☐

Target Populations:

Adults
Commercial sex workers
Community-based organizations
Nurses
Pharmacists
Discordant couples
Men who have sex with men
Street youth
Mobile populations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Girls
Boys
Out-of-school youth
Partners/clients of CSW
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Coverage Areas

Gauteng

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	GOLD Peer Education Development Agency
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8240
Planned Funds:	$ 250,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to GoLD's (GoLD Peer Education Development Agency) activities in Prevention/Abstinence and Being Faithful (#8239). GoLD is an acronym for Generation of Leaders Discovered.

SUMMARY:

GoLD is a new partner in FY 2007 and PEPFAR funds will contribute to the expansion of comprehensive youth prevention services by facilitating a roll-out of the GoLD Peer Education (PE) model through three components: development and dissemination of PE best practice methods and materials; capacity building and training of PE participants; and quality assurance around implementation of the GoLD Model. The primary emphasis areas for these activities are Community Mobilization/Participation; Information, Education and Communication; Local Organization Capacity Development; and Training. Specific target populations include Children and Youth (non-OVC); Program Managers; Community Leaders; Teachers; and Implementing Organizations.

BACKGROUND:

This project is part of a larger initiative begun in 2004. The activities described are ongoing; but will be scaled-up in FY 2007 with the help of PEPFAR. GoLD is a PE Development Agency that developed the GoLD PE Model. GoLD partners with suitable youth organizations to implement its model using the secondary school system. GoLD works in conjunction with the relevant South African Provincial Government Sectors. GoLD manages and provides quality assurance for the implementation of GoLD PE of its sub-partners and assists them to align with the South African Government on prevention of HIV with a focus on youth as a priority population group. The GoLD model is implemented within the Western Cape (WC), KwaZulu-Natal and Mpumalanga Provinces of South Africa and will extend to Limpopo Province in 2007 with PEPFAR funding. The GoLD model is being implemented in the Western Cape (WC) Government's PE Project, a collaboration between WC Departments of Health (DOH) and Education and GoLD. GoLD's sub-partners in the WC are partly funded by the Global Fund via the WC DOH. In other provinces sub-partners are partly funded by other organizations.

Two of the three activities will be implemented directly by GoLD. One activity, capacity building and training of PE participants, will be implemented in collaboration with 30 youth-focused organizations that implement the GoLD model in various sites and train the youth peer educators (PEs). These organizations are: Youth for Christ (YFC) (George & Knysna), YMCA, Project Gateway, Masoyi Home-Based Care, Wagon of Hope, Planned Parenthood Association of South Africa (PPASA), MaAfrika Tikkun, Ukuthasa, Institute for Social Concerns, Christian Assemblies Welfare Organization, Club Coffee Bar Community Centre, SPADES Youth Development Agency, Leadership South, Life Choices-Salesians, Uniting Christian Students Association and OIL Reach Out. 13 more will be selected in 2007 and 2008.

The issues facing SA youth in HIV prevention are firmly entrenched in the social constructions of behaviors and identities and include unequal power in sexual relationships, gender-based violence and intergenerational sex. GoLD messaging is designed to look beyond awareness and reflect the complex social dynamics of HIV transmission. By reflecting these dynamics that youth face daily, the model is intelligible to youth and fosters critical awareness, transformation and long-term behavior change that increases gender equity, challenges male norms and behaviors and supports activities to strengthen sanctions against sexual violence and coercion. PEs are equipped to challenge stigma around HIV and to promote the reduction of discrimination faced by HIV-affected and infected individuals. The GoLD curriculum is designed to equip PEs to encourage sexually active youth to reduce numbers of partners and protect themselves from HIV infection. PEs promote access to clinic services such as condoms and VCT.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Development and dissemination of PE best practice methods and materials

GoLD will refine and disseminate an interactive and context-specific GoLD PE curricula and methods for use by: GoLD staff; trainers and master facilitators; PE facilitators; PEs; and program managers implementing the GoLD PE Program within secondary schools and communities. This includes curricula that focus on social dynamics informing conceptions of gender, covering sexuality and the feminization of AIDS, to reduce the inequalities between men and women that have led to the increase of HIV and AIDS as well as challenging stigma around HIV and AIDS. Ongoing refinement and development of curricula will involve human capacity development of representatives of implementing partners to provide constructive feedback on experiences and share their findings together.

ACTIVITY 2: Capacity building and training of PE participants

GoLD will train Program Managers and Community Leaders from 30 implementing organizations, as well as Teachers, to implement the structured three-year GoLD Model in 208 secondary schools and communities through equipping and supporting adolescent PEs. GoLD will assess and provide implementing organizations with intensive capacity building to deliver the GoLD model in schools assigned by the Provincial Department of Education within youth high risk behavior sites. Staff of the organizations will be equipped by GoLD through a structured Capacity Building Program including modular training sessions, mentorship and provision of PE resources and best practice methods. Implementers will then play a support role to new implementers within their region. GoLD will provide training to teachers to enhance the quality and ownership of the program for long-term sustainability. Thirty implementing organizations will train adolescent PEs within 208 secondary school sites to fulfill specific PE roles and outputs over a three year period in which they positively impact their peers.

It is anticipated that gender will be impacted through both the implementation of curriculum and the GoLD program environment. Youth in the PE program will work through gender issues within a safe and enabling environment (the GoLD program) and are given room to critically analyze and challenge gender norms, working together towards gender equality. These youth will in turn support each other as they work among their peers and communities. New GoLD trainers and facilitators will be recruited based on criteria that ensure their character and skills reflect the values and practices imparted through the curriculum and program design. A deliberate selection of both male and female facilitators and PEs will be recruited in line with GoLD facilitator and peer educator recruitment guidelines.

ACTIVITY 3: Quality assurance of implementation of the GoLD PE Model

This activity is to quality assure the implementation of the GoLD Model in secondary schools via implementing organizations, PE facilitators, and adolescent PEs. This will involve: ongoing development of a robust information and communication technology infrastructure to enable effective, swift roll-out of the program in a way that enables ongoing monitoring & evaluation; conducting bi-annual assessments at all sites; and implementing a comprehensive monitoring and evaluation system within all implementation sites.

The results contribute to the PEPFAR 2-7-10 goals by assisting to reduce new HIV infections among youth through: facilitating the structured promotion of safe and healthy behavior in HIV-infected and uninfected youth; improving access to services for affected youth as well as HIV counseling and testing for teenagers and increasing positive youth role-modeling and advocacy.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	128,250	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,386	☐

Target Populations:

Community leaders

Program managers

Teachers

Primary school students

Secondary school students

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

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Western Cape

Table 3.3.05: Activities by Funding Mechanism

Mechanism: New APS 2006
Prime Partner: Mpilonhle
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8241
Planned Funds: $ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Condoms and Other Prevention (C/OP) activity is related to Mpilonhle activities in the program areas of AB (#8238), CT (#8247), Basic Health Care and Support (#8243) and OVC (#8246).

SUMMARY:

Mpilonhle activities consists of community-based health screenings, which will be conducted by health counselors at 24 community-based (non-school) sites, and will consist of a core of HIV preventive services including individualized voluntary counseling and testing (VCT); personalized abstinence, Be Faithful and correct and consistent Condom use (ABC) counseling, and condom provision to sexually active youth and adults; and group HIV and health education sessions. These services will be delivered through mobile clinic and mobile computer laboratory facilities to 24 community (non-school) sites in rural KwaZulu-Natal. Emphasis areas are: information, education and communication, infrastructure, training, and community mobilization. Targeted populations are adults in the general population.

BACKGROUND:

This is a new activity to be implemented by a new non-governmental organization (NGO) named Mpilonhle with broad support from district and provincial South African government leadership. It will be implemented in Umkhanyakude District, the poorest and most rural district in KwaZulu-Natal province, and one with highest HIV prevalence. Mpilonhle will implement C/OP activities in communities surrounding 12 rural secondary schools that have scarcity of health services and generally inadequate resources, also in areas where individuals with risky behaviors congregate. Partners consist of the Department of Education, the South African Democratic Teachers' Union, District Health Services, and district and municipal leadership.

This activity addresses gender issues through the provision of ABC education and services to large numbers of females in the general population; computer education which promotes female educational attainment and employability, which in turn reduce their vulnerability to HIV, and in particular to coercive, cross-generational and transactional sex; health education that promotes safer behavior and gender-sensitive attitudes among men and yield benefits to women who become their sexual partners. This activity will also promote consistent use of condoms and behavior change through the reduction of sexual partners.

ACTIVITIES AND EXPECTED RESULTS:

Mpilonhle will conduct one activity in the program area. This activity, mobile community-based health screenings, will be conducted by HIV and AIDS counselors at 24 community-based sites outside of schools. Each mobile facility consists of a paired-up mobile clinic and mobile computer laboratory, staffed by one primary care nurse, four health counselors, one health educator, and one computer educator. Each mobile facility will rotate across eight community sites, allowing three mobile facilities to serve 24 sites in total. These 24 community sites will be determined in deliberation with the Mayors of Umkhanyakude District, Mtubatuba Municipality, and Hlabisa Municipality.

The C/OP activity will consist of correct and consistent condom use programs which support the provision of accurate information about condom use to reduce risks for HIV infection and support access for those most at risk populations.

Provision and promotion of information on correct and consistent condom use will be coupled with information about abstinence and behavior change; the importance of HIV counseling and testing (CT), knowing ones HIV status, partner reduction and mutual faithfulness as risk reduction methods. The ABC approach will promote the feeling of dignity and self-worth among the beneficiaries of the services.

The HIV preventive services including individualized CT, personalized ABC, behavior change, HIV and AIDS counseling; referrals to other community-based services for

prevention of mother-to-child transmission (PMTCT), antiretroviral treatment (ART), tuberculosis (TB) and psychosocial support; referrals to a social worker for assistance with accessing government grants and support for orphans and vulnerable children (OVC) or people living with HIV (PLHIV); general health screening and referral for care and other services as required; group computer training; and group HIV and health education sessions.

Group-based HIV and health education will follow a curriculum on these topics to be developed by the Educational Development Center (EDC) and the South African Democratic Teacher's Union (SADTU), drawing on material developed by the EDC in collaboration with SADTU, and the World Health Organization. This curriculum emphasizes the traditional three-part public health theory of improving Knowledge, Attitudes and Practice (KAP) skill-building methods in topics such as risk reduction, decision making, and social responsibility, as a way of preventing HIV infection, providing support to those infected and affected by HIV, fighting stigma and discrimination, and dealing effectively with the challenges of everyday life. PLHIV will be involved in education to fight stigma and discrimination against PLHIV. Issues involving cross-generational sex within their communities will be explored. Sessions will also explore cultural practices that could lead to HIV infection.

Group-based computer education will provide training on how to use computers, basic software, and the internet; and computer-assisted learning for HIV prevention, and general health promotion. This activity is expected to improve knowledge and augment employability. This in turn increases self-confidence, self-reliance and self-sufficiency of women and their socio-economic status, thus reduces their vulnerability to coercive, cross-generational, and transactional sex.

Sustainability of activities is facilitated by political commitment from district and municipal governments, and the local Department of Education to scale-up and to fund-raise in support of such scale-up; the relatively low-tech and easily replicable nature of many core program features, minimal dependence on scarce health professional such as doctors and nurses; the ability of rugged mobile facilities to reduce the need for additional investments in fixed physical infrastructure; declining prices over time for the program's information technology (IT) requirements, the possibility of adapting the service delivery model to workplaces as well as schools, the multi-dimensionality of program activities, which includes HIV and AIDS, general health, and education related activities, and which broadens the scope of donors interested in funding continuation and scale-up of activities.

Building human capacity in remote rural areas contributes to future sustainability of the program. Mpilonhle will respond to this challenge by maximizing the capacities and skills of relatively abundant lay health workers through rigorous training and regular refresher courses to enable them to perform critical yet currently scarce services such as VCT, health screening and personalized risk assessment, and health education, shifting the burden of these activities away from relatively scarce professional health workers like nurses and doctors.

This activity will contribute to PEPFAR 2-7-10 goals of preventing 7 million new HIV infections, and providing care and support to PLHIV.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	24	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,640	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	18	☐

Target Populations:

Men (including men of reproductive age)

Women (including women of reproductive age)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	LifeLine North West - Rustenburg Centre
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8252
Planned Funds:	$ 79,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This Condoms and Other Prevention activities are linked to the AB (#8271) and CT (#8255) program areas.

SUMMARY:

The three major components of Lifeline's activities in this program area include condom provision at specified sites, community outreach and mobilization around the designated areas populated with individuals with high risk behavior (hot spots) and throughout Bojanala District in North West province and HIV prevention activities at the areas highly populated with individuals with high risk behaviors and the LifeLine centre in Rustenburg, also in the North West.

The major emphasis area is information, education, and communication conducted with target populations and the minor emphasis area of community mobilization/participation and training. Specific target populations include boys and girls above the age of fifteen and men and women of reproductive age. In a generalized epidemic such as the one in South Africa, the project targets the general population, though ongoing effort to reach high-risk populations through targeting the general population should be emphasized.

BACKGROUND:

Lifeline Rustenburg is affiliated with LifeLine Southern Africa (which covers the Southern African countries) and which, in turn, is affiliated with LifeLine International. Affiliation is awarded annually based on maintenance of standards, adherence to policy and procedures and acceptable performance in areas of service. Lifeline Rustenburg has a close working relationship with the National Office - they are informed with regard to all projects and services run by LifeLine Rustenburg. Biannual consultative meetings are held and quarterly reports submitted.

LifeLine Rustenburg has been operational since May 1991 and serves an area of approximately 200 kilometer radius. Main activities include personal empowerment and life skills training, especially among youth in the district; drop-in counseling service during office hours from Monday to Friday; private interview counseling by appointment and crisis team services on a 24 hour basis; HIV and AIDS counseling services in health facilities in communities and local communities; training specialized HIV and AIDS counselors among health workers in a number of different communities, health facilities, hospitals and mobile units; establishment of a partnership with the North West Department of Health (LifeLine trains, supplies and supervises 200 counselors at 147 health clinics throughout the Bojanala District; a 24 hour telephone HIV and AIDS counseling services - a share call number available throughout the country; assistance with the establishment of LifeLine centers in Mafikeng in North West and in Botswana; Training home-based caregivers in counseling skills and personal development for many organizations; and capacity building of lay counselors of other non-governmental and community-based organizations on HIV and AIDS counseling, care and support.

The condoms and other prevention activity is new but harnesses the activities and work of other ongoing projects, namely, the Community Counselor Project, especially with respect to community mobilization and outreach.

The Bojanala District Department of Health in the North West selects the hot spots in collaboration with LifeLine and supports and contributes to a sustained and broad-based community mobilization and outreach effort through public health facilities, schools, other government outlets, and media. Informal partners in these activities include local businesses, Radio Mafisa, local taxi associations, mining corporations and other organizations that provide support for LifeLine's community mobilization and outreach efforts.

The condom and other prevention messages and activities address gender issues and gender dynamics directly, encouraging target populations to examine gender roles in society. Many prevention modules require male and female participants to be separated in order to delve into specific issues, and this is the approach LifeLine will continue with. The

program activities also emphasize, within the context of correct and consistent condom use, changing male norms and behaviors and altering the norm of violence against women in society.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Mobilization and Outreach

LifeLine will work with the Bojanala District in the North West community to transform norms, behaviors and attitudes to make them fully aware of HIV prevention methods, including correct and consistent condom use in order to reduce HIV infection rates. The community mobilization and outreach effort seeks to ensure the general public receives necessary information targeted towards attitude and behavior change around high risk behaviors. Mobile units will be used to reach high numbers of individuals within the community. During the mobile visits, communities will be engaged in activities around the use of condom and other prevention messages. Activities will also be held at the LifeLine offices. Messages will focus mostly on safer sexual practices, correct and consistent use of condoms, and use of condoms in long-term relationships. The HIV prevention activities, conducted in the area surrounding the hot spots, LifeLine centre and other specified sites will be conducted by LifeLine community outreach volunteers, at least half of whom are people living with HIV (PLHIV) and men. Workshops of between one and three days will be conducted. They will utilize variety of techniques and a participatory methodology. These activities strive to influence behavior change in the form of increased correct and consistent condom usage. Activities include such topics as attitude towards use of condoms, cultural and religious issues, female condom, discordant couples and condom use.

Two stipend-earning community outreach volunteers, with the help of the project manager, conduct the activities. PEPFAR funds will be used for stipends and salaries, training, workshops, and research for material and program development, community outreach efforts such as pamphlets and radio time, and the administration of the mobile unit.

Sustainability occurs in the form of persistently pursuing ongoing funding for the project, from PEPFAR and SAG. Equipment purchased for the project need not be replaced for many years to come.

Human capacity development, in the form of training, is ongoing throughout the project for the community outreach volunteers in order to ensure their motivation and proficiency in carrying out the activities. Peace Corps volunteers also help with training, organizing and implementation of the activities.

Results for this activity will contribute to PEPFAR's objectives of averting 7 million new HIV infections.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	8	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,400	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2	☐

Target Populations:

Adults

Girls

Boys

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Volunteers

Coverage Areas

North-West

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Ubuntu Education Fund
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8266
Planned Funds:	$ 90,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is one of the five activities carried out by Ubuntu Education Fund. The other programs include AB (#8261), CT (#8265), Palliative Care (#8263) and support to Orphans and Vulnerable Children (#8266).

SUMMARY:
Ubuntu Education Fund (Ubuntu) aims to prevent HIV transmission by promoting safe and healthy sexual behavior, and community outreach activities are conducted among at-risk youth and adults in high-density, high-poverty areas including informal settlements in the townships of Port Elizabeth, a city in the province of the Eastern Cape, South Africa. Emphasis areas are community mobilization/participation, information, education and communication, development of networks/linkages/referrals and training. Specific target populations are out-of-school youth, men and women, discordant couples, families affected by HIV and AIDS, people living with HIV (PLHIV), community-based organizations and community leaders.

BACKGROUND:
For the past six years, Ubuntu has provided targeted HIV prevention community outreach activities in the townships of Port Elizabeth. Outreach strategies focus on preventing HIV infection by building skills and promoting health-seeking behavior such as accessing voluntary counseling and testing (VCT) and antiretroviral treatment (ART) and other health services. Ubuntu works with the National Department of Health (NDOH) and the Nelson Mandela Bay Metropolitan Municipality's AIDS Training, Information and Counselling Centre (ATICC) to distribute condoms and promote uptake of health services. Outreach facilitators engage ward councilors in community outreach activities in their areas.

ACTIVITIES AND EXPECTED RESULTS:
Based on current HIV prevalence rates among people accessing VCT services at clinics in the operational area, the targeted communities are at extremely high-risk for HIV infection, consistently above the already high average prevalence rate of 34.5% for the Nelson Mandela Bay Metropolitan Municipality. Outreach messaging focuses on increasing awareness of personal risk, making knowledge of personal and partner HIV status a relationship norm, increasing knowledge of serodiscordancy in couples, promoting consistent and correct usage of male and female condoms, and improving awareness and uptake of HIV clinical and community support services. With PEPFAR support Ubuntu will scale up the outreach program with additional outreach workers in 2007 to fully reach target communities and increase outreach activities in partner clinics linked to immediate access to VCT. As part of incorporating a stronger gender perspective into outreach activities, Ubuntu is partnering with Engender Health to incorporate a 'Men as Partners' (MAP) approach in the community outreach program. MAP outreach will engage boys and men in addressing gender-based violence and encourage their participation as caregivers. Ubuntu will work with other community-based organizations (CBOs) to hold interactive workshops that challenge gender roles impinging on girls and women's rights and exposing them to gender-based discrimination, violence and loss of power.

The outreach team and volunteers reach 25,000 people per year in KwaZakhele, Zwide, Soweto, Veeplaas and New Brighton. The outreach team maps each target area for clinics, taxi ranks, markets, taverns, and networks with CBOs, support groups, neighborhood structures and community leaders. The program uses a variety of outreach activities to build knowledge and skills, to promote care-seeking behavior and to provide information on how to access local VCT and ART services. Every week outreach facilitators plan a route through their area that involves 1) street outreach, 2) clinic outreach, 3) networking with community peer educators, 4) conducting community workshops, and 5) community events, and 6) supplying condom service outlets.

Street outreach involves stopping individuals and small groups on the street in high-poverty, high-density areas to introduce Ubuntu services and initiate a discussion on HIV prevention issues. Very often these discussions turn into impromptu workshops and discussion groups as people gather. Outreach facilitators are able to ascertain barriers to accessing care, and utilize this information on an ongoing basis to refine and improve messages. The outreach workers distribute isiXhosa information, education and communication (IEC) material including Ubuntu brochures detailing services, STI and HIV

material from Khomanani and Soul City, referral cards detailing locally available STI/VCT/TB/ART services, and male and female condoms.

Facilitators conduct clinic outreach on VCT days at the following clinics in the target area: Soweto Clinic, Veeplaas Clinic, Zwide Clinic, KwaNdokwenza Clinic, KwaZakhele Clinic, and KwaZakhele Day Hospital. Outreach facilitators conduct outreach in clinic waiting rooms on HIV topics while encouraging people to take advantage of VCT. Uptake of VCT is measured on these days to assess impact.

In each target area the team has cultivated relationships with community opinion leaders and enlisted their support to provide ongoing education to their peers as point people on HIV and AIDS issues in their communities. Community peer educators are community leaders such as ward councilors, heads of neighborhood structures, clients, CBO leaders, and other community stalwarts who have offered to help others access resources and support. Peer educators are trained in HIV and AIDS topics including transmission, prevention, VCT, and accessing care services. Peer educators assist in the identification of vulnerable families for referral into care and support services, and supply condoms with education within their area.

Every week Ubuntu conducts four to five HIV prevention workshops of 15-20 people each for established community groups, CBOs, support groups, or through networking in specific areas to gather community members. With formal groups there are workshop series over 3-4 weeks on HIV prevention and care.

Every month Ubuntu holds a community event in a different area focusing on VCT uptake and HIV prevention skills. These informal events are late Friday afternoon open-air community gatherings where a DJ gathers a crowd and staff deliver a short presentation on specific HIV prevention topics. Up to 30 Ubuntu staff and volunteers then spread out into the crowd to lead discussions on HIV prevention and available services with small groups, while distributing condoms and IEC materials. Ubuntu holds high impact community events to coincide with national events such as World AIDS Day and Condom Day.

Outreach facilitators and community volunteers supply condom distribution points throughout target areas every week. Locations for condom distribution include taverns and restaurants as well as a number of condom service outlets with trained peer volunteers who distribute condoms from their venues or homes with education on correct usage. Ubuntu is a direct distributor of male and female condoms provided by the NDOH.

These results contribute to the PEPFAR 2-7-10 goals by improving awareness of the need to know personal HIV status in the target community, improving awareness of VCT services in target area, increasing demand for VCT services, especially amongst men, increasing consistent and correct condom usage among men and women, reducing gender-based violence among target populations and increasing participation of men and boys in community HIV prevention initiatives.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	15	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Discordant couples
HIV/AIDS-affected families
People living with HIV/AIDS
Out-of-school youth

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 3.3.05: Activities by Funding Mechanism

Mechanism: RHRU (Follow on)
Prime Partner: Reproductive Health Research Unit, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9449
Planned Funds: $ 110,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The follow-on to the RHRU Program's activities is part of an integrated program that includes CT (#9445), TB/HIV (#9444), Basic Health Care and Support (#9448) and ARV Services (#9446).

SUMMARY:

The Reproductive Health and HIV Research Unit's (RHRU) PEPFAR-funded program, subsequently referred to as the "Follow-on to the RHRU Program" (FRP), will be re-competed through an Annual Program Statement (APS) for 2007.

The FRP, as part of an outreach project in deprived inner city areas, will provide prevention, clinical and support services to sex workers in the many brothels in Hillbrow, Johannesburg. Activities will include training, workshops and other outreach covering condom usage and negotiation, partner reduction strategies, and HIV risk reduction. The primary emphasis area for these prevention activities is information, education and communication (IEC), with additional efforts in development of network/linkages/referral systems and local organization capacity development. The primary target populations for these interventions are women, men, people living with HIV, HIV-infected women, sex workers and their partners/clients, brothel owners, community-based and non-governmental organizations (CBOs/NGOs).

BACKGROUND:

RHRU, which is affiliated with the University of the Witwatersrand in Johannesburg, currently provides technical support to the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa, which includes the national ARV roll-out. Under PEPFAR funding since FY 2004, RHRU has provided regular on-site support, direct treatment, training and quality improvement to Department of Health sites in three provinces. The FRP will continue these activities, and will initiate an inner city program focusing on providing support to a complete up and down treatment referral network. In addition, FRP will continue the provision of counseling and testing (CT), palliative care and prevention services. FRP will seek to develop models of service delivery that can be replicated and expanded, and produces findings from lessons learned and targeted evaluations to disseminate and share with others.

It should be noted that the success of antiretroviral treatment (ART) scale-up depends on the comprehensive approach detailed in other program areas. In particular, the strengthening of referral from other primary healthcare programs such as tuberculosis (TB), family planning and STI treatment is critical. Prevention is an integral part of this system, and the FRP will focus its condoms and other prevention program on high-risk groups such as sex workers and their clients, people infected with HIV, and also on building capacity of the CBOs and NGOs with which it works. FRP will also continue to develop strategies to address underserved communities affected by HIV, such as couples, high risk groups such as young people, and gender-based interventions with women at risk, including pregnant women and sex workers, and men.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: HIV Prevention for Women At Risk

FRP will target a large community of sex workers with prevention and care services, as well as treatment referral. The project will be located in the deprived inner city, which is densely populated, transitory and poor, with high HIV and unemployment rates. All women will be referred for CT, and those with appropriate CD4 counts will be referred for ARV treatment. New treatment sites will be identified in needy areas of the city, and the organization will work with local public sector clinics in the area to sensitize staff to the special needs of this difficult-to-reach group and to provide outreach clinics in local brothels. FRP will also work with brothel owners, and clients and partners of sex workers to increase their awareness and affect a change in their norms and behaviors regarding HIV and AIDS. A specific focus will be on changing gender norms through workshops and trainings, which will include such topics as alternatives to risky behavior, women's rights,

and reduction of gender-based violence.

The project will provide prevention outreach services including sexually transmitted infection (STI) management provision of condoms, contraception and HIV prevention education, as well as support for those who wish to leave sex work. The project will play a critical role in raising awareness of HIV services and prevention through workshops and event days, and by distributing IEC materials. Furthermore, this gender-related project will conduct HIV counseling and testing on high risk and difficult-to-access groups, and will relate to the development of health networks and linkages by providing referral to HIV and TB care and treatment services where necessary. To aid the expansion and sustainability of this program, the local health authority will also contribute to this project.

ACTIVITY 2: Prevention for HIV-Infected People

There is very little focus on prevention in South Africa among people already infected with HIV. Prevention work to encourage safe-sex behaviors and limit infection and re-infection for those already positive is currently being developed by some South African organizations. Innovative prevention methods, the development of which will draw on models that have proven successful in other settings, will be introduced in South Africa. Clinicians will be trained in this specific focus area, and the program will be monitored and evaluated for efficacy. Programs that are proven successful will be expanded into other areas and used as examples for other organizations.

ACTIVITY 3: Community-Based Prevention

FRP will extend care and support services further into inner city areas, and incorporate prevention and behavior change into their activities. With a combination of private sector and PEPFAR funding, FRP will run an information and support centre in a high-risk area, the location of which is to be determined. A team of counselors and caregivers will be launched from this centre into the surrounding community. Team members will link with 30 households a week, with the primary purpose of educating them on HIV prevention and understanding risk. Using prevention messages as the entry to the household they will also assist them as needed with home-based care, reaching orphans and vulnerable children, men and women, as well as contributing to the destigmatization of HIV and AIDS.

FRP will contribute to PEPFAR's 2-7-10 goals by providing prevention services to a most-at-risk population in a densely populated, poor, and highly transient inner city community.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	10	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	750	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	☐

Target Populations:

Adults
Brothel owners
Commercial sex workers
Community-based organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Partners/clients of CSW

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Gauteng

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	CR transfer GHAI to GAP
Prime Partner:	Association of Schools of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	12043
Planned Funds:	$ 0.00
Activity Narrative:	See activity 7291

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Hope Worldwide South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12323
Planned Funds: $ 50,000.00
Activity Narrative: SUMMARY: Hope Worldwide South Africa (HWSA) will implement activities to support the expansion of a comprehensive HIV prevention program.
Background: HWSA prevention with positives program is synergistic with its care and support program. HWSA programs focus on Gauteng, KwaZulu-Natal, Western Cape and Eastern Cape provinces. The HWSA prevention program is aligned to the South African Government's prevention strategy in its promotion of abstinence, fidelity and consistent use of condoms (ABC).

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Prevention with Positives

HWSA's Prevention with Positives (PWP) program is an integral part of HWSA's comprehensive approach to care and support CT and prevention for vulnerable and at-risk populations. The PWP program aims to provide HIV-positive individuals with supportive services, through group counseling, that minimize the risk of infecting their sexual partners and re-infecting themselves. Key interventions include educational sessions on disclosure and partner notification, partner reduction and fidelity, consistent and correct condom use, family planning and treatment adherence. In addition, the program links with CT services that offers both partners tests and couples counseling. The 75 established HWSA support groups, with 15 to 20 members each, are located in five provincial sites in Gauteng , Mthatha, Port Elizabeth , Durban and Cape Town . HWSA counselors co-facilitate group counseling and educational sessions (with trained group members) and provide one-on-one support and referral services. The program will pilot a new training for select support group members that enable them to become PWP mentors. These mentors will serve as "buddies" for newly diagnosed support group members and their families providing them with intensive one-on-one counseling support and follow-up. The PWP conducts all services in consultation with the National Department of Health (NDoH), the National Association for People Living with AIDS (NAPWA) and other PLHIV groups.

ACTIVITY 2: Condom Education & Distribution

HWSA prevention facilitators, posted at 30 partner clinics nationwide, conduct weekly educational sessions on basic HIV and AIDS information, prevention including, when appropriate, correct and consistent condom use. The program also conducts educational sessions at taxi ranks, shebeens, and shopping centers and other targeted public areas. During these sessions, counseling & testing for HIV and STIs is promoted, demonstrations are conducted and condoms and informational materials are distributed. Prevention facilitators also provide referrals to testing facilities, treatment, post-exposure prophylaxis and gender-based violence services. With plus-up funding, facilitators and PWP mentors will receive new and refresher training on general prevention, condom promotion and distribution. These HWSA activities will contribute to the PEPFAR objectives of averting 7 million HIV infections and providing care to 10 million HIV infected and affected people. These activities also support the USG PEPFAR Five-year strategy for South Africa.

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	30	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	☐

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Management 1
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12324
Planned Funds: $ 250,000.00
Activity Narrative: Plus up funds will be used to recruit a Prevention Advisor with expertise in AB and OP program areas. HVAB also includes funding for this advisor. This new activity is required to strengthen the prevention portfolio. The incumbent will expand and strengthen OP activities, strengthen gender programs, develop activities aimed at substance abuse and HIV/AIDS, and develop and implement interventions in high transmission areas. The Advisor will ensure that rigorously informed messaging is developed and disseminated in PEPFAR/South Africa programs. The Advisor will also ensure that prevention activities conform with the USG guidance, SAG policies and the National Strategic Plan.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Target Populations:

Most at risk populations

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Pop Council SA
Prime Partner:	Population Council
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	15759
Planned Funds:	$ 600,000.00

Activity Narrative: Activity 7611 is linked to Population Council's other activities in AB (#7614), PMTCT (#7613), CT (#7612), and ARV Services (#7861). Activity 2 is linked to the Research Triangle Institute activity with the South African Department of Justice, which focuses on scaling up the Rape Crisis Centers in South Africa (# 7539).

Building on past experience, the Population Council (PC) will implement two activities aimed at increasing access to post-exposure prophylaxis (PEP) and strengthening the support and referral systems, including medical and legal, for victims of rape. Major emphasis areas will be community mobilization/ participation while minor emphasis will be linkages with other sectors and initiatives and training. Target populations include girls, women, community leaders, policy-makers, National Aids Program Staff, other National Department of Health (NDOH) staff and implementing organizations.

Population Council (PC) and Rural Aids and Development Action Research (RADAR) have been working in Limpopo to implement and evaluate a rural, multi- sectoral model for post-rape care. A number of obstacles in providing comprehensive post-rape care at the project site were identified including uptake of service by com+A1munity, institutional and provider capacity, quality of service delivery, and inter-sectoral linkages. An intervention strategy was developed to address these key challenges. A Project Advisory Committee (PAC) was formed and a hospital rape management policy was developed. Healthcare workers and other providers were trained on: multi-sectoral approach to rape management, centralization and co-ordination of post rape care, strengthening of inter-sectoral linkages with local police and community awareness. Following the interventions, a repeat evaluation at the hospital and police station indicated that the flow of patient care has been streamlined, necessitating fewer providers, fewer steps, and fewer delays in treatment. Nurses are taking a more active role in management of rape cases, using formal protocols and policies, and referral rates to other providers appears to be increasing. With support from hospital management, the hospital pharmacist has begun to dispense a full 28-day regiment of PEP on the initial visit. Community awareness campaigns have reached over 14,000 individuals in the hospital catchment area, with information about post-rape services, including PEP. Whether due to increased awareness and/or other factors, there has been an observed increase in the uptake of services at the hospital. The project is also working with national and provincial (Limpopo and Mpumalanga) Departments of Health to train healthcare workers and health managers regarding management of sexual assault, and to share policies and management tools. Although these activities have strengthened the health sector response to violence, they have also revealed weaknesses in addressing the legal needs of rape survivors. Although nurses and doctors have been trained in collecting forensic evidence, few cases are actually brought to court, and even fewer successfully prosecuted. Lack of confidence in legal proceedings discourages survivors from seeking medical care or reporting to police.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007, PC and RADAR will use this health sector-based model as a foundation to strengthen linkages with other sectors, particularly social welfare, police, and judicial, building on the relationships and gains made during the previous phase of the work. This will include the following activities:

ACTIVITY 1:

This activity will continue to focus on strengthening systems in the project site in Limpopo. The lessons learned will inform the next phase of development that will sustain PEP and strengthen relationships between hospitals, legal entities, communities and health departments at national and provincial level and inform the Department of Justice's efforts to enhance the quality of their comprehensive rape centers, The Thuthuzela ("To Comfort") Care Centers. A baseline assessment of processes and outcomes relating to the necessary legal interventions following reporting of rape cases to the hospital will be conducted. This will formally document actual prosecution rates, highlight current obstacles and points for possible intervention areas. RADAR will partner with the Tshwaranang Legal Advocacy Centre (TLAC) to bring on board two paralegal advisors and a program manager to develop an intervention strategy for engaging with the local police station and prosecutors. Training workshops will be conducted with Victim Empowerment Program volunteers, police and prosecutors in order to raise sensitivity regarding sexual

violence and obstacles and obligations for reporting and prosecution of cases. Using channels developed during the previous phase, RADAR will add a legal component to the community outreach and awareness raising activities targeting the villages surrounding the project. In addition to the sexual and reproductive health related messages previously emphasized, messages focusing on a rights-based approach will be included, as well as information regarding the legal issues of reporting a rape case. PC will develop systems for monitoring and evaluating the reporting and prosecution of cases of sexual violence, as much as possible drawing on and strengthening existing record keeping systems within the hospital and police station. Building on existing relationships with government stakeholders at the national and provincial (Limpopo and Mpumalanga) Departments of Health, the project will disseminate tools and lessons learned from this model for developing a strengthened medico-legal response to sexual violence in rural areas.

ACTIVITY 2:

At the request of the DOJ, PC in collaboration with RADAR and Research Triangle Institute (RTI), will also utilize PEPFAR funds to provide technical assistance and health-related experience to guide a process of scaling up the DOJ rape care centers from 8 centers to 40 nationwide. Technical assistance will also be provided to ensure quality of post-rape care. The centers aim to offer rape survivors caring and dignified treatment, and effective prosecution of cases in the justice system. The 24-hour service centers have services that include police, counseling, doctors, court preparation and a prosecutor. Lessons learned and materials developed through the ongoing PEPFAR funded work in Limpopo will be shared. Links between the Departments of Health and Justice will be strengthened through the various partners.

These activities will assist the US Mission in attaining their goal of averting 7 million HIV infections by strengthening a key gender intervention in South Africa.

Targets

Target	Target Value	Not Applicable
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	2,500	☐
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		☑
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Supply Chain Management
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 15760
Planned Funds: $ 450,000.00
Activity Narrative: BACKGROUND:
In 2000 the NDOH requested USAID support in addressing two critical weaknesses in the South African Government's (SAG) HIV 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 resulted in negative media towards, and an erosion of public confidence in, the SAG HIV prevention program. SCMS, in close collaboration with national and provincial counterparts, will build upon JSI's successful development and implementation of a package of technical solutions to these two critical shortcomings. First, JSI-supported systems have eliminated poor quality issues by ensuring compliance testing to World Health Organization specifications and standards of all production batches regardless of local or overseas manufacture, thus guaranteeing that only 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 HIV and 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 SAG's ABC campaign. PEPFAR funds will be concentrated on ensuring the NDOH's technical know-how needed to efficiently operate the supply chain and sustain the focus on most at-risk populations.

ACTIVITIES AND EXPECTED RESULTS:
SCMS will also build upon JSI's capacity building with the NDOH to facilitate the eventual withdrawal of USG support. LCS will continue to provide technical assistance in the procurement, quality assurance, warehousing, distribution and tracking of approximately 30 million condoms per month to sexually active youth, adults and family planning clients, with a particular focus on non-traditional outlets for high risk, marginalized populations. LCS will intensify efforts within the NDOH to establish appropriate government posts for quality assurance and logistics management, and provide formal and informal, on the job training. LCS will provide additional focused assistance to the provinces and districts to ensure all levels of the logistics management system are able to fully operate and sustain the program once USG/LCS support ceases in September 2008. It is recognized that it is critical from the USG and SAG perspectives that this successful program is sustained into the future.

LCS will contribute substantially towards the vision in the USG Strategic Plan for South Africa by building human capacity within the NDOH and provincial DOHs in procurement, quality assurance, supplier contract management, warehousing and distribution, while maintaining a zero stock-out rate for the primary distribution sites. This activity will also assist significantly in achieving the 2-7-10 goals for averting 7 million new HIV infections.

This $100K will enable SCMS to expand the number of sites serviced by 52 (i.e. a total of 132 sites). These expansion sites will comprise non-traditional outlets aimed at making condoms more readily available at the community level through a Pubic Private Partnership (PPP) between the South African Business Coalition for HIV and AIDS (SABCOHA), the National Department of Health, and Prestige/Supercare Cleaning industry leaders

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	232	☐
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Male circumcision
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 19204
Planned Funds: $ 600,000.00
Activity Narrative: Summary:

USAID will fund the dissemination of findings from the 2007 male circumcision mapping and will fund the training, mentoring and service delivery of safe clinical male circumcision if the South African National Department of Health consents to male circumcision programming.

BACKGROUND:

Although not widespread, prevalence rates for male circumcision in South Africa range from 20% to nearly 100%. The prevalence also varies by ethnic group and is higher in some areas of the Eastern Cape and KwaZulu-Natal. Male circumcision is usually done for cultural or religious reasons rather than for health benefits. For example, certain ethnic groups, such as the Xhosa, routinely practice male circumcision as part of boys' initiation and transition to adulthood. In this context, circumcision is performed by traditional practitioners rather than by medically trained personnel in a health facility. A recent study conducted in South Africa showed that male circumcision very significantly reduces the risk of HIV acquisition. Two further large-scale studies of circumcision for HIV prevention in Uganda and Kenya showed similar results. Based on the information from the three clinical trials, UNAIDS and WHO have issued normative guidance and recommendations regarding policy and program development. With a potential of up to 60% reduction in the acquisition of HIV in males, circumcision may be considered an option for uninfected men as part of a larger HIV prevention package. Scaling-up male circumcision in South Africa may therefore soon become a priority, as a component of national comprehensive HIV prevention programs. South Africa has draft regulations/policy on governing the conditions under which the traditional male circumcision as part of an initiation ceremony may be carried out. There is an intergovernmental task team examining issues/policies surrounding traditional male circumcision. The USG PEPFAR team has ongoing consultations with the National Department of Health and UNAIDS on how to move the male circumcision agenda forward.

Target Populations:

Adults
Discordant couples
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Education Labour Relations Council
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	19214
Planned Funds:	$ 450,796.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa. It includes activities in CT, Policy Analysis and Systems Strengthening, and Abstinence and Be Faithful.

SUMMARY:

With an estimate of 12.3 million learners in South Africa, served by 386,600 teachers and more than 26,000 schools managing a response to HIV and AIDS across the education sector requires a comprehensive and substantial effort. Efforts must include a focus on both learners and educators if the impact of HIV is to be mitigated; and it must be recognized that any efforts focused on learners via the education sector cannot succeed without educators also being addressed. The Education Labour Relations Council (ELRC) will implement a comprehensive HIV and AIDS workplace program for the education sector of South Africa.

BACKGROUND:

ELRC is a statutory council which serves the South African education sector nationwide and is comprised of the public sector, the national and provincial departments of education, the private sector and teacher unions representing all primary and secondary public school educators. The ELRC works as an interface between the Department of Education (DOE) and labor organizations for labor peace and a vision of contributing towards the transformation and development of a quality South African public education system. A 2005 Health of Our Educators Report found that 50% of all teacher attrition is linked to complications of HIV and AIDS, resulting in 4000 teachers being lost each year due to AIDS. The general prevalence rate among educators was found to closely parallel that of the national population with an estimate of 12.7% of all DOE employed educators living with HIV. Based on the findings of this report and with FY 2007 PEPFAR funding ELRC will implement a project in 3 South African provinces to educators living with and affected by HIV and AIDS. The target group for this project is teachers, including those living with HIV or those who have family members living with HIV. This is a workplace intervention with minor emphasis areas in information, education and communication, community mobilization, and the development of linkages and networks. A particular focus of this project is the greater involvement of people with AIDS. ELRC will work with HIV positive teachers to ensure they can serve as role models to fellow teachers and to learners.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Distribution of male and female condoms

ELRC will work with its three sub partners to ensure that 150 physical sites in the education sector are established to distribute male and female condoms. This will ensure that male and female teachers can assess condoms in their workplace. In addition to condom distribution points, IEC materials will be distributed focusing on correct and consistent condom usage and condoms as a HIV prevention strategy.

ACTIVITY 2: Development of Workplace Prevention Education

PEPFAR funds will be used to support the development of a comprehensive education sector prevention program targeting teachers and education sector union members. Funds will also be used to support workplace prevention education programs targeting the health and education sector. With funding from PEPFAR, these workplace programs will conduct training sessions for employers, senior management, senior union leadership and employees on the basic facts of HIV transmission, prevention, and impact of HIV and AIDS on the industry. Peer educators for unions in the education sector will receive ongoing training on prevention, condoms as an HIV prevention strategy, PMTCT, stigma and discrimination (a key legislative issue), counseling and testing, palliative care, and access to treatment. The goal of the peer education is to increase workers' knowledge about HIV and AIDS prevention, care and treatment with the purpose of changing their attitudes and

practices and modifying behavior to prevent HIV infections and reduce violence and coercion (key legislative issue).

ACTIVITY 3: Training of peer educators for teachers unions

Working in 3 provinces, peer educators from 3 teachers' unions will be identified and trained a peer educators. Training will focus on all aspects of HIV prevention. A structure will be set up to support the peer educators and ensure quality assurance for the one-on-one interactions and community mobilization activities that they will be expected to participate in.

ACTIVITY 4: Community Mobilization

The newly trained peer educators will reach teachers in their unions with prevention messages. The peer educators will distribute IEC materials, organize mobilization events, campaign messages and conduct one-on-one interactions with teachers and/or their families.

Note that for targets, the numbers of people reached with prevention messages are counted under AB rather than OP.

This activity will directly contribute to PEPFAR's goal of preventing 7 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**
Commodity Procurement	51 - 100
Community Mobilization/Participation	51 - 100
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
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	150	☐
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Teachers

Coverage Areas

Free State

Gauteng

Mpumalanga

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	South African Business Coalition on HIV and AIDS
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	19215
Planned Funds:	$ 246,877.00

Activity Narrative: Summary:
This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and within other workplaces in South Africa. It includes activities in AB, CT, ARV Drugs, ARV Services, Policy Analysis and Systems Strengthening.

Background:

PEPFAR funds will be used to support a follow on cooperative agreement for implementation of a peer education prevention program for South African workers and managers in SMEs. This is a replacement activity for public-private partnerships since the cooperative agreement with the American Center for International Labor Solidarity will soon expire. The South African Business Coalition (SABCOHA) will implement through the Vender Chain Management and BizAids sub-partnerships. The major emphasis for this program will be the development of a workplace program, with minor emphasis given to community mobilization and participation; training and linkages with other sectors and initiatives and development of information, education and communication materials. The target population will include adults (men and women of reproductive age), truck drivers, factory workers, the business community and HIV/AIDS affected families. The project will focus on gender by addressing male norms and behaviors, issues associated with violence and coercion and stigma and discrimination (all key US legislative issues).

Activities and Expected Results:

Activity 1: Project Promote

Project Promote is a public-private partnership established in 2006, between the National Department of Health (NDOH), SABCOHA and the cleaning industry through Prestige Group, Fidelity Supercare, Steiner Group and BidAIR to as part of broader prevention programs to provide an efficient and effective mechanism for condom distribution. Project Promote directly supports the South African Government (SAG) in terms of extending condom distribution services through non-traditional outlets. There is a national task team made up of representatives from each of the partners managed by SABCOHA, through a consulting organization Genlem projects that has worked in HIV and AIDS programs within the cleaning industry for over three years. Currently private sector infrastructure including personnel (trainers, supervisors and cleaners) are provided at no cost to the project, where SABCOHA funds the program management and the NDOH procures, quality assures and delivers the condoms to the primary distribution sites free of charge. Primary distribution sites are actual private sector regional offices of each of the partners. Project Promote reports directly into the provincial and national departments of health using approved M&E systems based largely on the Logistics Information System supported by USAID. The interest in Project Promote shown by the SAG and private sector partners has lead to a far greater demand than originally envisaged and Project Promote plans to have 43 operational primary distribution sites in year one. Distribution mechanisms varying according to private sector partner infrastructure, but the broad range of models enable project promote to access SMEs otherwise difficult to reach over large geographical regions.

This project has also begun supporting a community distribution program whereby cleaners themselves are used as community distributors. Operationally over five years, Project Promote needs to be maintained and grow by at least ten new primary distribution sites per year from year two. Currently eight of the nine provinces are fully operational with Limpopo to be brought on in the first year as part of the SABCOHA SME program. This component of the program will feed directly into the supply chain strategy and micro-enterprise strategy encouraging condom distribution through those mechanisms as well. It is anticipated that the SME's reached through the Vendor Chain Program and the BizAIDS Program will also be serviced by Project Promote. In addition, Project Promote will streamline its operations through the development of and investment in greater information technology and systems which will allow the program to more effectively monitor the 43 sites in year one. On average the 43 sites are expected to distribute a total of 600,000 male condoms per month.

Activity 2: Vendor Chain

Managers will be trained on Stigma and Discrimination as part of the Management training. One of the components will include the discussions on the HIV/AIDS Workplace policy, procedures and human resources issues specifically relating to performance management, compensation, industrial relations and the management of incapacity and disability in accordance with the Code of Good Practice, ensuring a non-discriminatory work environment . This will also include managing misconceptions and prejudice and the development of supportive relationships amongst employees.

Activity 3: BizAids

BizAIDS through a network of small business associations and training providers will facilitate the transfer of skills to the informal sector. Skilled facilitators lead workshops of 18 – 20 business owners through topics ranging from: 1) understanding and identifying risks of HIV and other health risks; 2) protecting employees who are both HIV positive and negative; 3) providing HIV/AIDS legal/community resource directory; 4) increasing HIV/AIDS awareness through messages of abstinence, being faithful and using a condom; 5) using tools to help mitigate the risk posed by unforeseen events.

By providing education on key strategies for preventing HIV infection and promoting healthy behavior change among workforce populations, including appropriate use of condoms, and by distributing condoms to a large population of workers the SABCOHA workplace program will directly contribute to PEPFAR's goal of preventing seven million new infections. Through education on prevention messages and the distribution of male and female condoms, 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	51 - 100
Information, Education and Communication	51 - 100
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	51 - 100
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
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	43	☐
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	☐

Target Populations:

Adults
Business community/private sector
Commercial sex workers
Family planning clients
Truck drivers
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Aurum Health Research
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 19216
Planned Funds: $ 246,000.00
Activity Narrative: Summary:
The project activities will relate to strengthening of the use of other HIV prevention methods, namely male and female condoms, prevention of vertical transmission, provision of post-exposure prophylaxis.

BACKGROUND: Aurum has been a partner providing care and treatment services in both the public and private sectors. This new activity is based on a recent award expanding public-private partnerships.

ACTIVITIES AND EXPECTED RESULTS

PEPFAR Funding will be used to hire counselors to provide education in the community and at workplaces. Funding will also be utilized to procure condoms and ensure a reliable supply of condoms at the targeted outlets which will be at small and medium sized companies, checkpoints and doctors rooms. Specific messaging relevant to the targeted populations will be developed. In depth training of some workers to become Peer counselors will be provided

ACTIVITY 1: Distribution of condoms

The use of both male and female condoms will be encouraged and condoms will be disturbed at the workplace, testing sites and doctors rooms. The program will procure and distribute male and female condoms and educate workers and the community on the correct use of the condoms.Small gender-specific group sessions will be held at targeted workplaces to demonstrate the correct use of both male and female condoms and address any misconceptions that may exist. Condoms will also be available at the checkpoints and this will encourage workers to visit the checkpoints regularly.

ACTIVITY 2: Provision of Other Prevention Methods

Aurum has existing training material that covers prevention methods. This activity will include the review of existing material and translation of the material into the commonly used local languages. Through the messaging provided to workers , the availability of other prevention methods such as pMTCT and PEP in specific circumstances will be explained. Pregnant workers will be encouraged to enroll in PMTCT programs either at the workplace or in Doctor's rooms Post exposure prophylaxis will be offered to victims of sexual violence through local general practitioners.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Information, Education and Communication	51 - 100
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of targeted condom service outlets	50	☐
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Business community/private sector

Men (including men of reproductive age)

Women (including women of reproductive age)

Coverage Areas

Gauteng

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: South African Democratic Teachers Union
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 19217
Planned Funds: $ 300,000.00
Activity Narrative: Summary:
The South African Democratic Teachers Union (SADTU) project aims to reduce the impact of HIV and AIDS by focusing on preventing transmission of HIV for teachers. This includes both a comprehensive ABC prevention program through peer education but also improve condom distribution at SADTU regional and branch offices.

BACKGROUND:

The HIV and AIDS pandemic has created workplace environments that are not conductive to quality teaching and learning for both educators and learners alike. The school as a workplace is plagued by high levels of stigma. This often results in educators suffering silently and becoming victims of the pandemic despite high perceptions of knowledge of HIV and AIDS. As a result many educators do not have the courage and support in the workplace to go for voluntary counseling and testing, since knowing your status is not publicly encouraged. Consequently most educators discover they are HIV positive when they start showing symptomatic illnesses that do not respond to medications. By this time their CD4 counts are usually low and they can no longer function optimally at their schools with compromised health. The SADTU project aims to reduce the impact of HIV and AIDS by focusing on preventing transmission of HIV for teachers and caring for orphans and vulnerable children in the workplace. The target group for these activities is teachers, as well as primary and secondary school learners. The emphasis areas for this project include community participation, linkages with other sectors and local organization capacity building,

ACTIVITIES and EXPECTED RESULTS:

Activity 1: Condom distribution

The SADTU workplace project will distribute male and female condoms at 500 branch offices, since this is where most teachers go to on a regular basis. In addition as functioning as condom distribution points, each of the sites will provide educational materials on HIV prevention including correct and consistent condom usage. The sites are easily accessible and are frequently visited by teachers. IEC materials on correct and consistent condom usage will be available in all relevant languages. SADTU will work with relevant government departments to obtain free condoms.

Activity 2: Community Involvement

SADTU will work with trained peer educators to increase community involvement, and increase male involvement and awareness around HIV prevention, PMTCT, the role of male norms and behaviors in HIV transmission. Community peer education support groups for educators and their families/partners will be formed, including gender unique groups. In addition, through community involvement activities, SADTU will ensure the distribution of IEC materials to educators and communities.

The targets for the number of people reached through the comprehensive peer education program are counted under AB.

This project contributes to PEPFAR 2-7-10 goals and objectives by ensuring access to male and female condoms hence preventing new HIV infections.

Targets

Target	Target Value	Not Applicable
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	500	☐
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	20,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	236	☐

Target Populations:

Teachers

Primary school students

Secondary school students

Coverage Areas

Eastern Cape

KwaZulu-Natal

Mpumalanga

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Tsephang Trust
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	19218
Planned Funds:	$ 350,394.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Activities are linked to others described in Counseling and Testing, ARV Drugs, and ARV Services. This is a follow-on activity to the American Center for International Labor Solidarity.

SUMMARY:

This activity is a follow-on to the partnership with the American Center for International Labor Solidarity. With FY 2007 PEPFAR funding, the USG issued an Annual Program Statement to solicit partners to provide comprehensive prevention, care and treatment services in a workplace setting. The Cooperative Agreement with the American Center for International Labor Solidarity will end in December 2007. Tshepang Trust was selected as one of the partners to continue implementing HIV and AIDS workplace intervention.

BACKGROUND:

Whilst business has become somewhat more responsive to the needs of its employees to encourage testing for early detection and treatment of its employees to encourage testing for early detection and treatment of its employees in larger corporations, the reality is that there are still very low levels of counseling and testing in the workplace. Employees still do not trust that by enrolling in workplace HIV programs, they will not be discriminated against. The situation is worse in the small medium enterprises (SMEs) because unlike big corporations, SMEs are failing to follow the lead of their counterparts in providing counseling and testing services to their work force. As a result, SMEs need assistance in providing and developing a workplace response to HIV and AIDS.

The Tshepang Trust (also known as Tshepang) is the South African Medical Association (SAMA)'s HIV/AIDS program initiated to bridge the gap in medical resources using private general practitioners (GPs) in the public private partnership model in order to assist the South African government fight against HIV/AIDS. SAMA has more than 5000 private medical practitioners in the private practice trained in HIV clinical management. Tshepang has been in existence since June 2003 and is a registered local non governmental organization (ngo) operating as a trust under Section 21 of the South African Companies Act. This is a workplace program targeting small medium enterprises (SMEs) employees, their partners and dependents using general practitioners and their consulting rooms as sites. For this initiative Tshepang trust is in the process of forming collaborative relationships with two South African corporate companies to establish a HIV and AIDS workplace program. In addition to this initiative, Tshepang will work with the healthcare sector, targeting personnel in hospitals and clinics within the Gauteng area. Lastly, Tshepang will continue to provide services to educators who received services under the Solidarity Center program which is ending in December 2007. Tshepang Trust currently has strong evidence of leadership support from the South African Government through a public private partnership with the Gauteng provincial department of health to enhance the scale up of HIV counseling and testing (CT) and treatment in Gauteng's ARV sites. Tshepang currently serves under serviced rural areas in South Africa utilizing general practitioners who are located mostly in rural areas. Using this model, Tshepang has developed a public-private partnership between SMEs where employees and their dependents can access private general practitioners in areas close to where they are employed without fear of discrimination of being absent from work. In addition all of the general practitioners are within reach of the targeted audiences and are local and indigenous and therefore able to relate to the target population according to their culture and in local languages. The geographical coverage area for this project is KwaZulu Natal, Mpumalanga, and Eastern Cape Province. The emphasis area for this workplace activity is development of networks, linkages, referral systems and information, education and communication. The target population for this initiative is men and women of reproductive age working in SMEs, their partners and dependents. This includes factory workers, teachers working in the education sector and healthcare workers working in the public healthcare sector.

ACTIVITIES AND EXPECTED RESULTS

PEPFAR funds will be used to support the development of a comprehensive workplace

prevention education program targeting managers, worker representatives and workers in 50 SMEs in South Africa through public-private partnerships involving business, NGOs and government. Funds will also be used to support workplace prevention education programs targeting the health and education sector. With funding from PEPFAR, these workplace programs will conduct training sessions for employers, senior management, senior union leadership and employees on the basic facts of HIV transmission, prevention, and impact of HIV and AIDS on the industry. Peer educators in SMEs and the health and education sector will receive ongoing training on prevention (especially abstinence and being faithful), PMTCT, stigma and discrimination, counseling and testing, palliative care, and access to treatment. The goal of the peer education is to increase workers' knowledge about HIV and AIDS prevention, care and treatment with the purpose of changing their attitudes and practices and modifying behavior to prevent HIV infections and reduce violence and coercion (key legislative issue).
HIV and AIDS prevention education activities will be conducted in SMEs in South Africa and among workplaces in the health and education sectors. Male and female condoms will be distributed. Awareness campaigns on prevention messages, partner reduction, stigma and discrimination in the workplace will be conducted by trained peer educators. The program will mobilize male workers and solicit their involvement in prevention care and support and also address male norms and behavior which contribute to the transmission of HIV. Female workers will be encouraged to use PMTCT.

This activity will directly contribute to PEPFAR's goal of preventing 7 million new infections. These activities support the USG Five-Year Strategy for South Africa by expanding and improving quality workplace HIV and AIDS prevention programs.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	51 - 100
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
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	10	☐
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Adults

Factory workers

Teachers

Men (including men of reproductive age)

Women (including women of reproductive age)

Public health care workers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Eastern Cape

Gauteng

Mpumalanga

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: $ 33,029,300.00

Program Area Context:

It is estimated that South Africa has 5.5 million people living with HIV (PLHIV) who currently need varying levels of quality palliative care. Working in all provinces, the USG will support the South African Government (SAG) to increase the number of PLHIV receiving quality care services in communities through NGOs and FBOs, and at public and private health facilities. In FY 2007, PEPFAR will focus on improved direct service delivery of quality palliative care. By September FY 2008, USG support will result in the delivery of quality HIV and AIDS care services for 698,461 PLHIV and their families at 1789 service outlets which include hospitals, clinics, workplaces and hospices. In addition, an estimated 56,000 HIV-infected persons will be reached with indirect support for a total of 754,461 targeted to be reached with palliative care through PEPFAR support. Other contributing donors include AusAid, Canada (CIDA), Ireland (DCI), DFID/United Kingdom, EU, Global Fund and several public-private partnerships.

The USG supports a holistic, family-centered approach to HIV and AIDS care which begins from the onset of HIV diagnosis, throughout the course of chronic illness, and end-of-life care. Human capacity in the health care system is under strain, and coordination between public and private sectors and facility and community-based care remains fragmented. FY 2007 investments will result in an improved continuum of clinical, psychological, spiritual and social care and prevention services for PLHIV.

The National Department of Health (NDOH) leads and coordinates national efforts to advance palliative care. Partnering with the NDOH at all levels, the USG will support development and rollout of the Integrated Community Palliative Care strategy in two provinces; expected to shape the NDOH standard for palliative care delivery in the public sector. The USG will also continue support to integrate standardized quality palliative care services into primary healthcare and build HIV-related care services into CT, TB, ART, PMTCT, and reproductive health services, as well as into STI sites, workplaces and community and home-based care (CHBC) sites, including for OVC. This will build on previous investments in supportive care to improve access to preventive care and basic clinical care services for PLHIV at community level.

In FY 2007 the USG will direct greater attention to strengthening quality HIV and AIDS palliative care service delivery and implementing standards of care. PEPFAR will support this effort by: (1) strengthening the integration of the preventive care package and family-centered services across all care and treatment programs for adults and children living with HIV; (2) increasing the number of trained formal and informal healthcare providers, building multidisciplinary teams to deliver care, and improving human resource strategies; (3) building active referral systems between CHBC and facility services; (4) developing quality assurance mechanisms, including integration of supervision systems and standardization of services and training; (5) improving integrated supply chain management systems for an uninterrupted stock of essential medications for OI management and pain and symptom control, and home-based care kit supplies; and (6) translating national policy, quality standards and guidelines into action. For example, previous USG support to the Hospice Palliative Care Association of South Africa and its 60 member hospices resulted in the development of national palliative care standards, quality improvement and accreditation programs, hospice management programs; and the development of national training centers for palliative learning across South Africa. In collaboration with National and provincial Departments of Health, FY 2007 funds will scale up direct delivery of quality palliative care services.

For FY 2007 reporting, the USG has added a minimum requirement for someone having received palliative care which reflects a minimum standard of HIV-related services. An HIV-infected individual must have received at least one form of clinical care and one other type of non-clinical care. The clinical service requirement addresses the critical importance of early identification of HIV status and HIV-related clinical problems which may compromise an individual's immune status and physical wellbeing. In addition, adding more than one category of services aligns the program more closely to the definition of palliative as holistic service delivery. For HIV-affected family members, the minimum requirement would be that the individual receive services in at least two of the five categories of clinical, psychological, social and spiritual care and

prevention services. While quality is very difficult to measure through routine indicators, this reinforces the message that PEPFAR is not simply interested in counting the number of people reached, but trying to reach individuals with appropriate and quality care.

The USG's minimum standard of HIV-related services will be adapted and implemented at facility and community-based sites for HIV-infected adults and children. Many facility-based services are integrated into comprehensive ART programs, providing wellness care for HIV-infected people prior to their eligibility for ARV therapy. The minimum care standard for facilities includes the following elements of the preventive care package and other essential care interventions: prophylaxis and treatment for OI (cotrimoxazole prophylaxis for stage III-IV disease or CD4<200 or for HIV-exposed/infected children, TB screening and management, isoniazid preventive therapy in select sites and candidiasis screening and management where the Diflucan partnership exists); counseling and testing of partners and family members; nutrition counseling, clinical measurement and monitoring, micronutrient support according to WHO guidelines, and wrap-around nutrition support; STI care; routine screening and management of pain and symptoms; child survival interventions for HIV-infected children (immunizations, growth monitoring and safe infant/young child nutrition); integrated prevention with positives (PwP) strategies that include messaging, condoms, support for disclosure of status, referral for family planning & PMTCT services; provision of at least one element of psychological, social or spiritual care (emphasizing the holistic approach); and referrals for other services. Malaria prevention (which is seasonal and in few geographic parts of South Africa) is leveraged with other donors, including the Global Fund.

The minimum standard for services at CHBC levels includes messaging, mobilization and referral (with follow-up) for the above mentioned services plus routine screening for OI, symptoms and pain of all PLHIV and their family members (including OVC); prevention messaging and condom provision; personal hygiene strategies to reduce diarrheal disease and distribution of ITNs (where appropriate). Provision of at least one element of psychological, social or spiritual care is also required at community level, however, home and community settings often facilitate delivery of a more comprehensive response including the provision of bereavement care, household support, community support group meetings, etc. The USG adheres to national standards developed for hospice care which are inclusive of the comprehensive care elements addressed above with emphasis on relief of pain and symptoms and the provision of culturally-appropriate end-of-life care. The package of services at facility and community levels also includes medication adherence support for ART and OI. At all levels, attention will be given to increasing gender equity in accessing HIV and AIDS programs, increasing male involvement in community programs, addressing stigma and discrimination, and building partnerships with local NGOs, FBOs and CBOs.

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2,279
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	798,902
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	24,457

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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7274
Planned Funds: $ 350,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to The Africa Centre's Hlabisa activities in ART services (#7275), TB/HIV (#7913), PMTCT (#7914), and CT (#7911). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

The Hlabisa ART program aims to deliver safe, comprehensive, effective, efficient, equitable and sustainable ART to all who need it in Hlabisa District, in rural KwaZulu-Natal province. Hlabisa District is characterized by a high HIV prevalence (about 22 percent), high HIV incidence, unemployment and poverty. Basic care and support services are part of the overarching HIV Care and Treatment program that is jointly run by the Africa Centre for Health and Population Studies, University of KwaZulu-Natal, and the Habisa District Department of Health (D0H). In FY 2007, the program will for the first time provide mobile palliative care teams that bring HIV care to people's homes and support the families of HIV-infected people. The major emphasis area is the development of Network/Linkages/Referral Systems. The minor emphasis areas are human resources, local organization capacity development and IEC. This will be done through support to South African Government (SAG), clinical and physical care, home-based care and human capacity development. The target population is People living with HIV and AIDS (PLHIV) and their families.

BACKGROUND:

The Africa Centre is a department within the University of KwaZulu-Natal, fully funded by grants from mostly overseas institutions. The Program is based in Hlabisa sub-District, a rural health district in northern KwaZulu-Natal which provides healthcare to 220,000 people at one district hospital and 13 peripheral clinics. In September 2004 the program started delivery of ART in Hlabisa and has since expanded ART services to Kwamsane clinic and Somkhele clinic. The Africa Centre and KwaZulu-Natal DOH work to complement each others abilities and resources in providing care and treatment. The Africa Centre has expertise in infectious diseases and management that are not available at the district DOH. The district DOH has clinical staff and infrastructure on which to build a care and treatment program. The Africa Centre contributes nurses, treatment counselors and physicians to the DOH staff, organizes trainings, supports the management of the supply chain and conducts monitoring and evaluation in cooperation with the DOH. The Africa Centre follows all National Department of Health guidelines, standards, and policies through its basic care interventions which are largely focused on wellness, the period from when a patient tests positive until such time as s/he requires ART. The basic preventive care package is part of the program as is symptom and pain management.

With FY 2007 funds the Africa Centre will continue to support the functions mentioned above and expand its support for the DOH. Specifically, Africa Centre involvement will strengthen the TB/HIV Program, PMTCT, palliative care, and the provision of ART and counseling and testing. Increased attention will be given to address gender issues and to promote the care and treatment services amongst men (key legislative area) and children.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support to SAG in Hlabisa District through home-based care

FY 2007 funding will finance three nurses, one social worker and one secretary who will constitute the core of a mobile team to provide home-based palliative care. In addition, funds will be used to finance a car, pharmaceuticals and other necessary supplies. The nurses in the mobile team will provide basic HIV-related care including prevention messages and symptom and pain screening and management; the social worker will refer families for psychosocial services provided by the government (government food aid, government grants and the services of social workers). A partially financed physician will selectively visit patients who need more specialized care. The program secretary will be available to receive telephone requests for palliative care and will schedule the

home-based visits. A toll-free number will be financed to facilitate this process.

The target population for home-based care via the mobile team is non-ambulatory patients who cannot access treatment in clinics and ambulatory patients who request a home visit, in order to involve their partners and other family members in their care. In order to succeed with the home-based care initiative, it will be crucial to identify non-ambulatory HIV-infected patients. For this purpose, a toll-free number will be available to request home visits. Information about the home-based care initiative will be disseminated during community events, the Africa Centre road shows, and in pamphlets that will be available in all DOH clinics.

ACTIVITY 2: Clinical and physical care

HIV-infected people who are not yet eligible for ART will receive palliative care consisting of screening and treatment of TB, screening for pain and symptoms and elements of the preventive care package such as prophylactic treatment with cotrimoxazole, INH and fluconazole. Patients will be advised to return to the clinic 6 monthly for a CD4 test and clinical assessment. DOH funds are used for laboratory services (CD4 counts, viral loads, routine blood and urine tests) and drugs (ARV medication, drugs to treat and prevent opportunistic infections (OIs), and drugs to treat non-HIV-related diseases in HIV-infected patients). Patients on ART and those who are monitored for ART eligibility will be referred to a physician for further care should their condition require that. A pharmacy assistant will be trained to assist the DOH pharmacist to facilitate faster treatment of OIs and pain.

ACTIVITY 3: Nutrition

All participants will be referred for nutritional assessment and monitoring for food aid (Philani porridge, sugar beans) from the DOH. In order to ensure nutrition and food security, PEPFAR funding will be used for nutritional education to teach families the basics of good nutrition. Volunteers will be recruited to train the community in nutrition and food preparation. Africa Centre will seek to establish partnerships with other organizations for sustainability of these activities (e.g. Kellogg foundation, Garden Africa, Seeds for Africa that may develop into a public/private partnership PPP).

ACTIVITY 4: Referrals and linkages

In order to ensure delivery of holistic palliative care, counselors will be trained on available government support structures to link PLHIV and their families to other government programs, like screening for TB/HIV, PMTCT clinics, food aid, legal assistance and social workers, who can assist the families with applying for government grants.

These activities will advance the PEPFAR 2-7-10 goals by providing clinical and psychosocial care to those needing care as part of a comprehensive community and clinic based program and will directly contribute to the 10 million who will receive care through PEPFAR assistance.

Continued Associated Activity Information

Activity ID:	2996
USG Agency:	U.S. Agency for International Development
Prime Partner:	Africa Center for Health and Population Studies
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	55	☐

Target Populations:

Doctors
Nurses
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Africare
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7278
Planned Funds: $ 800,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to Africare's activities AB (# 7280), Other Prevention (#7920), CT (#7279), ARV Services (#7277), TB/HIV (#7281) and OVC support (#7282). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

Africare's Injongo Yethu Project will continue to support home-based care managed by the Eastern Cape Department of Health (ECDOH) clinics, expand the number of clinics supported in the Lukhanji Local Service Area, and begin support in the Glen Grey Hospital catchment area. Facilitators of support groups will be developed and nutrition support through clinic and home-based gardens will be expanded. Documentation and planning of care and support will be supported by the development of an electronic database of clients. Major emphasis is on local organization development, with training, supportive supervision and nutrition support as supporting minor emphasis areas. Palliative care services target all HIV-infected clients and their families, adults and children. Training largely targets South African-based volunteers and public sector nurses.

BACKGROUND:

This is an ongoing activity, building on the deployment of Service Corps Volunteers (SCV) to assist clinic nurses with the supervision of home-based care, health talks and counseling in the clinics. Traditional healers have begun to refer clients for care and treatment, with some providing support to clients on treatment. Pastors and church leaders who were trained in HIV-related care have begun pastoral support to clients. Training of people living with HIV (PLHIV) as support group facilitators began in FY 2006. With leveraged funding, a large demonstration garden at Hewu Hospital and six clinic-based gardens were developed in conjunction with training community-based caregivers and SCVs in permaculture and nutrition. Several PLHIV and families at each of eight clinics have begun to grow a combination of high-nutrient vegetables, along with appetizing and micronutrient-rich herbs.

ACTIVITIES AND EXPECTED RESULTS:

Activities will focus on improving the quality of home-based care (HBC) and enhancing facility-based management of palliative care. Strengthening pre-ART and ART support care based in the clinics will help to support down referral from hospitals and health centers.

ACTIVITY 1: Improved Quality of Clinic and Home-based Care

Quality-focused care plans for HBC visits to be piloted with three clinics. These activities will be linked with Columbia University's work with the Eastern Cape on new forms for care. Care plans will be informed by simple HIV client management tools for use by clinic nurses to plan care throughout the client's disease. Home-based care supervision training modules for nurses and for SCVs will be developed. All SCVs will receive enhanced training in HBC supervision. Training in palliative care will include: evidence-based preventive care interventions which include the following: OI screening and prophylaxis (including cotrimoxazole, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease, HIV prevention counseling, provision of condoms, referral for family planning services for HIV-infected women, appropriate child survival interventions for HIV-infected children and nutrition counseling, clinical measurement, nutrition monitoring and targeted support based on WHO criteria for severely malnourished PLHIV. The package of services to be delivered includes basic pain and symptom management and referral for facility-based support for adherence to OI medications (including cotrimoxazole prophylaxis and TB treatment) and antiretroviral therapy (ART) if needed.

A social worker capable of training in basic counseling will be recruited to train clinical staff, volunteers and pastors in basic counseling skills. This will link closely with the psychosocial training under the OVC component. The provincially supported course

implemented by the University of Fort Hare will be adapted with psychosocial support materials. Nurses and volunteers will be trained as they become available for training.

Building on the initial training of PLHIV for support group facilitation, the project will refine support group facilitation training, guidance for PLHIV co-facilitators and orientation for nurses as a support resource; a) a guide for leading groups, b) a modular curriculum for facilitators, and c) information packs for use in groups. Effort will be made for the equitable access of services by males and females (key legislative area).

To better link the community, five pilot HIV community response teams will be established to monitor processes, provide feedback to the clinic and promote understanding of HIV.

ACTIVITY 2: Develop a Culture of Managing Patients and Services using Data and Information

In collaboration with Columbia University, Africare will develop and implement a simple electronic database as a continuity register of HIV-infected clients, linked with the antiretroviral treatment component. A database development service provider will be engaged to adapt software that will be open source and compatible with the local health information system, to populate the register, provide documentation on the data entry process, data element and indicator definitions, and to train data entry, health and program management staff. Funds will support software development, training and follow-up needed to effect sound implementation. Computers will be provided for Hewu Hospital, Sada Community Health Clinic and Glen Grey Hospital. Nurses will also be trained in the use of data for HIV management and the project will facilitate routine data review. HIV Service Review Guides will be drafted and piloted. It is expected that analyzed data will inform improved quality of the program.

ACTIVITY 3: Provide Direct Training for ECDOH and Africare Staff in Basic HIV and AIDS, CT, PMTCT and ART support

Training organized by the ECDOH has been extremely limited in quantity and frequency, hindering the basic development and certification of professional and volunteer staff. Funds will support recruitment of a trainer already accredited in several needed areas of palliative care. FY 2007 funds will support the establishment of Africare as an accredited training provider for the above areas. Training for Africare's volunteers can then be completed and ECDOH volunteers and professional staff will have an additional source of training made available to accommodate turnover and existing gaps.

ACTIVITY 4: Nutritional support through gardens

To promote quality, economical nutrition, through non-USG funding, the team will work with Lukhanji DOH to develop a local low-literacy cookbook (in Xhosa) and home economics guide. Clinic nurses and SCVs will be trained on the use of the guide. Cooking demonstrations will be established at clinics and selected churches on using nutritious foods, especially the foods and herbs from the permaculture gardens. Funding will support referral for nutritional support and monitoring as well as training clinic teams and as budget allows, outfitting modest kitchens, such as adding a table, stove or sink to existing clinic kitchens.

Africare's palliative care activities contribute to PEPFAR's goals of 10 million people in care by increasing access and quality of care.

Continued Associated Activity Information

Activity ID:	2909
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Africare
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 887,000.00

Emphasis Areas	% Of Effort
Food/Nutrition	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	34	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	170	☐

Target Populations:

Adults
Community-based organizations
Doctors
Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
Girls
Boys
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Doctors
Nurses
Traditional healers
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7300
Planned Funds:	$ 1,000,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to Aurum Health Research (Aurum) activities in CT (#7299), TB/HIV (#7298), and provision of ARV Drugs (#7297) and ARV Services (#7296). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

Aurum palliative care program provides care to patients infected with HIV following HIV counseling and testing, and screening for treatment eligibility in accordance with South African Government (SAG) guidelines. The facilities where palliative care is provided include general practitioners' clinics, non-governmental clinics and public sector sites. These sites are located mainly in the Gauteng, North West and KwaZulu-Natal. Patients are also assessed for opportunistic infections and eligibility for ART and provided with preventive therapy i.e. INH and cotrimoxazole. Emphasis areas include human resources, commodity procurement, logistics, quality assurance and training. The primary target populations are people living with HIV (PLHIV), HIV-infected children, prisoners, homeless people and street youth.

BACKGROUND:

This is an ongoing program funded by PEPFAR since October 2004. The PEPFAR funded project aims to rapidly expand access to HIV care and treatment to South Africans living with HIV, and especially in areas (such as mining areas) where Aurum is familiar and other partners are less likely to work. Aurum has established a number of general practitioner (GP) clinics which are capable of providing care to large numbers of HIV-infected individuals and achieving high quality results. In order to ensure sustainability of this model, Aurum has partnered with Faranani Solutions, a network of general practitioners from a previously disadvantaged population. Advantages of this model, now termed the Auranani model, are that Aurum has been able to secure lower consultation rates for GPs and GPs are encouraged to provide assistance at their local hospital clinics. The presence of trained individuals in these public health facilities will enable the transfer of knowledge to nurses and doctors in the public sector. It is hoped that this model can be used to rapidly scale up delivery of HIV services in South Africa, in partnership with government efforts.Sites are located throughout the country, but are concentrated in Gauteng, North West province and KwaZulu-Natal. There is only one site each in the Northern Cape and the Western Cape.

A further extension of Aurum's program is to include care and treatment services in HIV prevention trial sites of the Aurum Institute in the North West (focus on vaccine trials), and the Medical Research Council site (focus on microbicide trials) in KwaZulu-Natal. These sites are placed within an existing program of HIV education and community engagement where potential participants visit the research sites for HIV testing in the hope that they will test HIV-negative and so will be eligible to participate in these trials. Thus patients are being diagnosed in early stages of their disease and are being counseled and prepared for antiretroviral therapy (ART) and palliative care. In both these provinces there is a close collaboration with SAG, and patients are referred to public sector facilities for ART initiation. These clinics are will be used in the future as down referral facilities

In FY 2006 Aurum fostered new relationships with non-governmental organizations (NGOs) and public sector sites. A number of primary healthcare clinics attached to NGO and faith-based organizations (FBOs) have been established. Metro Evangelical Services, a sub-partner, is a FBO providing training, housing and health services for the homeless and street youth of Hillbrow, Johannesburg. An HIV center has been established to provide CT and HIV services to this population. Aurum aims to get these centers accredited by the National Department of Health (NDOH) for ART delivery in the future, and they may develop into appropriate down referral sites. A contract was concluded with the Eastern Cape Department of Health for the support of a small rural hospital (Madwaleni). In the North West, a number of meetings were held to discuss the establishment of an Aurum outpatient clinic and the provision of support at Tshepong Hospital. Processes for obtaining accreditation for the outpatient clinic are in late stages. In Gauteng, a contract

has been concluded with Chris Hani-Baragwanath hospital for support and a contract for extension of these services to other parts of Gauteng is being negotiated with the provincial health departments. Aurum has met with the KwaZulu-Natal Department of Health about sites attached to the Medical Research Council. Furthermore, in Mpumalanga, one of Aurum's sub-partners, Reaction Consulting, has worked with the provincial health department to strengthen support for Breyten Hospital, and in the Northern Cape, Aurum's public-private partnership with De Beers Consolidated Mines in the Danielskuil area has been discussed. Training of staff at the Johannesburg Correctional Facility has been scheduled for September 2006. A number of Aurum's sites, Caritas Care, MES and Duff Scott collaborate with the local health departments that provide funding for inpatient care to palliative care patients.

ACTIVITIES AND EXPECTED RESULTS:

PEPFAR funding will be used to fund all central staff responsible for monitoring and evaluation of the program. FY 2007 funds will also be used to provide training and human resources at the sites. Focus areas of training include how to run support groups, disclosure and stigma, special counseling situations such as couples and children, and the prevention of mother-to-child transmission.

ACTIVITY 1: Monitoring for Opportunistic Infections

At each of the visits, a full physical examination including pain and symptom management of the patient is conducted to exclude the existence of opportunistic infections (OI). If a client presents with an OI, further investigations and management of the infection including the provision of cotrimoxazole may occur at the site, or the patient may be referred to another healthcare service. Adherence to OI medications (including cotrimoxazole prophylaxis and TB treatment) is also part of the package of services. Effort will be made to ensure equitable access to care services for both males and females (key legislative area).

ACTIVITY 2: Provision of Prophylactic Medication

Patients with CD4 below 200 will receive elements of the preventive care package including cotrimoxazole preventative therapy. It is expected that 30% of all patients receiving BHCS will be receiving cotrimoxazole preventive therapy.

ACTIVITY 3: Psychosocial Support

As part of a holistic approach to palliative care, patients receive counseling by trained staff member at each clinic visit. A psychologist, a dietician and a social worker based within the central office is responsible for education, training and support of site staff. Some of the sites have established psychological and spiritual support groups.

ACTIVITY 4: Work with prisons

Aurum will provide technical assistance to the Department of Corrections in Gauteng province in three areas: 1) assist in the development of the ART and care delivery system, 2) training health care workers on ART and holistic palliative care, and; 3) development of a data management system to track prisoners who are receiving ART and care support.

Aurum's palliative care services contribute to the PEPFAR goals of 10 million people in care by increasing the quality of care.

Continued Associated Activity Information

Activity ID:	3323
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Aurum Health Research
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 900,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	108	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,165	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	196	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
Street youth
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Prisoners
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Gauteng

KwaZulu-Natal

Northern Cape

North-West

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7304
Planned Funds:	$ 1,350,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Columbia University's Track 2 activity is part of a comprehensive program that receives both Track 1 and Track 2 (South Africa) funding. Columbia University's Track 1-funded submission includes ARV Services (#7964). Track 2 activities include Palliative Care (#7304), TB/HIV (#7305), CT (#7306), ARV Drugs (#7303) and ARV Services (#7302). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

Columbia University (Columbia) carries out activities to support implementation and expansion of comprehensive HIV treatment and care. The major emphasis area for this program will be human resources, with minor emphasis on infrastructure development, technical assistance and training, community mobilization, quality assurance and supportive supervision and strategic information. The target population will include infants, children and youth (non-OVC), men and women (including pregnant women and family planning clients), people living with HIV (PLHIV) and healthcare workers in the public and private sectors.

BACKGROUND:

Columbia, with PEPFAR funds, began supporting comprehensive HIV care and treatment activities in South Africa, in 2004. HIV palliative care has included training of healthcare workers in providing standard care for opportunistic infections (OI) management, use of cotrimoxazole prophylaxis for common OIs, and the provision of information on when and where to refer for end-of-life care. In FY 2006, in response to provincial HIV care and treatment priorities, Columbia began strengthening the down-referral of services from hospitals to primary health clinics. This resulted in a total of 36 health facilities receiving technical and financial support from Columbia, including public hospitals, community health centers, primary health care (PHC) and an NGO-run wellness center. In FY 2007 additional health facilities in KwaZulu-Natal (East Griqualand and Usher Memorial Hospital and the Kokstad Community Clinic) will receive technical and financial assistance for HIV care and treatment services.

ACTIVITIES AND EXPECTED RESULTS:

All activities are in line with South African Government (SAG) policies, and activities will be undertaken to create sustainable comprehensive HIV care and treatment programs and primarily include four activities:

ACTIVITY 1: Training and Onsite Clinical Mentoring

Currently healthcare providers rendering services at ART sites participate in ongoing didactic training events and are continuously supported with regular clinical and supportive supervision. In FY 2007 clinical training emphasis will be on the development of a comprehensive HIV nurse preceptor (NP) training and support program. These NPs will be situated at the Columbia-supported ART sites and will be focused on building the capacity and skills of facility-based nurses to deliver high quality HIV patient care and treatment including elements of the preventive care package for adults and children including OI screening and prophylaxis (including cotrimoxazole, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease. Initially, trained NPs would be responsible for providing daily clinical guidance and constructive feedback, using custom designed assessment and training tools, to facility-based site nurses providing basic HIV patient care and treatment. The NP program will include: (1) one-week didactic training that includes clinical material currently in development by the WHO as part of their second-level, competency-based 'Integrated Management of Adolescent and Adult Illness' (IMAI) training program; (2) onsite mentoring of patient triaging, provision of complex care and treatment, modeling on how to conduct basic and complex patient case conferences, evaluation of nurses' basic HIV care and treatment skills and developing instructional plans to address the performance gaps and assisting NPs in practicing teaching; and (3) a series

of at least three continuing education sessions lasting two to three days.

ACTIVITY 2: Community-based Support

Columbia is involved in the implementation of Peer Educator (PE) programs to enhance retention into care and to maximize adherence to treatment. More than 30 Columbia-supported PEs are currently working at St. Patrick's, Holy Cross, Frere and Cecilia Makiwane, Dora Nginza and Livingstone Hospitals. PEs work under supervision of the ART site coordinator or his/her designee to provide: elements of the preventive care package, education on HIV and AIDS care, living positively; psychosocial counseling and emotional support; adherence to care and treatment support; promoting referral linkages to clinic/hospital and other networks; where possible conduct home visits; and attend PE-specific and general PLHIV support groups. Approaches to PLHIV support were initially centralized with the development of wellness centers; the current implementation strategy through FY 2007 will be supporting the decentralization of PLHIV services.

ACTIVITY 3: Strengthening Program Integration Activities

District hospitals and public healthcare facilities have co-located TB, PMTCT and STI services, and integration activities to strengthen these services with holistic palliative care will be carried out in collaboration with the following programs at district and provincial levels:

a. PMTCT: Support early infant diagnosis through the use of dry blood spots (DBS) for PCR testing. This activity will include training PMTCT nurses in specimen collection, information gathering to assess the uptake of DBS and referral linkages of HIV-infected children to chronic care, ensure that HIV-exposed children receive cotrimoxazole. DBS training activities will be carried out in collaboration with the Local Service Area authority and the National Health and Laboratory Services (NHLS).

b. TB: Support active TB case finding and referral for TB treatment for the TB/HIV co-infected. Columbia will support the implementation of TB screening and diagnosis algorithm for HIV-infected patients to include the adaptation of a simple questionnaire for use as a screening tool for active TB at the designated HIV clinics and incorporating the questionnaire into routine clinical care.

ACTIVITY 4: HIV Care and Treatment 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 FY 2007 will include:

a. Implementation of facility paper-based non-ART registers that captures non-ART indicators. These facility registers will be introduced mainly at the primary and community health clinics that are designated by the provinces as down-referral sites for HIV care and ART services.

b. In collaboration with the Department of Health and other partners in the Eastern Cape, support the development and implementation of standardized individualized patient records for use at health facilities.

c. Strengthen the paper-based data collection systems at HIV care and treatment sites in the Eastern Cape in preparation for computerization of a minimum set of key data elements.

d. Work with ART managers and facility site staff to support the utilization of information to improve service delivery and patient care.

By providing basic healthcare and support to people in need in Eastern Cape and KwaZulu-Natal, Columbia's activities will contribute to the realization of the PEPFAR goal of providing care to 10 million people. These activities also support efforts to meet the care and support objectives outlined in the USG Five-Year Plan for South Africa.

Continued Associated Activity Information

Activity ID: 3319
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University Mailman School of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,000,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Quality Assurance, Quality Improvement 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 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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	38	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	39,025	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2,500	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Nurses
HIV/AIDS-affected families
Infants
People living with HIV/AIDS
Pregnant women
Girls
Boys
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Laboratory workers
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

KwaZulu-Natal

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7374
Planned Funds:	$ 140,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to the Department of Correctional Services activities in Other Prevention (#7373), CT (#7376), ARV Services (#7378), TB/HIV (#7379) and SI (#7375). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

PEPFAR funds will be used by the National Department of Correctional Services (DCS) to provide basic HIV and AIDS care and support to offenders and staff in DCS Correctional Centers in all nine provinces. The major emphasis area for this program will be the training of personnel as facilitators on the establishment and maintenance of support groups for infected and affected HIV and AIDS offenders in Correctional Centers. Special emphasis will be placed on positive living and behavior change as well as the management of psychosocial challenges. Minor emphasis will be given to community mobilization and participation; development of network/linkage/referral systems; information, education and communication; linkages with other sectors and initiatives; and local organization capacity development. The target population will include men and women offenders, people living with HIV (PLHIV), their caregivers and several most at-risk populations (e.g., men who have sex with men, injection drug users and tattooing with contaminated instruments) which are alleged to be prevalent in prisons.

BACKGROUND:

This is a new activity which falls under the Care and Support program area in the Comprehensive HIV and AIDS program for offenders. The activity will be implemented by an identified service provider registered and accredited according to the South African laws and contracted through the DCS procurement process. This activity is also one of the National Department of Health's strategies aimed at promoting positive living among people who have tested HIV-infected and who seek to support one another and to cope with their status. The activity will contribute to the core objective of the Department of Correctional Services which is rehabilitation by enhancing a rational thinking amongst offenders and allowing them to take charge of their own behavior and future.

Although the DCS is encouraging the establishment of support groups in Correctional Centers, no formal training was conducted to ensure that facilitators (personnel) are equipped with the necessary skills and knowledge to establish and maintain these support groups. Challenges have been previously experienced whereby the support groups were without a skilled coordinator, and the concept of support groups lost its meaning in terms of its objectives and core business. This activity will add value to the existing services and assist in providing an environment in which offenders who have tested positive can adequately deal with their psychosocial responses to HIV and AIDS.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

Personnel which includes, among others, nurses, social workers, psychologists, religious care workers and custodial officials, who have undergone basic HIV and AIDS training, will be trained as HIV and AIDS Support Group Facilitators.

The activity will ensure gender balance by training both males and females as HIV and AIDS Support Group Facilitators to establish and maintain support groups. Coverage will include the 36 Correctional Centers identified as Centers of Excellence by the DCS in all six of its Regions which correspond with the nine provinces of South Africa. The support groups will consist of health providers in the prisons to become comfortable with basic facts of HIV and AIDS and the care of affected and infected prisoners. There will also be groups for persons living with HIV and AIDS to provide prevention for positives and healthy living messages.

Each Correctional facility will also have a selected number of offenders who will be trained

on basic HIV and AIDS counseling as well as palliative care including screening for pain and symptoms and support for HIV-infected offenders in prisons. The basic care package and adult preventive care packages will be adapted for the prisons to be used as the standard of practice. Prisoners living with AIDS will be trained as treatment supporters and act as adherence counselors. Upon completion of the training, the offenders will work closely with the support group facilitators to form support groups and then become facilitators for sessions in support groups.

ACTIVITY 2: Provision of care

Trained offenders will provide basic palliative care and support to other HIV-infected inmates.. The basic palliative care activities will stem from those provided by the DOH as adapted for prison use. Nutritional referral, personal care, counseling (both pastoral and basic support), recognition of worsening condition such as increased pain or wasting, knowledge of when to refer to clinical providers in the prison, treatment adherence, prevention (including prevention for positives) and other holistic care activities as allowed (bathing, wound care). This will be done in collaboration with the nurses at the prison since treatment for pain can only be done with a physician's orders and under strict supervision.

ACTIVITY 3: Information, Education and Communication

Another activity will be the development of information education and communication materials on how offenders can care for other offenders infected with HIV and AIDS. Offenders will be provided with information and education materials on basic HIV care directly related to caring for other offenders.

ACTIVITY 4: Guidelines for carers in prisons

The above activity links closely with the activity of the development of procedures and guidelines of caring for carers in prisons. These guidelines will be modified to suit this special population.

The Department of Correctional Services activities contribute to the PEPFAR objective of 2-7-10 by increasing the number of people in care as well as preventing new infections.

Continued Associated Activity Information

Activity ID:	3030
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Department of Correctional Services, South Africa
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 160,000.00

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
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	140	☐

Indirect Targets

The Department currently has 49 support groups comprised of HIV and AIDS infected and affected offenders. The number of established support groups as well as offenders attending these groups is expected to increase after the training of personnel as HIV and AIDS Support Group Facilitators. There is no mandatory testing to determine the HIV status of offenders upon admission into the Correctional Centers. Hence, well structured and sustained support groups are a necessity to promote positive living and to create an environment in which HIV and AIDS infected and/or affected offenders share information and experiences and encourage one another.

Target Populations:

Nurses
Injecting drug users
Men who have sex with men
People living with HIV/AIDS
Prisoners
Caregivers (of OVC and PLWHAs)
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	CDC GHAI
Prime Partner:	National Institute for Communicable Diseases
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7393
Planned Funds:	$ 600,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to National Institute of Communicable activities in Laboratory Infrastructure (#7391), SI (#7390) and PMTCT (#7917). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

This activity supports screening people living with HIV for sexually transmitted infections (STI), and help to improve the health of sex workers (SWs) living with HIV through cervical screening. The major emphasis area is policy/guidelines, with minor emphasis on needs assessment, and training. Target populations will be people living with HIV and partners in general population, HIV-infected sex workers (SWs), nurses and other healthcare workers (HCWs).

BACKGROUND:

FY 2007 funds will be used to continue STI screening of HIV-infected individuals attending an HIV treatment clinic. STIs are strongly linked to HIV transmission and can further complicate the clinical care of the HIV-infected patient. Screening and treating HIV-infected individuals for STIs identified will result in better palliative care services, will reduce the likelihood of HIV and STI transmission to their partners and will identify those HIV-infected individuals that could potentially benefit from additional prevention/risk reduction services. Currently the South African Government operates all public health clinics, including ARV sites, using a syndromic management model for STI treatment. Therefore asymptomatic individuals go undetected and untreated, unless such patients present as contacts of other symptomatic STI-infected patients. The prime partner, The Sexually Transmitted Infections Reference Centre (STIRC) carrying out this project is part of the South African National Institute for Communicable Diseases (NICD). NICD is organized as a parastatal, with accountability to the National Department of Heath through a Board of Directors.

Activity 2 is an expansion with FY 2007 funds which involves providing a new cervical screening service for HIV-infected SWs and other women at high risk of STIs who attend a mobile clinic service in the Carletonville area. These HIV-infected women will be also tested for high risk types of human papillomavirus (HPV) infection to determine those most at risk of developing cervical cancer. There is little South African data on HPV infection/cervical dysplasia in HIV-infected SWs, so given the presence of the new HPV vaccine, this activity will also provide baseline data on the prevalence of abnormal Pap smears and the distribution and burden of HPV subtypes among these women.

STIRC will implement both activities in collaboration with CDC's Division of STD Prevention, an HIV clinic in Johannesburg and the Mothusimpilo NGO which provides outreach services to SWs.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Screening

The proposed activities will be carried out in the South African Government's largest Johannesburg hospital-based ARV site. People living with HIV will be screened for asymptomatic STIs. Since these activities will take place in a public ARV clinic, medicines needed to treat the STIs diagnosed will be provided by the South African Government, and not purchased with PEPFAR funds. Those with STIs will be counseled regarding enhanced risk of HIV transmission in the presence of STIs. Partner notification and counseling of those infected will result in the referral of sex partners for STI diagnosis and treatment as well as HIV counseling and testing. Couples counseling will be encouraged for discordant couples. Data on the prevalence and etiology of the STIs identified will be gathered to inform policy on the burden of asymptomatic STI in the HIV population.

ACTIVITY 2: HIV testing

SWs will be tested for HIV infection using rapid tests in informal settlements. The SWs will be screened with cervical Pap smears to detect either dyskaryosis or cervical cancer as well as undergo HPV screening/typing. HIV-infected SWs with abnormal smears will be referred to gynecologists for further assessment and treatment.

Total staffing for both activities includes two nurses and two counselors, who will deliver the clinical service to those with STIs and their partners as well as to SWs; one clerk will enter data. STI screening results and the importance of the STI-HIV link will be disseminated through training and building of human capacity of healthcare workers. Treating STIs will reduce on-going HIV transmission from index HIV clients. Partners in Activity 1 will receive epidemiological treatment for STIs as contacts and be offered HIV testing. Early treatment of cervical dysplasia in Activity 2 will prevent cervical cancer in SWs. Activity 2 will involve training in the taking of cervical smears by the NGO project nurses as well as raise awareness about cervical cancer among SWs attending the service. Findings from both activities will be used by STIRC to influence local and national health policy and guidelines which will enhance sustainability of each activity.

These activities contribute to PEPFAR goal of 10 million people in care by improving the palliative care provided to HIV-infected individuals presenting at ARV sites through the diagnosis and treatment of their asymptomatic STIs. These activities further contribute to the 2 and 7 portions of the PEPFAR goals through the referral, testing and treatment of the sex partners of HIV-infected patients and by identifying those HIV-infected patients that may benefit from further risk reduction and prevention counseling.

Continued Associated Activity Information

Activity ID:	6424
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Institute for Communicable Diseases
Mechanism:	CDC GHAI
Funding Source:	GHAI
Planned Funds:	$ 440,000.00

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Policy and Guidelines	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,400	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	☐

Target Populations:

Commercial sex workers

Doctors

Nurses

Discordant couples

Coverage Areas

Gauteng

North-West

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7424
Planned Funds:	$ 250,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Nelson Mandela School of Medicine carries out integrated activities described in AB (#7422), Basic Health Care and Support (#7424), CT (#7425), Other Prevention (#7423), and support to OVC (#7426).

SUMMARY:

The Nelson Mandela School of Medicine (NMSM) is using PEPFAR funds to support the implementation and refinement of common clinical guidelines for HIV and 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 is first in training, with minor emphasis placed on human resources, logistics, policy and guidelines, quality assurance and supportive supervision, and strategic information. The target population includes Traditional Health Practitioners (THPs) in the private and public sector who are members of the KwaZulu-Natal and Ethekwini Traditional Health Practitioner 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 KwaZulu-Natal, and are a largely untapped resource in HIV and AIDS prevention and mitigation on the community level. These activities began in August 2005 with the arrival of FY 2005 PEPFAR funding. NMSM is implementing the project in collaboration with the KwaZulu-Natal and Ethekwini Traditional Healer Councils.

ACTIVITIES AND EXPECTED RESULTS:

The principal focus of this project will be training and equipping traditional healers to better deal with the HIV and AIDS epidemic in KwaZulu-Natal.

ACTIVITY 1: Training

Training will be provided through workshops run by the project training team (including senior traditional healers). Trained THPs will be provided with a customized version of the home-based care medical kit currently used by the KwaZulu-Natal Department of Health (DOH), modified to include the elements of the Adult Preventive Care Package endorsed by the CDC (micronutrients and vitamins). Training includes the refinement and implementation of common clinical guidelines for HIV and 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.

ACTIVITY 2: Referrals

NMSM is working closely with South African Government colleagues to establish viable bi-directional referral pathways (including referral forms); formalizing and enhancing what is currently happening.

ACTIVITY 3: Monitoring and Evaluation

NMSM will also ensure that traditional healers have adequate stocks of appropriate medical supplies, through collaboration with the provincial Department of Health. Regular site visits will be conducted to monitor the implementation of these guidelines and data management protocols.

ACTIVITY 4: Gender Issues

In all of these activity areas NMSM is working with the Traditional Healers to ensure gender equity in basic care (key legislative issue). This includes information on healthy modifications of behavioral norms for men (key legislative issue) and women. NMSM will

support THP service outlets that will provide palliative care through these activities (assuming each THP practice site constitutes a service location).

Expected Results:
1. Refine and implement Standardized Clinical Guidelines for HIV and AIDS management for traditional healers.
2. Develop Standardized Therapeutic Protocol for HIV and AIDS patient management by traditional healers.
3. Improve collaboration and referral between biomedical and traditional healers.
4. Improve record keeping by traditional healers and availability of the anonymous data to public health authorities.
5. Provide adequate basic care package to trained traditional healers.
6. Assess the usefulness of working with traditional healers to enhance their capacity to provide palliative care to HIV-infected patients.
7. Human resources: Through this activity, traditional healers will be trained, equipped, and empowered. A small number of medical school staff, traditional healer representatives, and support staff receive salaries from the project for monitoring and evaluation and training.

Logistics: Includes managing the care package supply, re-supply, and medical waste removal with the trained traditional healers and government colleagues. This overlaps with commodity procurement since NMSM funds will purchase the care packages. Through regular site visits quality assurance and supportive supervision will be conducted on the use of adapted clinical guidelines and HIV staging, care packages and record keeping systems.

Through monitoring and evaluation record keeping systems, policy and guidelines for working with traditional healers will be developed. By providing new tools and materials to traditional healers working with HIV and AIDS patients, this project will expand basic care and support services in KwaZulu-Natal, contributing to the PEPFAR goal of providing care and services to ten 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.

Continued Associated Activity Information

Activity ID:	3069
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of KwaZulu-Natal, Nelson Mandela School of Medicine
Mechanism:	Traditional Healers Project
Funding Source:	GHAI
Planned Funds:	$ 375,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	250	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	24,024	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	250	☐

Target Populations:

Community-based organizations
Traditional healers
HIV/AIDS-affected families
People living with HIV/AIDS
Traditional healers
Other 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:	QAP
Prime Partner:	University Research Corporation, LLC
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7429
Planned Funds:	$ 1,300,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity relates to University Research Co., LLC / Quality Assurance Project activities in PMTCT (#7431), TB/HIV (#7430), Counseling and Testing (#7432) and ARV Services (#7428). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY: University Research Co. LLC/Quality Assurance Project (URC/QAP) will support 80 Department of Health (DOH) facilities in 5 provinces to improve the quality of basic health care for People Living With HIV (PLHIV) by improving compliance of healthcare workers with treatment guidelines. The essential elements of Quality Assurance support include technical compliance with evidence-based norms and standards, interpersonal communication and counseling and increasing organizational efficiency.

The major emphasis area for this activity is quality assurance/supportive supervision, with minor emphasis on development of network/linkages/referral systems, training and policy/guidelines. The activity targets public health workers, program managers, volunteers and PLHIV. These activities will result in improving the continuum of care for adults and children living with HIV and their families as they pass through different stages of the disease or through different levels of healthcare system ensuring that they receive high quality services.

BACKGROUND: URC/QAP currently works with 70 DOH facilities in four provinces improving the quality of basic healthcare and support services for PLHIV. In FY 2007 the number of DOH facilities that URC/QAP mentors will be expanded. In FY 2007, URC/QAP will work with the South Africa (SA) DOH and Department of Social Development, community-based organizations/home-based organizations (CBOs/HBOs) and other PEPFAR partners to ensure the delivery of comprehensive family-centered services for PLHIV. Using Quality Assurance (QA) tools based on DOH standards and guidelines, URC/QAP will help facilities provide an essential package of activities to ensure that PLHIVs receive high quality basic healthcare and support services. Temporary medical staff will be made available to healthcare facilities to initiate and strengthen provision of basic health services for PLHIV. URC/QAP will also work with HBOs/CBOs to improve home-based care services by linking home-based caregivers to facilities. It is envisioned that URC/QAP activities will support integrated programming in a network of services for all HIV-infected clients and their families by integrating preventative messages and condoms into HIV and AIDS care activities, screening and referral for PLHIV to other service delivery areas, stigma reduction activities and involvement of community/home-based care givers to promote adherence to ART and anti-Tuberculosis (TB) regimens.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Establish Facility-level Quality Improvement Teams
URC/QAP will work with each facility to identify core teams representing various clinical services. These teams, with support from URC/QAP and district staff, will be responsible for implementing plans for improving access to quality basic primary healthcare and support services for PLHIV, particularly issues pertaining to equitable access for women and girls/related gender considerations. Each team will conduct baseline assessments to identify and address quality gaps in clinical services. These assessments will be used by the facility teams to develop and implement a quality improvement plan.

URC/QAP will assist facility teams in developing and implementing strategic plans for improving access to quality healthcare services. URC/QAP activities will focus on improving preventative care services for PLHIV and their families, including access to HIV counseling and testing services, TB/OI screening and provision of cotrimoxazole prophylaxis. URC/QAP will monitor staff interventions to provide high quality services in nutrition counseling, diarrhea management, screening for pain and symptoms, treatment for OIs and ARV services, home-based support, social service linkages and community-based ART follow-up and adherence support, in accordance with national guidelines. URC/QAP will facilitate linkages to treatment and care for eligible clients by training facility staff on the need for treatment referrals. Effort will be made to ensure equitable access to care services for both males and females (key legislative area). URC/QAP will work with facility staff to design and implement referral plans and strengthen the development of networks with CBOs/HBOs to improve referral patterns.

URC/QAP activities at facility level will include an integration of key HIV and AIDS prevention messages and provision and referral for condoms into all care activities. At national and provincial levels, URC/QAP will continue to collaborate with the NDOH on the development of infection control guidelines, emphasizing measures such as good hygiene practices and use of safe water for PLHIV. At a community level, CBOs/HBOs linked to DOH facilities will be assisted to provide home-based care services to PLHIV and expand outreach services to the community. URC/QAP will also train facility and CBO/HBO staff in pain and symptom management for all PLHIV, including basic assessment and management of common pain and symptoms related to HIV disease and appropriate use of the WHO analgesic ladder and referral when necessary.

ACTIVITY 2: Human capacity development
URC/QAP will train facility staff in QA strategies, specific to basic health care. In addition, job-aids and wall charts will be provided to improve compliance with clinical and counseling guidelines. All training will be in accordance with the SA National DOH training guidelines for community and home-based care, HIV and AIDS Care and Treatment Guidelines and PMTCT guidelines for pediatric care. At the community level, URC/QAP will fund and capacitate CBOs/HBOs to better utilize community health workers and strengthen the capacity of families and community members to meet the needs of PLHIV.

ACTIVITY 3: Strengthening supervision
URC/QAP will visit each facility/CBO at least twice a month to provide onsite mentoring to healthcare workers. This will focus on improving clinical skills of staff as well as ensuring that improvement plans are being implemented correctly. During these visits URC/QAP will also review program performance data to ensure expected results are being achieved. URC/QAP will conduct quarterly assessments in each facility/CBO/FBO to assess whether staff is compliant with national guidelines. To ensure staff is being supported on an ongoing basis and promote sustainability, URC/QAP will train district, facility-level, and CBO supervisors in QA and facilitative supervision techniques.

Activity #4 Plus up to funds will provide assistance with set up, running and facilitation of care support groups at all QAP-supported health care sites in the five provinces. The focus will include Prevention with Positives (PWP), wellness programs & care for the caregiver's activities.

Activity # 5 Plus up funds will also be used to support and improve support and care services provided to families of PLWHA. To this end, staff at URC/QAP-supported facilities and home-based care organisations will be encouraged and mentored on the importance of provision of clinical / physical, psychological, spiritual or social services to families of PLWHA. URC/QAP staff will focus on identification of clinical / social needs within these families and the development of appropriate referral linkages and networks.

This activity contributes to the PEPFAR target of 10 million people in care. URC/QAP will assist PEPFAR in reaching the vision outlined in the USG/South Africa Five-Year Strategy by improving the continuum of care for PLHIV.

Continued Associated Activity Information

Activity ID:	3109
USG Agency:	U.S. Agency for International Development
Prime Partner:	University Research Corporation, LLC
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	130	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	35,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	☐

Target Populations:

Adults
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
Program managers
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7440
Planned Funds:	$ 100,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The activity is related to The South African Military Health Service activities in Counseling and Testing (#7573) and Orphans and Vulnerable Children (#7571). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

The palliative care program focuses on training of clinic, hospital, hospice and community-based health workers for HIV-infected and affected individuals and their families. Program activities include training of health care workers and home-based care volunteers to effectively manage HIV-infected individuals, expanding terminal care facilities, establishing a home-based care database, and distributing home-based care kits. The care and support is multi-professional and includes psychosocial, nutritional, spiritual and people living with HIV and AIDS (PLHIV) support. In addition, the program will address the issue of stigma in the workplace through a targeted program evaluation and contribute to effective and innovative palliative care programs through attendance of PEPFAR palliative care partner meetings and conferences. Overall, the program supports the development and implementation of a comprehensive palliative care plan as part of the South Africa Department of Defense (SADOD) Plan for the Comprehensive Care, Management and Treatment of HIV and AIDS.

BACKGROUND:

The South African Military Health Service provides care to the military and their families. Training of health care professionals in the provision of holistic palliative care has been performed since the inception of PEPFAR, but the development of a strategy for terminal care to HIV-infected members is fairly new and was established through PEPFAR funding in FY 2005 following a needs assessment. Some of the main components of the terminal care strategy are the development of infrastructure, including the upgrading of hospices, of which one was included in the FY 2005 budget. Further hospices have been upgraded with in FY 2006 and it is anticipated that unit based facilities for the care and support of terminal HIV-infected members will be established during FY 2007.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

The primary aim of this training is to equip health care workers with the knowledge, skills and attitudes required to conduct HIV pre and post-test counseling interviews. Training of health care professionals will be conducted through the Health Care Workers Course developed by the South Africa Military Health Service This is a four-day course, of which two days are dedicated to developing interviewing skills and practicing pre and post test counseling scenarios. Some time will be spent on issues of sexuality, policy and legislation, and occupational exposure. This will enhance the ability of health care professionals to manage HIV-infected individuals.

ACTIVITY 2: Provision of care

Expansion of terminal care facilities through the establishment of regional step down care facilities within military communities Is planned in FY 2007. This may include upgrading or sourcing of hospice services according to need towards management of individuals with terminal HIV disease. The package of services also includes basic pain and symptom management and facility-based support for adherence to opportunistic infections medications (including cotrimoxazole prophylaxis and TB treatment) and antiretroviral therapy (ART).

Support to individuals providing home-based care through training aimed at optimizing quality of life and effective management of terminal family and community members living with HIV, sourcing of home-based care packages (inclusive of items like gloves) and IEC material to ensure appropriate care to terminal HIV-infected individuals and to prevent

transmission of HV to caregivers. The establishment of a home-based care provider data base will help to ensure quality support to HIV-infected members and their dependants when home-based care is required.

Referral to PLHIV support networks and workshops will help to address stigmatization and discrimination and will be a useful strategy to ensure healthy living.

ACTIVITY 3: Addressing stigma

As a result of findings of KAP survey (SA DOD, 2006), which suggest continuing stigmatizing attitudes of individuals surveyed, the SADOD requested a program evaluation, using qualitative methodology, to address stigma within the South African National Defense Force associated with HIV-testing and HIV-infected in an effort to modify existing prevention of stigma in the workplace programs and the Health Care Workers Course. The Director of Nursing will work with the Military Psychological Institute (MPI) in the development of the methodology for this evaluation.

ACTIVITY 4: Dissemination of innovation

The SADOD will disseminate innovation through attendance of PEPFAR palliative care partner meetings, publications in military and peer reviewed magazines and journals and oral and poster presentations on effective and innovative programs at conferences and seminars.

Program implementation will be supported by supervision and quality assurance through staff visits to the regions and monitoring and evaluation through the HIV M&E programs to track performance. Technical assistance will be provided to the South African National Defense Force by the U.S. Naval Health Research Center/Naval Medical Center San Diego.

The activities will contribute to the PEPFAR 2-7-10 goals by increasing the number of individuals receiving palliative care and support.

Continued Associated Activity Information

Activity ID:	2979
USG Agency:	Department of Defense
Prime Partner:	South African Military Health Service
Mechanism:	Masibambisane 1
Funding Source:	GHAI
Planned Funds:	$ 175,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	105	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	☐

Target Populations:

Adults
Community-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Military personnel
People living with HIV/AIDS
Volunteers
Caregivers (of OVC and PLWHAs)
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Small Grants Fund
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7478
Planned Funds: $ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to The Ambassador's HIV and AIDS Small Grants Program activities in OVC (#3118).

SUMMARY:

The Ambassador's HIV and AIDS Small Grants Program in South Africa will use PEPFAR funds to continue to support South Africa's most promising small community organizations making significant contributions to the fight against HIV and AIDS. Major emphasis areas are commodity procurement and human resources. The activities target PLHIV and their families and caregivers, community volunteers, CBOs and FBOs.

BACKGROUND:

The Ambassador's HIV and AIDS Small Grants Program in South Africa (Small Grants) has had two tremendously successful years. Out of over 550 applications, the South Africa Mission has entered into agreement with 126 small community-based organizations (FY 2005 & FY 2006) in the areas of prevention, hospice care, home-based care, treatment support and care for orphans and vulnerable children. Funded projects are located in nine provinces, primarily in rural areas. The average funding amount is under $10,000. 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, transparent process. Criteria for selection include: improvement of basic conditions at the community level; benefit a substantial number of people in the community; be within the means of the local community to operate and maintain; and quick implementation of grant within one-year agreement period. All grants must conform to the PEPFAR Small Grants Guidelines. Projects are supervised through each Consulate by State Department small grants coordinators. Based on experience in FY 2005 and FY 2006, the USG PEPFAR Task Force anticipates the strongest applications for FY 2007 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 has begun (with anticipated FY 2007 funding). Given two successful years of the program, FY 2007 funded organizations are expected to HIV-infected individuals and their families with clinical and physical care, psychological care, spiritual care and social care as well as elements of the preventive care package for adults and children. Anticipated activities include the provision or referral for psychosocial support and household support including assistance with house cleaning, cooking, feeding and changing of linens. Some Small Grants grantees will be involved in pain and symptom recognition and referrals to health care facilities as necessary. Referral for counseling and testing, treatment and ARV services will also be part of the care package. For organizations working in home-based care, the use of preventive measures such as the use of gloves, will also emphasized. Grantees will message and mobilize for cotrimoxazole prophylaxis, screening for TB, and referral for appropriate opportunistic infection management. Grantees will make and effort to ensure equitable access to care services for both males and females and advocate for increased participation by men in service delivery.

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 PEPFAR goals of providing care and support to 10 million HIV-affected individuals.

Continued Associated Activity Information

Activity ID: 3117
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: Small Grants Fund

Funding Source: GHAI
Planned Funds: $ 300,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	24	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	216	☐

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Volunteers
Caregivers (of OVC and PLWHAs)
Other Health Care Workers

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: Twinning Project
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7483
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for American International Health Alliance (AIHA) in the area of F. Care: Basic Health Care & Support (HBHC)

For this twinning activity in FY 2006, the AIHA worked closely with the Foundation for Professional Development (FPD) 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 District Hospital network. Activities included strengthening operational/management systems; assisting in the development of an integrated HIV/TB/Palliative care model; and strengthening the down-referral system.

This project is being revised in FY 2007 to more accurately reflect the best utilization of the AIHA twinning concept and the relevant strengths of the two organizations. FPD will continue to provide the Basic Health Care & Support services described above. A fuller description of FPD activities is provided in the HBHC section of this COP. AIHA activities are now reflected in the Policy and Systems Strengthening section of this COP. Please view the AIHA activities listed there.

Continued Associated Activity Information

Activity ID: 3900
USG Agency: HHS/Health Resources Services Administration
Prime Partner: American International Health Alliance
Mechanism: Twinning Project
Funding Source: GHAI
Planned Funds: $ 25,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Key Legislative Issues

Twinning

Volunteers

Coverage Areas

Northern 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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7490
Planned Funds:	$ 1,400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to Catholic Relief Services (CRS) activities in TB/HIV (#7953), CT (#7488), ARV Drugs (#7489) and ARV Services (#7487). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

Activities support the provision of palliative care under the comprehensive antiretroviral treatment (ART) program carried out by Catholic Relief Services (CRS) in 25 field sites in 8 provinces in South Africa. The area of emphasis is the improvement of quality of life to people living with AIDS who are not yet on antiretroviral treatment (ART), ensuring their wellness to delay the necessity of commencing the ART for as long as possible, ensuring optimal health for persons on ART, and ameliorating pain and discomfort for those in the terminal stages of the disease. The field sites target those in need of these services, who live in the catchment area of the site, and who lack the financial means to access services elsewhere. The major emphasis area is Linkages with other sectors and initiatives. Minor emphasis areas are community mobilization/participation, development of networks/linkages/referral systems, and human resources. The main target populations are HIV-infected individuals and their families as well as caregivers.

BACKGROUND:

AIDSRelief (the Consortium led by CRS) received Track 1 funding in FY 2004 to rapidly scale up ART in nine countries, including South Africa. In FY 2005 and FY 2006, Track 2 (South Africa) funding was received to supplement central funding, with continued funding applied for under COP 2007. 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).

All sites operate under the terms of a Memorandum of Understanding (MOU) with the provincial Department of Health (DOH) in which they operate, observing the national and provincial treatment protocols. There is a concerted effort at each site to ensure coordination with the South African Government (SAG) and sustainability by either having the SAG provide antiretroviral drugs, or by referring stable patients in to the SAG treatment plan. Progress made in this regard is discussed below under activities and expected results.

Contrary to initial expectations, the most difficult issue has been ensuring that men access HIV care and treatment services. Currently, only a third of patients on ART in the program are men.

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2007, AIDSRelief will continue implementing activities in support of the South African national ARV rollout. Of the 25 existing field sites activated in March 2004, two have transferred all their ART patients into SAG sites, and have ceased providing treatment. Three new field sites will have been activated in FY 2007 to enroll additional ART patients in support of the SAG rollout plan.

Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in the form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

Basic palliative care services including elements of the preventive care package will be provided by the 25 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 pain and symptom diagnosis and relief; psychological and spiritual support; clinical monitoring, related laboratory services, management of opportunistic infections and other HIV and

AIDS-related complications (including pharmaceuticals); and culturally-suitable and religiously-appropriate end-of-life care. Patients within the CRS home-based care network are not given cotrimoxazole prophylaxis within the home but are referred when necessary. Effort will be made to ensure equitable access to care services for both males and females (key legislative area).

The home-based carers are recruited through parish networks, and are deployed in the areas they live in, with the intention that they should serve patients who live within the walking distance of their homes. All provincial DOHs pay stipends to their caregivers. Home-based carers within the CRS network tend to pay their caregivers the same stipend that the DOH pays theirs, as the training that they undergo is the same, as is the workload. Stipends paid to caregivers vary from one site to another according to the differences in stipends paid by different provinces. Caregivers are also reimbursed for transport expenses.

AIDS is stigmatized in many South African communities because of the association with death. This is because of the belief that AIDS inevitably leads to death. As the number of patients on treatment grows, and as communities see that those on treatment are living normal, healthy lives, stigma is decreasing visibly and more and more patients are presenting themselves to be tested, either in CT, or if they know that they are positive, to have their CD4 counts tested and see whether they qualify for treatment. This process has been accelerated by the way in which patients on treatment at each site are used as community peer educators and counselors.

All activities will continue to be implemented in close collaboration with the SAG HIV and AIDS directorate 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 PEPFAR. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the SAG, thus ensuring long-term sustainability.

Holistic palliative care services are provided to all people who come to the field sites irrespective of their age, gender, nationality, religious or political beliefs. Historically, adults with HIV of both genders (children to a lesser extent) have been admitted for palliative care services in partner field sites providing such services. 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 and 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, ranging from referral to other SAG clinics in the area, to home-based carers who provide compassionate and valuable services to palliative care patients.

This activity will directly contribute towards the 10 million people in care component of the 2-7-10 PEPFAR goals by increasing the quality and access to care.

Continued Associated Activity Information

Activity ID:	3832
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,219,000.00

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
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	27,781	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	75	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Nurses
Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Northern Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	CAPRISA NIH
Prime Partner:	University of Kwazulu-Natal
USG Agency:	HHS/National Institutes of Health
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7499
Planned Funds:	$ 350,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to CAPRISA's activities in ARV Services (#7497), ARV Drugs (#7498) and Counseling and Testing (#7496). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

Activities are carried out to provide clinical, spiritual and psychosocial support to the HIV-infected patient and family affected by the disease at two established treatment sites in KwaZulu-Natal. Also included is TB treatment for TB/HIV co-infected patients at the eThekwini (Durban) site.

BACKGROUND:

CAPRISA was established in 2002 as a not for profit AIDS research organization by five major partner institutions: University of KwaZulu-Natal, University of Cape Town, University of Western Cape, National Institute for Communicable Diseases, and Columbia University. The headquarters of CAPRISA are located in the Doris Duke Medical Research Institute at the Nelson R Mandela School of Medicine, University of KwaZulu-Natal. The PEPFAR-funded CAPRISA AIDS Treatment (CAT) Program was initially started as a supplemental effort to deal with the large volume of HIV-infected clients that were screened out of CAPRISA's other research studies. It has since evolved into one of the pillars of CAPRISA and is evidence of the ongoing commitment to provide comprehensive services to communities. The CAT Program was initiated in June 2004 and currently provides an integrated package of prevention and treatment services. The program also provides an innovative method of providing ART by integrating the tuberculosis (TB) and HIV care as well as counseling and testing, family planning, sexually transmitted infections (STI) treatment, prophylaxis and treatment for opportunistic infections (OIs), and other HIV associated conditions at both a rural and urban 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 it provides free treatment. The HAART provision at this clinic integrates TB and HIV care into the existing TB directly observed therapy, short course (DOTS) 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 in KwaZulu-Natal. The Vulindlela district is home to about 500,000 residents whose main access to health care is at seven primary health care (PHC) 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.

At the Vulindlela Site, by the end of June 2006, 2033 people have been tested for HIV and 668 people had been initiated on ART. At the eThekwini Site, which was initiated in September 2004, 444 people had been initiated on ART by the end of June 2006 and 1765 people were in care, but not on ART.

ACTIVITIES AND EXPECTED RESULTS:

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. Women of child-bearing age are referred for pap smears, pregnancy testing and family planning. At the eThekwini Site the clinic is open Monday to Friday and is operated by 3 full-time doctors, 2 part-time doctors, 4 nurses, 3 counselors, an assistant and a pharmacist. Clients from throughout the greater Durban area who may have TB are routinely evaluated and are offered counseling and HIV testing. HIV-negative patients are invited to participate in ongoing prevention activities at both facilities.

Patients who test positive for HIV are offered HIV specific care through the CAT Program. Attention will be given to increasing the gender equity in the HIV and AIDS programs and increasing male involvement in the program (key legislative area).

HIV clinical care services that are offered include Bactrim prophylaxis, routine screening for OIs, via clinical examination, and blood, urine or sputum testing where required. The CAT project has the capacity to treat commonly occurring OIs at site level and these include pulmonary and extrapulmonary TB, candidiasis, pneumonia, gastro-enteritis, and other respiratory infections. The CAT project also accesses and supplies drugs such as diflucan. Clients are referred to tertiary level facilities if they require investigation and inpatient management out of the scope of the clinic management.

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 liaise with social welfare departments and other community-based organizations (CBOs) to assist in enhancing social support for patients.

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 (key legislative area) 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. Community-based care includes referral for psychological support, stigma reduction strategies, adherence support for OI medications and ART, pre and post-test counseling for HIV infection, implementation of ARV treatment, prophylaxis for OIs, management of OIs, adverse events and severe adverse events. Appropriate referral to clinics takes place when needed.

With FY 2007 funding the CAT Program will be continued and expanded 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 (CDC) in Durban.

These results contribute to the PEPFAR 2-7-10 goals by providing facility-based HIV-related palliative care to HIV-infected individuals by providing clinical prophylaxis and treatment for TB/HIV co-infected patients prior to initiation of ARVs.

Continued Associated Activity Information

Activity ID:	3814
USG Agency:	HHS/National Institutes of Health
Prime Partner:	University of Kwazulu-Natal
Mechanism:	CAPRISA NIH
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,625	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	☐

Target Populations:

Adults
Community-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Pregnant women
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7501
Planned Funds:	$ 313,800.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to U.S. Peace Corps activities in AB (#7503), OVC (#7502) and CT (#7504). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

PEPFAR funding will be utilized to strengthen the organizational and human capacity of indigenous organizations that provide palliative and home-based care services in the North West, Limpopo, Mpumalanga and KwaZulu-Natal provinces. The major emphasis area for these activities is local organization capacity development, with strategic information and quality assurance/supportive supervision as minor emphasis areas. 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.

Funds requested in FY 2007 will cover the recruitment, training and in-country support costs incurred by PEPFAR-funded Volunteers who entered the program in FY 2005 through FY 2006 and those who will be recruited and trained in FY 2007.

BACKGROUND:

The proposed activities in care and support will build on the accomplishments of Volunteers already in the field since 2005. The PEPFAR-funded Volunteers that will be placed in the project in FY 2007 will be recruited and trained in FY 2007 and will continue their work into FY 2008-2009.

Peace Corps placed 3 PEPFAR-funded Volunteers using FY 2005 funds and an additional 4 PEPFAR-funded Volunteers using FY 2006 funds, in indigenous CBOs and NGOs.

Through the addition of additional PEPFAR-funded Volunteers, financial and technical support in FY07, it is anticipated that new service outlets will be supported, and the work at existing partners will be further developed and consolidated. In the FY 2006 PEPFAR Semi-Annual Report, Peace Corps reported that Volunteers supported 148 care outlets, and provided specific training to 82 caregivers. As a result of this effort, over 34,000 people were able to access home and community-based care.

ACTIVITIES AND EXPECTED RESULTS:

The activities below include the activities of both PEPAR-funded and Volunteers who are funded through other sources, and work more than 50% of their time on HIV and AIDS issues. Non-PEPFAR-funded Volunteers apply the lessons learned through PEFPAR-supported activities, in particular, monitoring and evaluation training, to their work with HIV and AIDS focused non-governmental and community-based organizations that are supporting or providing palliative and home and community-based care services.

ACTIVITY 1: Support to the provision of care

Based on the needs of each organization that Peace Corps supports, Peace Corps Volunteers (key legislative issue) will work with their host agency to support nationally accredited 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. Examples of holistic care services provided by organizations that Peace Corps will support include: from counseling and testing, stigma

reduction, ART and adherence, adherence, counseling and support to the individual and family, end of life care, referral to other organizations and continuous education and support thereafter to all concerned. The palliative care organizations will work with other facility-based health providers to ensure that HIV-infected adults and children in all facility settings are either provided or referred (with follow-up) for evidence-based preventive care interventions which include the following: OI screening and prophylaxis (including cotrimoxazole, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease, HIV prevention counseling, provision of condoms, referral for family planning services for HIV-infected women, appropriate child survival interventions for HIV-infected children and nutrition counseling, clinical measurement, nutrition monitoring and targeted support based on WHO criteria for severely malnourished PLHIV. The package of services provided may include basic pain and symptom management and support for adherence to OI medications (including cotrimoxazole prophylaxis and TB treatment) and antiretroviral therapy (ART). Community and home-based psychological support, stigma reduction strategies and adherence support for OI medications and ART will be provided by therapeutic counselors who are trained PLHIV, employed by the hospital that visit the patients and their families in the community. Attention will be given to increasing the gender equity (key legislative area) in the HIV and AIDS programs, increasing male involvement (key legislative area) in the program, addressing stigma and discrimination, and partnerships with local NGOs, FBOs and CBOs.

As the South African Government extends the implementation of its treatment program, Peace Corps Volunteers and the community caregivers will play an important role in supporting treatment compliance, referrals and wellness programs.

ACTIVITY 2: Technical Assistance

In addition to the in-depth, on-going capacity development described above, Peace Corps will provide financial and technical support to additional community groups. Peace Corps Volunteers will collaborate with these groups in order to strengthen the groups' abilities to delivery consistent, comprehensive and high quality services to people living with HIV and AIDS. By supporting the skills development of community and home-based care groups, and by supporting the development of appropriate referral systems, people living in rural areas will have increased access to quality and professional care.

The 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 by increasing the capacity of local to deliver care and support activities.

Continued Associated Activity Information

Activity ID:	3106
USG Agency:	Peace Corps
Prime Partner:	US Peace Corps
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 122,365.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	12	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	☐

Indirect Targets

Both PEPFAR-funded and non-PEPFAR-funded Volunteers will contribute to these targets. The target numbers represent people and service outlets reached that are not reached through other PEPFAR funding mechanisms (see "Other Partnerships," above).

Indirect targets are representative of the service delivery that local NGOs are reporting as a result of improved management, systems and planning mechanisms.

Target Populations:

Adults
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
Volunteers
Caregivers (of OVC and PLWHAs)
Other Health Care Workers

Key Legislative Issues

Volunteers

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Limpopo (Northern)

Mpumalanga

North-West

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Broadreach
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7511
Planned Funds:	$ 800,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to the BroadReach Health Care (BRHC) activities in CT (#7513), TB/HIV (#7939), ARV Drugs (#7512), and ARV Services (#7510). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

BRHC activities include doctor consultations, lab testing, adherence support, patient counseling, remote decision support, quality assurance monitoring, training for both patients and health professionals, support groups and data management. Basic Care and Support activities are in support of individuals participating in an anti-retroviral therapy (ART) program, largely representing the population of those HIV-infected, but not yet eligible for ART. The major emphasis is on Human Resources with minor emphasis on Quality Assurance and Supportive Supervision and Training. These emphasis areas are realized through clinical and non-clinical services, human capacity development, quality assurance, referrals and linkages and South African Government (SAG) support including meeting equipment, infrastructure and human resource needs. Primary target populations include people living with HIV and AIDS (PLHIV) and their families/households, program managers, public and private doctors, nurses, laboratory workers, pharmacists, other health care workers, the business community/private sector, CBOs, FBOs, and NGOs.

BACKGROUND:

PEPFAR funds support BRHC initiatives which provide HIV and AIDS clinical management, care and support services to HIV-infected, uninsured individuals in public sector government facilities and areas where the SAG ART roll-out has not yet reached or where there is high demand. The BRHC PEPFAR program began in May 2005 and now operates in 15 communities across five provinces. Today, BRHC is supporting approximately 3,500 individuals directly with care and treatment and 15,000 indirectly. The BRHC mission is to tap into private sector health professionals to provide comprehensive care and treatment, fostering capacity building initiatives and service delivery within the public health system, and partnering with and supporting community-based programs with sustainable impact on long-term patient care. BRHC leverages the community-based PLHIV support programs to identify and assist with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. In addition, BRHC works to build capacity in public health facilities, focusing on human capacity development including clinical training, clinical mentorships, patient training and operational assistance training. BRHC is expanding its provision of additional staff and infrastructure support to SAG facilities. Finally, BRHC is expanding its involvement in the design of scaleable down referral models in partnership with FBOs, CBOs, and as a partner in innovative public private partnerships (PPPs).

ACTIVITIES AND EXPECTED RESULTS:

The primary goal of this program area is to ensure that new patients are started on ART when clinically qualified and enrolled patients continue to receive outstanding care and support.

ACTIVITY 1: Clinical Services

BRHC patients will be treated in accordance with SAG ARV National Guidelines and provided regular doctor visits, laboratory tests, HIV and AIDS education, counseling and cotrimoxazole prophylaxis. Using a family-centered approach, BRHC will recruit eligible family members of HIV-infected patients - including greater numbers of men and children - in order to improve the health of families/households and facilitate family doctor visits and drug pick ups. Care includes the preventive package, symptom and pain management, a wellness program (during the time from when a patient finds out his or her HIV-infected status until eligible for ART), are care during and after the initiation and possibly failure of ART. Patient nutrition and wellness needs will be met by the provision of multivitamin supplements, and doctor, patient and facilitator training in nutrition.

ACTIVITY 2: Human Capacity Development

1) BRHC 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 clinical mentoring from experienced HIV and AIDS clinicians. Comprehensive HIV and AIDS training for health professionals includes ART Management, TB, adherence, management of complications and side-effects, prevention and pediatric HIV management.

2) BRHC will continue to focus on community training on topics including HIV and AIDS, ART, adherence, living positively, universal precautions and accessing psychosocial support in communities. BRHC will continue to train support group facilitators on topics including HIV and AIDS, ART, adherence, disclosure, and linking patients with psychosocial services in the community.

3) The BRHC adherence program supports patients by providing features such as treatment buddies, support groups, text message reminders, a patient call center and adherence counseling.

ACTIVITY 3: Support to SAG

BRHC will support capacity development for care and support services at partner SAG facilities. According to SAG articulated needs, these services will include commodity procurement, healthcare financing, human resource recruitment and salary support (for doctors, nurses, pharmacy staff etc.), BRHC doctors providing temporary services at SAG facilities, training of SAG staff in HIV care and treatment and/or ART program management, and physical infrastructure building/refurbishment and equipment procurement. BRHC will work with SAG staff to improve operational efficiency in SAG facilities through needs assessments including identification of key bottlenecks and then generate and implement solutions. Additionally, BRHC will support SAG National Department of Health (NDOH) efforts, by assisting with development of down-referral models. Finally, BRHC will build on its existing public private (PPP) model (SAG - BRHC - Daimler Chrysler) in East London and develop new PPPs to further involve small to medium enterprises in supporting employees and dependents in the communities where they operate, alleviating some of the burden on government services.

ACTIVITY 4: Referrals and Linkages

Development of Network/Linkages/Referral Systems will be provided through strengthened referral networks between the public and private sectors (including referring stable patients back to the SAG ARV program), assistance to local clinics to facilitate SAG down referral process. Finally, BRHC will continue to expand its community-based linkages with CBOs in order to refer patients in need of non-USG funded food parcels and other wrap around services intended to support patients.

ACTIVITY 5: Quality Assurance/Quality Improvement (QA/QI)

Recognizing the critical role of monitoring and evaluation in ensuring a successful program, BRHC QA/QI activities include regular internal data and systems audits, collection of patient level surveillance data, exception reports, doctor-specific feedback report, and doctor decision-making support. The BRHC adherence program monitors and evaluates patient adherence through monitoring of drug pick up information, clinical reports, self-reported adherence, and pill counts.

BRHC Basic Healthcare and Support activities directly contribute to the 2-7-10 objectives of supporting 10 million people with basic healthcare and support by expanding these services in South Africa.

Continued Associated Activity Information

Activity ID: 3007
USG Agency: U.S. Agency for International Development
Prime Partner: Broadreach
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 751,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	60	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	500	☐

Indirect Targets

In addition to its own treatment program, Broadreach indirectly supports patients who are provided care and support through the Aid for AIDS care and treatment program, as well as indirect support provided via capacity building initiatives undertaken in FY 2007. 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 addition to the South African Government rollout. BroadReach also supports a direct care and treatment program.

Target Populations:

Business community/private sector
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Caregivers (of OVC and PLWHAs)
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Eastern Cape

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7538
Planned Funds:	$ 325,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to Living Hope's (LH) activity in AB prevention (#7537). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations

SUMMARY:

LH will provide in-patient hospice care and home-based care (HBC) for HIV-infected individuals in the Western Cape peninsula. The program will also provide elements of the preventive care package, post-test counseling and support groups for PLHIV. The emphasis areas include human resources, training and the development of network/linkages/referral systems. Target populations include PLHIV and their affected families.

BACKGROUND:

Living Hope Community Center is an indigenous South African FBO formed in 1999 in direct response to the HIV and AIDS epidemic. The activities below are ongoing; PEPFAR funding for this activity began in 2005, helping to expand LH's reach into high risk communities with HBC, caring for caregivers and providing hospice-based services and referrals.

LH is working in partnership with the False Bay Hospital by providing a lay counselor for PMTCT counseling and support and with a local government clinic in Masiphumelele where lay counselors assist in offering pre and post-test counseling.

LH coordinates with the DOH to ensure that their care activities complement the HIV and AIDS strategy of local government facilities and strengthening their prevention and care policies. With non-PEPFAR funds, LH has also constructed a 22 bed hospice to care for HIV-infected patients referred by local hospitals and HBC givers in the surrounding communities to offer culturally appropriate end-of-life care, symptom and pain management, and referral for ART.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

All members of LH's HBC and hospice staff receive specialized training in palliative care including the basic preventive care package. Each HBC giver attends the four month full-time accredited DOH training over a period of 12 months. LH will continue to support the DOH in these training efforts with FY 2007 funding.

LH will provide comprehensive HBC to people in four Western Cape communities - Masiphumelele, Ocean View, Red Hill, and Muizenberg. This specifically includes People living with HIV (PLHIV), adults and children who are HIV-infected. The HBC visits incorporate nursing care, personal hygiene, HIV and AIDS education to infected individuals and family members, screening for symptoms and pain and referral when treatment it is unavailable through routine nursing care. All patients are assessed and referred for ART.

LH utilizes a family-centered approach to the provision of care. HBC caregivers spend time in the homes of those who are ill and get to know the client's family, presenting an opportunity to provide training and support to the family caregivers. This includes discussions on knowing one's HIV status and PMTCT for pregnant women. This training and support for the caregivers of OVC and PLHIV will include a comprehensive package of basic information about caring for their family member, pain and symptom management and relief in the administration of care. Preventive measures in home-based care are also covered. The hospice also provides ARV treatment and clinical care for those eligible (treatment is procured and funded by the Western Cape DOH).

The HBC activity also includes the services provided at the Wound Dressing Clinics in Masiphumelele, Muizenberg, and soon to be Ocean View Communities. These locations

and services provide an effective means to establish relationship with those individuals who are HIV-infected and need HBC or other services. It is also an opportunity to encourage all individuals to get tested.

As part of the HBC activity a system will be established for the referral of HIV-infected individuals needing holistic inpatient and/or hospice services (including those experiencing acute HIV-related illnesses, including TB and other opportunistic infections) to LH's hospice or other appropriate healthcare institutions for preventive care and symptom and pain management. A system will also be established for the referral and follow up of ARV treatment-eligible patients to the nearest public health treatment site.

ACTIVITY 2: In-patient Hospice Care

LH will provide holistic in-patient care at our 20 bed hospice facility. The hospice is specifically equipped and designed to care for adults, children and infants with pain and symptom management such as those who are experiencing acute HIV-related illnesses including TB and other opportunistic infections as well as any other HIV and AIDS complication requiring inpatient care. In addition to short-term hospice care, LH and its staff provide a place to die in peace and dignity with psychosocial and culturally appropriate spiritual support to the patient as well as their family members.

The hospice is part of a network of care and support offered by LH that works in collaboration with government and other NGO HIV and AIDS services in the area such as ART, counseling and testing and clinical support including the basic package of care. LH also provides transportation for clients to access any of the medical or care services required in the area from hospital care, clinical results or collecting the ARVs for patients at the LH hospice.

ACTIVITY 3: Non-clinical care and support

As part of providing comprehensive palliative care, LH places an emphasis on meeting emotional and spiritual needs. There are monthly support groups and one-on-one counseling available for HIV-infected community members where they find acceptance, hope, encouragement and support needed to live a productive and satisfying life. Those who attend are also coached in how to plan for their family members who may be affected by an HIV-infected member of the household. LH's social workers link the OVCs and other vulnerable family members to social services, government grants where applicable, non-USG nutritional support through garden projects or temporary food parcel delivery, skills training, as well as ongoing emotional and spiritual support.

ACTIVITY 4: Referrals & Linkages

The referrals system links HIV-infected people from initial pre and post-test counseling with LH lay counselors to appropriate next level of service such as psychosocial support, home-based care, government clinic or hospital services, PMTCT support or hospice care.

LH is in the process of developing a planned approach to South African Business inviting partnerships with those businesses looking to fulfilling their social responsibility to reduce HIV infections in the workforce.

All additional members of the HBC and Hospice staff are receiving specialized training in palliative care, including the basic package delivered by the provincial department of health. This will extend over a 12 month period as each HBC attends the 4 month full-time DOH training.

This activity specifically contributes to the overall PEPFAR objectives of 2-7-10 by providing direct health care, emotional and spiritual support or those who are HIV-infected and their families.

Continued Associated Activity Information

Activity ID: 3025
USG Agency: U.S. Agency for International Development
Prime Partner: Living Hope
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 250,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,030	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	43	☐

Target Populations:

Community-based organizations
Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Western Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Government Projects
Prime Partner:	Research Triangle Institute
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7541
Planned Funds:	$ 1,500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to Research Triangle Institute (RTI) activities in Condoms and Other Prevention (#7539). RTI will work closely with the Population Council (#7611) which is also providing care and support for rape victims (but in different communities). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

The first RTI component includes support to strengthen the HIV-related clinical, psychological and social care services for the Thuthuzela Care Centers (TCCs) for rape victims in all provinces with the exception of Limpopo, Free State and Mpumalanga. The second component encompasses strengthening the Department of Provincial and Local Government (DPLG) HIV and AIDS care program in workplace programs in 4 districts and 15 local municipalities located in Gauteng, Mpumalanga, Western Cape, and Limpopo provinces. The third component includes training of community health care workers in the same municipality catchment areas on quality HIV palliative care. Populations served are adults and children, PLHIV, health care workers and caregivers. The major emphasis area is training with minor emphasis areas in IEC, commodity procurement, network/linkages/referral; linkages with other sectors and initiatives and local organization capacity development.

BACKGROUND:

This is the second year of support to the TCCs and DPLG. The community care component is a new activity in FY 2007. Thuthuzela means "to comfort" in isiXhosa; TCCs are multi-disciplinary centers that provide comprehensive care for rape survivors with an emphasis on women and children. Funding to the DPLG in FY 2007 provides for the ongoing implementation of HIV and AIDS workplace activities initiated in FY 2006 with an emphasis on integrating elements of the preventive care package, psychosocial support and stigma reduction strategies for PLHIV. Caregiver training in DPLG catchment areas varies; as a result quality of care for PLHIV suffers. Select municipalities and districts will partner with the provincial Departments of Health and Social Development for standardized national HBC training.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthening HIV care in the TCCs

PEPFAR funding will enable the TCCs to improve the quality of basic HIV-related clinical, psychological and social care services offered by the TCCs for rape victims with an emphasis on women and children rape victims (key legislative area). The TCCs offer a place of refuge and comfort for raped women and children, with an aim to reduce secondary victimization suffered by rape victims by ensuring that the reporting process, medical examination, initial counseling, quality of HIV-related care services are all done in one place on a 24-hour basis. Care services that will be provided include counseling and testing, disclosure support, PEP, gender-based violence screening, quality and supportive medical examination, psychological care and counseling by trained providers, personal hygiene, screening for pain and symptoms and HIV-related conditions such as opportunistic infections and provision of shelter and comfort measures. Qualified health care workers will also provide messaging on HIV prevention and counsel and refer for the provision of CD4 testing, ART, OI prevention and treatment (including cotrimoxazole prophylaxis, TB care), nutritional care and appropriate child survival and child care interventions (growth monitoring, child-specific nutritional care, immunizations). The program will provide legal counseling, program linkages for the legal protection of women and children and follow-up legal advice. A particular program emphasis is ensuring that women's legal rights and child protection is promoted and protected.

ACTIVITY 2: Strengthening HIV Care in Municipality Workplace Settings

This component assists 4 districts and 15 local municipalities located in Gauteng,

Mpumalanga, Western Cape, and Limpopo provinces to initiate and/or strengthen care delivery via HIV and AIDS workplace programs. Activities will be developed and strengthened that encourage employees to obtain access to HIV prevention and care services including emphasis on integrating elements of the preventive care package, psychosocial support and stigma reduction strategies for PLHIV. This includes counseling and referring for HIV testing services, disclosure support, basic screening for pain and symptoms and HIV-related conditions such as opportunistic infections, HIV prevention messaging and access to condoms, referrals for the clinical monitoring and care that includes ART, OI prevention and treatment (including cotrimoxazole prophylaxis, TB care), nutritional care and appropriate child survival and child care interventions. On-site psychosocial care will be provided. Mandatory employee participation in HIV and AIDS education programs is a key element of the program. Strategies to reduce stigma directed towards PLHIV will be integrated in partnership with municipality leaders and participation with labor unions is included. Outcomes include improved access to HIV and AIDS care, stigma reduction and strategies to prevent the further spread of the disease

ACTIVITY 3: Expanding the Community Response to HIV and AIDS in Municipality Catchment Areas

All the targeted 4 districts and 15 local municipalities (mentioned in Activity 2) have CBOs who carry out HIV-related community and home-based care activities for PLHIV and OVC in their vicinity. It has been noted that community providers who receive the 59-day South African Government accredited home-based care training from the NDOH provide exemplary services. However, many CBOs do not have access to the standardized training program. This activity will expand NDOH standardized training in the targeted municipalities depending on the unique needs and ongoing training programs supported by the provincial Departments of Health and Social Development. The training will include but not be limited to the following topics: elements of the preventive care package for adults and children; basic HIV terminology and facts; psychosocial aspects of HIV and AIDS; basic pain and symptom management; bereavement care and communication skills; legal issues; care considerations for OVC; infection control; health education; culturally appropriate care; end of life care; ART adherence; how to provide referrals; supportive supervision; program design; and project management. Community caregivers working in drop-in centers (catering to orphans and vulnerable children) will be trained in ways to mitigate the burden of women and girls in their care of family members who are ill and of young children who have lost their parents to HIV and AIDS. Sites will be selected in partnership with municipalities and the provincial Departments of Health and Social Development. Follow up from the training and technical support will be provided to the community organizations by the designated training support team. Training provided through this activity serves to build and sustain linkages between the district municipalities, the provincial Departments of Health and Social Development, and community-based organizations (CBOs) and non-governmental organizations (NGOs) thereby reinforcing the coordination role of the DPLG.

These activities will contribute to PEPFAR goals of providing palliative care to 10 million HIV-infected individuals and their families, including OVC.

Continued Associated Activity Information

Activity ID:	6547
USG Agency:	U.S. Agency for International Development
Prime Partner:	Research Triangle Institute
Mechanism:	Government Projects
Funding Source:	GHAI
Planned Funds:	$ 125,000.00

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
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	7	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,930	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,065	☐

Target Populations:

Adults
Community-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
People living with HIV/AIDS
Policy makers
Girls
Boys
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers

Key Legislative Issues

Democracy & Government

Increasing gender equity in HIV/AIDS programs

Increasing women's legal rights

Coverage Areas

Eastern Cape

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: Right To Care, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7547
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

PEPFAR funds allocated to CT ($2,200,000) are for Right to Care (RTC) 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. This activity will be competed in an Annual Program Statement (APS) for FY 2007 funding, as the activity has grown in scope and funding level that warrants competition, therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID: 2975
USG Agency: U.S. Agency for International Development
Prime Partner: Right To Care, South Africa
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 2,200,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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:

Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Traditional healers
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Migrants/migrant workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Gauteng

Mpumalanga

Northern 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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7551
Planned Funds:	$ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity relates to Salvation Army's activities in AB (#7550) and OVC (#7552). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY: The Salvation Army will provide through a trained cadre of volunteers home-based palliative care (HBC) to people living with HIV and AIDS in order to contribute to their quality of life, provide spiritual and psychological support to the client and their family, monitor the client's health, and facilitate access to clinical care. This activity will focus on training, in addition to community mobilization/participation and the development of network/linkages/referral systems.

BACKGROUND: The Salvation Army is an international Christian denomination that addresses all aspects of HIV and AIDS through community-based care and prevention programming: home-based care, provision of OVC psychosocial support, individualized pre- and post-test counseling, clinical care of opportunistic infection, community counseling, and youth mobilization. Matsoho A Thuso is a care and prevention model begun in November 2004 with PEPFAR funding. Palliative care activities focus on capacitating members of Salvation Army churches to provide psychological, social, spiritual and limited clinical support to people living with HIV and AIDS in their communities. The project currently operates in 50 sites in eight of South Africa's nine provinces, many of which are in rural and underserved areas. In FY 2007 Salvation Army will expand and enhance care activities through retraining of caregivers as well as providing a comprehensive range of services to the HBC clients.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Training of Caregivers
The main objective of the training is to increase skills in delivery of quality palliative care services including elements of the preventive care package. Utilizing the Salvation Army's extensive volunteer base, the Salvation Army will train and equip community members to carry out basic home-based care services. The training will be conducted by an accredited service provider with South Africa's Health and Welfare Sector Education and Training Authority. Each home-based caregiver will also receive a basic home-based care kit containing equipment such as gloves, disinfectant and bandages to ensure that they are able to provide an acceptable quality of care to people living with HIV and AIDS throughout the country while maintaining adequate precautions. In the first year of the project, a total of 101 caregivers have been trained to provide services. In order to intensify and improve the quality of services in FY 2007, additional caregivers will be trained. On-going mentoring and supervision will be provided by health facility staff and Salvation Army trainers to promote the retention of volunteers and to minimize burn-out. Increased participation by men will be encouraged in service delivery (key legislative area).

ACTIVITY 2: HBC Services
Trained caregivers will identify clients in consultation with the community. Home visits will be conducted four times a month to provide clinical as well as social, psychological or spiritual services. Services provided will include elements of the preventive care package, 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 their family, and monitoring the client's status over time which will assist qualified health care providers in the management of opportunistic infections. A checklist with comprehensive palliative care services will be used to track the services rendered. Thus far Salvation Army has provided care and support to 538 HIV-infected individuals. In FY 2007 Salvation Army intends to intensify and expand services provided to HIV-infected individuals and their families. This activity will also contribute towards reducing stigma and discrimination against people living with HIV. The project aims to foster a culture of support and acceptance for people living with HIV and AIDS and their families by involving community members in care and support activities. Home-based care volunteers also make use of the opportunities given to address any misconceptions the family or the community may have about HIV and AIDS as well as applying the preventive care package. Family members of the HIV-infected individuals will also receive at least two support services (psychosocial, spiritual, etc) from the checklist of the services. Any OVC identified during HBC visits will be referred to the OVC program.

ACTIVITY 3: Strengthen Referrals Networks
In order to ensure that HIV-infected individuals and their families receive appropriate care and support, Salvation Army will improve their linkages with other organizations, particularly in terms of increasing access to clinical care. Salvation Army will regularly map services available in each site and develop a formal referral system to other community health structures. This will ensure that beneficiaries are able to access services that are not provided by the Salvation Army (such as provision of ARVs). The patients will be referred and a proper follow-up will be made by home-based caregivers so that the program can track their progress and address any problems identified with the relevant authorities. The program will focus on strengthening relationships between caregivers and public clinics and hospitals in order to facilitate effective referrals and to provide additional support for volunteers from clinically trained professionals. In addition, Salvation Army will also explore partnerships with other private organizations and institutions in order to provide additional support for the program and to move towards ensuring the sustainability of activities. Monitoring and Evaluation (M&E) is an important component of this program and a comprehensive M&E structure has been set up to help track number of services provided by the caregivers as well as the progress made by patients.

The Salvation Army will use plus up funding to expand care and support services by increasing the set targets and as well as improving the quality of care provided. We will train additional Caregivers who will provide care to more clients, and we will also increase the scope of care provided. Plus-up funding will help The Salvation Army upscale the services and the targets. In addition, TSA will use the plus-up funding to add an additional activity: Wellness Program for Caregivers.

Activity 4: Wellness Program for Caregivers. The Salvation Army has identified the need to provide care and support services to caregivers to ensure that caregivers avoid burnout, receive care for medical conditions and are able to provide services to clients effectively. TSA will partner with local health facilities to offer on-going counseling and testing and health screening (for TB, diabetes etc.) to all caregivers. These screening services will be an entry point for further services from a specialized cadre of senior HBC service providers who will be trained to provide on-going HIV prevention education and counseling, debriefing services, run support groups for caregivers, provide support for clinic visits and adherance, counselling and referral for services related to gender-based violence and to assist with linking caregivers to income generation projects and with further educational opportunities. These interventions will assist in improving the health and well-being of caregivers and increase the sustainability of the program.

These activities contribute towards PEPFAR's goal of providing 10 million people with care including people living with HIV and AIDS and their families by increasing access and quality of care.

Continued Associated Activity Information

Activity ID:	2993
USG Agency:	U.S. Agency for International Development
Prime Partner:	Salvation Army
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,920	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	225	☐

Target Populations:

HIV/AIDS-affected families

People living with HIV/AIDS

Volunteers

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.06: 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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7554
Planned Funds:	$ 1,025,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to Management Sciences for Health/Integrated Primary Health Care Project activities PMTCT (#7557), OVC (#7555), CT (#7556), ARV Services (#7553), and TB/HIV (#7666). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the National Department of Health (NDOH) will support the provision of basic care and support to those are HIV-infected adults in 350 public health facilities (hospitals and clinics) in 8 districts in 5 provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West). The IPHC Project will provide technical assistance to both provincial and district managers for HIV and AIDS programs to strengthen basic care and support services to HIV-infected clients. The target populations are men and women of reproductive age, family planning clients, pregnant women, nurses and other health care workers. The major emphasis area for this activity will be quality assurance and supportive supervision and minor emphasis area will be on linkages with other sectors and initiatives as well as training.

BACKGROUND:

This activity is a continuation of activities initiated in the FY 2006. All activities will be supported directly by IPHC Project in collaboration with district and provincial counterparts from the Department of Health. IPHC Project will also work closely with service providers at facility level to ensure quality, comprehensive service is delivered. This activity will build on IPHC Project's past activities conducted at current sites and with an additional focus on gender-related activities (key legislative area). Family centered counseling will be a major part of the activities that will be implemented. To ensure integration of programs, IPHC will strengthen the formation of district level HIV and AIDS, STI and TB (HAST) committees. This will ensure that People Living with HIV (PLHIV) are offered a comprehensive package of care that takes into consideration opportunistic infections (OI) at the facilities mentored and supported by IPHC.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

The objective of training will be to develop skills on appropriate screening and provision of the preventative care package. IPHC Project will strengthen human capacity development by training health care providers (both professional and non-professional) on basic care and support of HIV-infected clients and ensuring delivery of the preventive care package. This will include screening for and treatment of opportunistic infections including cotrimoxazole prophylaxis. Training will also include the clinical staging of clients using the WHO clinical staging guidelines. Healthcare providers will also be trained on screening STI and screening TB clients for HIV and AIDS. Nutritional counseling will focus specifically on the nutritional needs for HIV-infected and TB clients will also form part of the training. IPHC will provide training to home-based caregivers using the Department of Health (DOH) curriculum for home-based care providers. The training of home-based caregivers will include the counseling component so that they can provide ongoing counseling to those infected and affected by HIV and AIDS, to ensure a holistic family-centered approach.

ACTIVITY 2: Mentoring and Support for Service Providers

IPHC Project will continue to mentor and support health service providers in exiting IPHC-supported facilities to provide basic care and support and expand to additional facilities in all 5 provinces. The focus of this activity will be on clinical management of HIV. All CT sites supported by the project will offer palliative care to the HIV-infected clients. This service will begin at facility level with referral to home-based care (HBC) services when necessary for continuity of care. Increase access to quality basic care and support

services within communities will be encouraged and supported. IPHC will also establish/strengthen the referral system between health facilities and community/household level. The IPHC project will establish linkages and facilitate networks with community organizations, local municipality and health facilities to increase access to palliative care. IPHC will assist community-based organizations (CBO), non-governmental organizations (NGO) and faith-based organizations (FBO) to access other sources of funding for home-based care programs, strengthening the capacity of local municipalities to monitor local organizations.

ACTIVITY 3: Integration of Services

This activity will focus on the integration of HIV and AIDS services into routine Primary Health Care (PHC) services to ensure a holistic approach to basic care and support to the HIV-infected client at the facility level. Integration of services is importance for the clinical management of the HIV and AIDS client. All IPHC-supported PHC facilities will be strengthened to provide a basic health care package that includes routine screening for opportunistic infection, staging for those clients who are ready to go on the ART program, and on-going counseling and support for those that are not yet ready. IPHC Project will also focus on strengthening the referral system to and from facility level to home-based care services. Service providers from health facility and HBC services will be trained on the referral system and how to refer clients appropriately. The IPHC project will support a wellness program for clients who are not yet ready to be on an ART program at the 350 IPHC-supported DOH health facilities.

IPHC activities will increase the public health facilities capacity to deliver quality basic health care and support services and expand access to quality palliative care services, thereby addressing the priorities set forth in the USG Five-Year PEPFAR Strategy for South Africa. IPHC will assist PEPFAR to achieve its goal of caring for 10 million people.

Original activities remain unchanged. MSH/IPHC will use Plus up funds to provide aasitance and support in the faciliation of care support groups at all IPHC-supported facilities in the 8 districts in 5 provinces of South Africa. At the facility level IPHC will focus on ensuring that clients are counselled on prevention for positives and family members are provided with counseling and HIV testing. IPHC will focus on the following activities; prevention with positives, wellness programs and care for the caregivers activities. At the facility level the preventive care package will be implemented at all IPHC-supported facilities. IPHC will support health providers to ensure stronger links between palliative care, counselling and testing, family planning, prevention of mother to child transmission and anti-retroviral therapy at the facility level. IPHC will also address gender sensitivity during the care support groups to address issues of behaviour change, violence and disclosure.

Continued Associated Activity Information

Activity ID:	2949
USG Agency:	U.S. Agency for International Development
Prime Partner:	Management Sciences for Health
Mechanism:	TASC2: Intergrated Primary Health Care Project
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	**% Of Effort**
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	350	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	42,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	425	☐

Indirect Targets

The National Department of Health guidelines on treatment and care stipulate that all health facilities should have referral systems in place for home-based care. IPHC will train the home-based carers that the facilities would refer to, therefore will have an indirect impact on palliative care happening around the community, as well as having direct impact on the patients in the facility itself.

Target Populations:

Adults
Family planning clients
Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Pregnant women
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7584
Planned Funds:	$ 1,520,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
Family Health International (FHI) also implements activities described in the Counseling and Testing (#7588), ARV Services (#7586) and PMTCT (#7587) program areas. Although Project Support Association-South Africa (PSASA) (#8250) will begin as a prime partner in FY 2007, FHI will continue to have a sub-grant with PSASA for home-based care activities. This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:
Family Health International (FHI) will improve access to holistic services for people living with HIV and AIDS (PLHIV) and their families by enhancing palliative care (PC) programs and strengthening links to ARV, counseling and testing (CT), and other essential services. Emphasis areas are network/linkages/referral systems, training, and local organization capacity development. Target populations are men, women, PLHIV, health professionals, faith-based organizations, volunteers, caregivers, children, and families affected by HIV and AIDS.

BACKGROUND:
The FHI-supported Integrated Community Palliative Care (ICPC) model is the first public sector palliative care model at the district level funded by the South African Government with technical assistance from FHI. As requested by the Departments of Health (DOH) and Social Development, FHI provides support to both community- and facility-based PC services at the primary care and hospital level, while strengthening the linkages between PC, CT, ARV and family planning (FP) for comprehensive care and support. FHI's interventions strengthen the physical, spiritual, social, and psychological aspects of PC, and leverage government resources through service networks to meet multiple care needs. Tighter links between PC, CT, ARV and FP services, in particular, afford men and women the opportunity to improve their overall quality of life through integrated services.

Since FY 2005, FHI and partners trained 729 community volunteers and provided services to over 12,000 home-based care (HBC) clients in Mpumalanga and KwaZulu-Natal; trained 50 government HBC volunteers in Limpopo and Northern Cape using the Health/Welfare Sector Education and Training Authority curriculum; trained 158 health care professionals in PC; and provided support to the Johannesburg Hospital Palliative Care Team (HPCT), reaching out to 2,356 clients. In the communities where they are working, FHI is expanding pediatric PC services to ensure HIV-infected children are receiving appropriate care, and setting up a mobile clinic to improve access to integrated services in remote HBC programs. FHI carries out PC activities with government and community-based organizations (CBOs), including PSASA, the South African Council of Churches, South Africa Red Cross, Nightingale Hospice and Evelyn Lekganyane HBC.

ACTIVITIES AND EXPECTED RESULTS:
FHI will continue to strengthen access to integrated services as a part of a comprehensive palliative care package for PLHIV and their families in Mpumalanga, KwaZulu-Natal, Limpopo, Northern Cape and Gauteng provinces. This includes the ICPC model in 2 provinces. Effort will be made to ensure equitable access to care services for both males and females and increased participation by men will be encouraged in service delivery (key legislative area). The activities expand existing services that CBOs and government care programs currently provide with an emphasis on promotion of the HIV preventive care package. With FY 2007 funding, FHI will further institutionalize the program within government and CBOs, while also expanding its reach. FHI will emphasize capacity building and local skills transfer, and will also stress gender sensitivity in counseling and community outreach, promote couples counseling, and assist HBC programs to develop strategies to alleviate the care burden on girls.

ACTIVITY 1: Strengthening community-based organizations
Benefiting HBC clients, family members and caregivers in Mpumalanga, KwaZulu-Natal, Limpopo, and Northern Cape provinces, FHI will work with community groups to:
1) Provide technical assistance (TA) to HBC volunteers to identify PC, CT, ARV and FP needs in the household and to refer to appropriate services;
2) Leverage government and partner resources by building/strengthening formal referrals between HBC projects and CT sites, nearby ARV providers, and FP clinics;

3) Train HBC volunteers to assist clients with adherence to ARV therapy and care interventions; e.g. referral for cotrimoxazole prophylaxis;
4) Strengthen TB management and nutritional assessment, monitoring and supplements, including and referrals to government/NGO services for food parcels;
5) Support select HBC programs through financial assistance, supportive supervision TA, and reporting;
6) Work with the Hospice Palliative Care Association (HPCA) to provide PC training for health providers and HBC programs using the nationally accredited curriculum, and expand services to include pediatric PC as appropriate, and;
7) Conduct trainings for ARV providers on prevention of positives including FP referral for HIV-infected couples, including those on ARVs.

ACTIVITY 2: Strengthening government programs
FHI will provide TA, training and financial support to four districts of Limpopo and Northern Cape. Specifically, FHI will work with government to:
1)Train district-level PC health providers in pain and symptom assessment and management, TB and other opportunistic infection screening, pediatric PC, psychosocial and spiritual needs of PLHIV and affected families, PMTCT and FP counseling;
2) Implement mechanisms for quality assurance and supervision, as per standard operating procedures;
3) Conduct district-level workshops for family members, traditional healers, and local AIDS councils to promote care, support and treatment services; reduce discrimination and stigma; increase awareness of HIV-infected individuals needs; and support pediatric PC, and;
4) Strengthen referral networks between primary health care and CBO services, including linkages with health and social welfare sectors for grants, legal aid, micro-finance, spiritual support, CT, ARVs, and FP.

ACTIVITY 3: Technical assistance to Johannesburg HPCT
FHI will continue to support the Johannesburg HPCT and other government-accredited ART sites by increasing access to pediatric PC and reinforcing the integration of HIV and FP services. Through TA to nurse managers, nurses, midwives, medical officers, coordinators and other providers in ART sites, FHI will improve the capacity of Johannesburg HPCT and promote similar models for replication.

ACTIVITY 4: Support to the NDOH
To guide the HIV/FP integration efforts described above, and in response to specific requests from the DOH, FHI will support National DOH (NDOH) and provincial staff in Mpumalanga, KwaZulu-Natal, Northern Cape, Limpopo and Gauteng provinces. With separate funding, FHI will help the NDOH to revise the current sexual and reproductive health curriculum to include guidelines for HIV-infected couples, including those on ARVs. In FY 2007 FHI will provide TA to the NDOH on implementing the new curriculum and integrating HIV and FP services, particularly in PC service sites.

ACTIVITY 5:
Plus-Up funds will be used to strengthen existing community based organizations and add new community based organizations by support for the expansion of home-based care activities in Mpumalanga Province including the provision of elements of the preventive care package and caring for caregivers.

These activities contribute to the PEPFAR goal of providing care services to 10 million. The activities also support the USG strategy for South Africa by collaborating closely with the DOH to improve access to and quality of basic care and support.

Continued Associated Activity Information

Activity ID:	2925
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	CTR
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	80	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	60,727	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,212	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Nurses
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Other

Coverage Areas

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	PHRU
Prime Partner:	Perinatal HIV Research Unit, South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7598
Planned Funds:	$ 1,700,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity is related to PHRU activities in TB/HIV (#7595), CT (#7596), PMTCT (#7599), Condoms and Other Prevention (#7881), ARV Services (#7597) and ARV Drugs (#7600). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY: The Perinatal HIV Research Unit (PHRU) will use PEPFAR funds to continue to provide quality holistic care for PLHIV comprising of elements in the preventive care package, medical care and psychosocial support categories in Gauteng, rural Limpopo, Mpumalanga and Western Cape provinces. Clients are monitored, prepared and referred for antiretroviral treatment (ART). Linkages to counseling and testing (CT), the prevention of mother-to-child transmission (PMTCT) and referral to ARV services will be strengthened. The major emphasis area is human resources, minor emphasis areas are development of networks, local organization capacity development and training. A family centered approach targets HIV-infected adults, children and infants. Issues of US legislative interest are: gender, stigma and discrimination, and US-based volunteers.

BACKGROUND: Since 2002, PHRU has established palliative care programs in Gauteng, rural Limpopo and Mpumalanga provinces for people identified as HIV-infected through PMTCT and CT (also funded by PEPFAR). Primary health care nurses are the main providers of care under physician supervision. The Department of Health (NDOH) guidelines for HIV care and laboratory testing are used to ensure compatibility with South African Government (SAG) treatment sites. In South Africa, a care program covers the period from testing positive through end of life care. A holistic approach is taken comprising elements of the preventive care package for adults and children, clinical services, psychosocial support, healthy lifestyle promotion and preparation and transition of clients onto ART when required.

These programs are predominately accessed by women; however PHRU is attempting to redress this imbalance (key legislative area). Men are encouraged to participate through CT programs which specifically target men (key legislative area). Clients are encouraged to bring partners, children and other family members. A focus of the program is to identify HIV-infected infants and children and to provide family centered care and support. Quality assurance, client retention, monitoring and evaluation are integral parts of the program.

The aim of the programs is to delay progression of HIV to AIDS by providing palliative care and support to HIV-infected clients who do not yet qualify for ART. Care includes: screening for active TB, preventative treatment for latent TB infection, cotrimoxazole prophylaxis for OIs, 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 is provided through support groups and education sessions at all sites covering issues such as basic HIV and AIDS information, HIV services, PMTCT, ART, opportunistic infections, TB, prevention, disclosure, prevention, nutrition, stigma (key legislative issue), positive living and adherence.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Soweto, Gauteng
The Soweto care program was initiated in 2002 serving over 4,500 adults with around 700 people being transferred onto ART and others who have been referred to SAG rollout sites. Support groups and education sessions are run by an NGO partner, HIVSA.

Since 2004, a focus has been to identify children requiring care, ART and psychosocial support through linkages to PMTCT and infant testing. Over 630 children are currently receiving care and referred for growth monitoring and routine immunizations. Support programs are in development to assist caregivers and children, in particular around issues of bereavement, disclosure, dealing with stigma and discrimination, positive living and life skills.

ACTIVITY 2: Bohlabela, Rural Mpumalanga/Limpopo
The Bohlabela District in Limpopo/Mpumalanga province is one of the poorest in South

Africa. Access to information and HIV healthcare and support is a basic need. The PHRU in partnership with Rural AIDS Development Action Research Program (RADAR) and HIVSA established a wellness clinic at Tintswalo hospital and a district wide support network for people living with HIV and AIDS. Since 2003, over 2,000 people have accessed the wellness clinic and 2,500 have accessed support groups running in the district clinics. A training program has been implemented to train nurses, lay facilitators, counselors and local NGOs to provide effective support to people living with HIV and AIDS and the preventive care package, pain and symptom management, basic education on HIV, CT, HIV treatment services and related issues to the broader community. Disclosure is encouraged to reduce stigma, discrimination, improve male norms and attitudes and reduce violence. US-based volunteers have worked in these programs. Expansion of medical care to the district primary health care clinics and to prepare for down referral from tertiary facilities is planned.

ACTIVITY 3: Tzaneen, Rural Limpopo
Since 2003, the University of Limpopo (UL) has been supporting the DOH to develop a district-wide wellness program based in the primary health care clinics in the Letaba sub-district of the Mopani District in Limpopo province. PHRU partnered with UL to formalize and expand the program. With PEPFAR funding health workers have been trained in HIV care of adults and children and infrastructural support provided. 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 Mopani District (population 1 million) is extremely poor. The program operates in the primary care clinics with support by a medical doctor and aims expand to the whole district. Over 600 people have enrolled and more than 100 are now on treatment and supported at the clinics. On going in-service training and mentoring occurs at the clinics. US-based volunteers support the program. These activities will be continued and expanded to additional groups with FY 2007 funding.

ACTIVITY 4: Western Cape
In 2006, PHRU partnered with a number of organizations in the Western Cape including the University of Stellenbosch, Red Cross Hospital and the Desmond Tutu HIV/AIDS Foundation that support a number of DOH ART sites. PEPFAR funds support these programs to improve linkages to primary care clinics for down referral, and to provide holistic care and support to people on ART and their families. Training staff to assist with scale-up and sustainability are focus areas. These activities will be continued and strengthened and will reach additional people with FY 2007 funds.

With plus up funds PHRU will support one of its sub-partners, HIVSA, to expand palliative care services in rural areas in Mpumalanga, Western Cape, and Limpopo and in urban areas in Gauteng Province. HIVSA utilizes male involvement, door to door, home-based care, and youth friendly models. HIVSA will implement systems to ensure that all PHRU assisted ART sites will reduce loss to ART initiation from the time tested positive until eligible for ART and will improve uptake of ART as soon as a patient is eligible. Support group models will also be expanded. HIVSA will also assist PHRU treatment programs to better monitor care provided to family members.

These activities directly contribute to the PEPFAR 2-7-10 goals by improving access to and quality of palliative care for HIV-infected individuals and their families.

Continued Associated Activity Information

Activity ID:	3102
USG Agency:	U.S. Agency for International Development
Prime Partner:	Wits Health Consortium, Perinatal HIV Research Unit
Mechanism:	PMTCT and ART Project
Funding Source:	GHAI
Planned Funds:	$ 1,350,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	27	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	11,500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	☐

Target Populations:

Community-based organizations
Doctors
Nurses
Pharmacists
Traditional healers
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Girls
Boys
Caregivers (of OVC and PLWHAs)
Widows/widowers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Volunteers

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

Western Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism: HPI
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7603
Planned Funds: $ 275,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to The Health Policy Initiative activities in AB (#7602), Strategic Information (#7605), Condoms and Other Prevention (#7606) and Policy Analysis and Systems Strengthening (#7604). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

This activity is aimed at partnering with key civil society organizations focusing on mobilizing People Living with HIV and AIDS (PLHIV) to access basic preventive care services. The Health Policy Initiative Project (HPI) has technical expertise and existing nationally-recognized materials to support this activity which include 'To the Other Side of the Mountain - A Toolkit for People Living with HIV and AIDS in South Africa', 'National Support Group Guidelines', as well as materials to address stigma and discrimination at the individual and community levels. Emphasis will be placed on mitigating stigma and discrimination (key legislative area) and addressing gender inequalities (key legislative area) in palliative care.

BACKROUND:

The Health Policy Initiative (HPI) will provide technical assistance to PLHIV organizations to equip them with skills to mobilize and advocate for essential care and treatment support services, training on essential care messages and referrals for essential HIV and AIDS PMTCT, ART, opportunistic infection (OI) management (including TB) and counseling and testing (CT) services for its members and their families. The target populations for this activity are PLHIVs, their families, and community-based organizations. The major emphasis areas are local organization capacity development, with additional emphasis on community mobilization/participation and training. HPI will increase access to basic preventive care services under the umbrella of quality palliative care service delivery through a national roll-out of the Toolkit for People Living with HIV and AIDS. The Toolkit was developed in collaboration with PLHIV and the National Department of Health (NDOH) Chief Directorate on HIV and AIDS, Care and Support, STIs and TB. The process of developing the Toolkit was done though a series of national and provincial consultative meetings and workshops with PLHIV and other stakeholders representing government and other civil society organizations. The Toolkit was developed to address the needs of PLHIV in South Africa particularly in the areas of disclosure, rights, communication, facilitation, advocacy and mobilizing access to essential prevention, care and treatment services. This activity will also integrate psychosocial support to family members of people living with HIV and AIDS.

ACTIVITIES AND EXPECTED RESULTS:

HPI will provide capacity development for PLHIV organizations in South Africa to equip them with skills to mobilize and advocate for essential care and treatment support services, knowledge and awareness of essential prevention and basic preventive care interventions and the importance of mobilizing and referring for essential HIV and AIDS PMTCT, ART, OI management (including TB), family planning and CT services for its members and their families. This activity will focus on building the capacity of PLHIV organizations at the provincial and district levels to provide quality programs designed to meet the needs of people infected and affected by HIV and AIDS. These organizations work with the National Association of People Living with HIV and AIDS (NAPWA) and they will be selected through the provincial offices of NAPWA and provincial Departments of Health.

In FY 2007, HPI will provide training and technical support through nine provincial workshops for 30 participants per workshop per province who represents several community-based organizations providing community-based prevention and basic preventive care services, stigma and gender-based violence mitigation. The workshops will focus on providing participants with skill for stigma mitigation, messaging and mobilizing for access to evidence-based care interventions and skills in referring for essential HIV and

AIDS PMTCT, ART, OI management (including TB) and CT services for its members and their families. Training topics in the national curricula include advocacy skills, community group facilitation skills, skills which support disclosure of HIV status, mobilizing for essential care services including prevention strategies and prophylaxis and treatment for OIs, ART support, counseling on HIV prevention and behavioral change and provision of condoms; mobilizing for counseling and testing (CT) of family members; counseling in nutrition and personal hygiene; psychosocial support and mitigation of gender-related violence and mobilizing for PMTCT, ART, OI management (including TB), CT services and workplace interventions. This activity will strengthen the capacity of NGOs and CBOs which are messaging and mobilizing for basic preventive care services in South African communities. Follow-up from the workshops will be provided by PLHIV organizations at the provincial and district levels.

This activity addresses gender issues through the provision of basic HIV screening and care and prevention messaging to large numbers of male and female adult PLHIV, support for disclosure of HIV status and reduction of gender-based violence, involvement of males in the program, mobilization of community leaders for promoting community efforts against stigma and discrimination and for raising awareness regarding HIV prevention, care and treatment

The activities outlined above will contribute towards meeting the vision outlined in the USG Five-Year PEPFAR Strategy for South Africa by mobilizing PLHV organizations and individuals and equipping them with skills to promote that mitigate stigma and discrimination.

Continued Associated Activity Information

Activity ID:	3015
USG Agency:	U.S. Agency for International Development
Prime Partner:	The Futures Group International
Mechanism:	Policy Project
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	0	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	0	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	270	☐

Indirect Targets

HPI will have a significant indirect impact on palliative care through the training done with the community-based organizations. It is estimated that the CBOs bring palliative care services to 10,000.

Target Populations:

Community leaders
Community-based organizations
Discordant couples
HIV/AIDS-affected families
People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

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:	Hope Worldwide South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7608
Planned Funds:	$ 750,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG: The activity relates to HOPE worldwide South Africa (HWSA) activities in OVC (#7609), Prevention (#7607) and CT (#7610). Academy For Educational Development (AED) (#7508) will assist HWSA with training on conducting nutritional assessments for HBC clients. The Hospice and Palliative Care Association of South Africa (HPCA) (#7615) will assist HWSA to strengthen clinical care services. This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY: HWSA will continue activities to provide and strengthen comprehensive care and support of people living with HIV (PLHIV) and their families through community-based support groups and home-based care (HBC) programs. Activities will use a family-centered approach and HWSA will receive support from HPCA to strengthen clinical care services provided to its clients. The target population is thus PLHIV and their families and the emphasis area is community mobilization and the development of network/linkages/referral systems. The major emphasis area is community mobilization with an additional focus on linkages with other sectors and initiatives, and food/nutrition support.

BACKGROUND: The activities described below are part of an ongoing Basic Care and Support program of HWSA, funded by PEPFAR in FY 2006. All activities will be implemented by HWSA and their community partners. The HWSA project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:
HWSA currently facilitates 30 support groups for PLHIVs, most of which are integrated into the existing health care system. HWSA partners with over 30 local government clinics to provide care and support services. Through a sub-grant to the Soweto Hospice, HWSA has been able to conduct over 30,000 HBC visits. HWSA will carry out two separate activities in this program area. A family-centered approach will be implemented to ensure that both clinical and supportive needs of HIV-infected adults and children and family members, including OVC, are addressed. Care and support field staff will work in tandem with OVC staff and volunteers. Both care and support and OVC activities at site level will be centralized and managed by the site coordinator.

ACTIVITY 1: Community Outreach
The first activity is to provide and strengthen comprehensive care and support of PLHIV through community support groups. HWSA has reached over 5,000 PLHIV through its 30 support groups to date. HWSA will continue to facilitate 30 support groups in disadvantaged communities covering 5 national sites located in Gauteng province, Mthatha and Port Elizabeth in the Eastern Cape province, as well as Durban and Cape Town.

PLHIV support groups operate primarily out of local health facilities. The integration into DOH facilities will help ensure government collaboration and facilitate access to appropriate clinical services for clients, including ARV services. Facility staff will be trained to provide basic clinical services including screening for symptoms and pain. In addition, HWSA will work closely with provincial government to collaborate and report on progress.

New PLHIV referred to support groups will attend HWSA's basic HIV and AIDS education course 'Living with Hope' in which clients meet with facilitators weekly over a period of 10-weeks.The course will be revised and updated to strengthen topics such as Prevention for Positives, ARVs and adherence, Family Planning and Nutrition. The course will be disseminated as a training resource to key stakeholders, allowing scale-up of community support groups. Selected PLHIV graduates of the course will be invited to assist with facilitation of support groups as well as the course.

ACTIVITY 2: Home-based care
The second activity is providing HBC for PLHIV. HWSA with its sub-partner, Soweto Hospice, conducts over 30,000 home visits annually. HWSA at all its sites will provide a range of HBC services to clients, including psychosocial support, nutritional support, spiritual support, referrals, and medical support. Levels of clinical support will differ from site to site depending on the presence of qualified medical staff. HWSA will work closely with government HBC efforts for necessary referrals. Home-based carers will be trained by

SAG-approved service providers in the government HBC training program. The HBC program will continue to collaborate with a host of community partnerships in Hospices and other HBC and community support organizations. HWSA will work with partners to prioritize elements of the preventive care package including TB, cotrimoxazole prophylaxis and counseling and testing.

Ongoing psychosocial and spiritual support will be offered to all clients and their family members with a special focus on elderly female caregivers. Through wraparound programming, non-USG funded food parcels sourced from partners such as Tiger Brands and supermarket outlets will be provided to needy clients identified by staff and volunteers. Ongoing training of staff on nutrition will be conducted by partners such as AED. AED will also train HWSA staff to conduct nutritional assessments of their clients and educate caregivers and their clients on good nutritional and hygiene practices.

Income generation activities, supported by organizations such as Oxfam, will support livelihood strengthening and job creation. These activities will principally target HIV-infected women. Human capacity development at community level will be strengthened by training PLHIVs in facilitation of support groups, peer education and counseling. As a result, trained PLHIV will facilitate support groups and other services to members.

Activity 3: Strengthen comprehensive care and support of PLHIV and their families.
This activity will provide and strengthen comprehensive and holistic care and support of PLHIV (as described in Activity 1) through 75 community-based support groups facilitated by HWSA in disadvantaged communities covering 5 national sites.

Activity 4: Expanding HBC Programs for PLHIV (as described in Activity 2).

Activity 5: Providing care for Caregivers.
HWSA will train and educate caregivers on new developments in relation to HIV & AIDS. HWSA will facilitate workshops together with the prevention program for parenting skills. A development of a PMTCT curriculum will be undertaken to cater for the need of pregnant women. Strengthening of referrals to organizations providing debriefing sessions of caregivers is planned. This activity will be facilitated through camps and/or one on one counseling. Stipends for care givers will be provided.

Through these activities, HWSA contributes to the PEPFAR goal of providing care to 10 million HIV-affected individuals. These activities also support the PEPFAR vision in South Africa as outlined in the Five-Year Strategy by expanding local communities' capacity to deliver quality care for PLHIV in their communities. In addition HWSA will increase PLHIV access to government support systems and strengthen linkages and referral systems with other social services such as Health and Social Development.

Continued Associated Activity Information

Activity ID:	3303
USG Agency:	U.S. Agency for International Development
Prime Partner:	Hope Worldwide South Africa
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 450,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Food/Nutrition	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	75	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	11,200	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	400	☐

Target Populations:

Community-based organizations
Faith-based organizations
Nurses
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Girls
Boys
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Nurses
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.06: Activities 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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7615
Planned Funds:	$ 4,670,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG: HPCA will be working with PEPFAR partners FHI (#7584) and HOPE worldwide (#7608) in Palliative Care. This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY: The Hospice and Palliative Care Association of South Africa (HPCA) currently has 76 member hospices throughout South Africa (SA), each an independent legal entity. The Mission of HPCA is to provide and enhance the provision of sustainable, accessible, quality palliative care. PEPFAR funds will strengthen the capacity of member hospices and other governmental and non-governmental organizations to provide quality services to HIV-infected persons.

BACKGROUND: HPCA strengthens existing services and develops new services through direct funding to member hospices to promote accessibility and availability of palliative care in SA, including work with religious leaders of member hospices that are faith-based organizations. HPCA personnel at national, provincial and district levels continue to provide the infrastructure and coordination to develop and strengthen palliative care programs within member hospices, and government and NGOs. Improved collaboration between HPCA and National Department of Health (NDOH) is a key objective, aimed at optimum utilization of scarce palliative care resources. FY 2006 funding has allowed the training of 7,166 health workers. The major focus of FY 2007 funding will be to provide direct palliative care to patients and their families, to assess quality of palliative care, assist in the development of new services, provide support to the care providers, and provide training in palliative care. HPCA, through a pilot site, will also focus on increasing male patients' participation in the fight against HIV and AIDS. An established referral system will assist in meeting the palliative care needs of OVC.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Provision of palliative care
HPCA is funding members hospices to provide care to patients with HIV and their families. Sites providing palliative care include home-based care (HBC); day care centers, and; in-patient palliative care units for terminal patients. Services include elements of the preventive care package, management of OIs, pain and symptom management, clinical prophylaxis, treatment for TB, psychosocial and spiritual care, and bereavement support for families and friends. Increased participation by male patients will be encouraged by a "males only" day-care program at a pilot site. The critical role of men in the fight against HIV and AIDS is recognized, for the benefit of both genders.

Family care includes training in all aspects of patient care, infection control, prevention, nutrition, individual and family counseling and reduction of stigma. 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 client. A key aspect of both individual counseling and hospice support group services is reduction of stigma and discrimination and reconciliation within families. Non-PEPFAR funding for nutritional support is provided. If OVCs are identified in the community, a referral system is in place to the appropriate organization.

ACTIVITY 2: Development of new palliative care sites
This entails enhancing existing or establishing new palliative care services. HPCA Provincial Palliative Care Development Coordinators (PPCDCs) lead development teams (PPCDT) in 7 regions, comprising technical expertise from local hospices. The development team assists in identifying new development sites and providing non-financial resources and mentorship to help build capacity in these sites. The main criteria for development are community need and available resources. PEPFAR funded Regional Centers of Palliative Learning (CPLs) in 10 regions and mentor hospices will continue to develop new service delivery sites in FY 2007. The CPLs are attended by health professionals in the public and private sectors including doctors, nurses, pharmacists, and HBC workers. A mentor hospice receives some funding to provide technical expertise and meet mentorship needs in its region. Through these development activities, the total number of HPCA palliative care sites will be expanded and palliative care will be more accessible to currently under-resourced and under-served areas, increasing the availability of quality palliative care to many more HIV and AIDS patients and families. Sustainability of existing and new

sites is addressed through ongoing fundraising workshops, through increased quality of services and through increased human resources capacity. The integration of palliative care into existing non-hospice health services has become an important aspect of the expansion of palliative care.

ACTIVITY 3: Accreditation and quality improvement
PEPFAR funding has facilitated the development of comprehensive HPCA and Cohsasa (Council for Health Services Accreditation of SA) Standards of Palliative Care, including minimum standards of management and governance, and clinical, psychosocial and spiritual care to ensure quality palliative care in service delivery. An accreditation and quality improvement program is based on these standards. FY 2007 funding will be used to continue the accreditation and quality improvement of existing member hospices based on compliance with these standards. Trained surveyors visit the hospices and an audit of the hospice standards is carried out. To date, ten hospices have received full accreditation, and many are in preparation. The hospices that are accredited through this process will be used as mentor hospices in Activity 2 above.

ACTIVITY 4: Human Capacity Development
The objective of this training is to increase skills in delivery of quality palliative care services including elements of the preventive care package. A CPL is an established hospice which has either achieved, or is close to achieving, full accreditation and which has been selected because it has the best resources and expertise to provide training and promote awareness of palliative care. A multi-disciplinary approach is used in on-going training programs to ensure human capacity development. In partnership with higher education institutions, professional associations and the National and provincial Departments of Health, Social Development and Education, a wide range of accredited palliative care training programs are offered for volunteers, community health workers, nurses and doctors. In FY 2007 HPCA training expertise in Palliative Care will be shared with another PEPFAR partner (FHI), thus further expanding palliative care in SA.

ACTIVITY 5: Plus-Up funds will be used to expand HPCA's integrated palliative care activities at the HBC level with strong linkages to supervision and mentoring. The activity will also link closely to HPCA hospices and primary health care centers for up and down referral for pain and symptom management. Provision of care will include the provision of elements of the preventive care package, promoting ART adherence and caring for caregivers. Increased Palliative Care training needs will also be identified and addressed. Additional suitable service delivery sites will be identified and developed to expand services and reach additional patients in need of Palliative Care. This Plus Up Funding will enable HPCA to develop and build capacity in existing and new development sites in under-served areas.

Through these activities, HPCA supports the USG South Africa 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.

Continued Associated Activity Information

Activity ID:	3019
USG Agency:	U.S. Agency for International Development
Prime Partner:	Hospice and Palliative Care Assn. Of South Africa
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 2,800,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	150	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	165,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	7,500	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Volunteers
Girls
Boys
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Other Health Care Worker
Doctors
Nurses
Traditional healers
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS programs

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: Wits Health Consortium, Reproductive Health Research Unit
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7647
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

PEPFAR funds allocated to Basic Health Care & Support ($625,000) are for the Reproductive Health and HIV Research Unit (RHRU) to support (1) palliative care treatment arising from clinical (both ARV and non ARV) services rendered by RHRU staff; (2) the provision of psychosocial support to sex workers, by CARE, RHRU's sub partner; and (3) the implementation of health provider training in all aspects of palliative care. This activity will be competed in an Annual Program Statement (APS) for FY 2007 funding, as the activity has grown in scope and funding level that warrants competition, therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID: 3094
USG Agency: U.S. Agency for International Development
Prime Partner: Wits Health Consortium, Reproductive Health Research Unit
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 625,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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:

Commercial sex workers
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Refugees/internally displaced persons
People living with HIV/AIDS
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Other

Coverage Areas

Gauteng

KwaZulu-Natal

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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7654
Planned Funds: $ 600,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The 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 PMTCT (#7969), TB/HIV (#7968), ARV Services (#7653), ARV Drugs (#7655) and Track 1 activities in ARV Services (#7650). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

EGPAF will use FY 2007 PEPFAR funds to continue Palliative Care support for its existing partners in KwaZulu-Natal. EGPAF aims to increase life expectancy among people living with HIV (PLHIV) through palliative care services. The primary emphasis areas are human resources, with minor emphasis on the development of networks, infrastructure, policy and guidelines, and on strategic information and training. Primary populations to be targeted include infants, men and women, both pregnant and not, people living with HIV (PLHIV), and public and private healthcare providers.

BACKGROUND:

The long-term goal of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) care and treatment program in South Africa is to increase life expectancy among HIV-infected persons. This will be achieved through an intensive focus on increasing access to care and treatment services, as well as service utilization (demand). To achieve these goals and objectives, project Help Expand Antiretroviral Treatment (HEART) will expand the geographic coverage of services during FY 2007. HEART/South Africa is part of a larger worldwide initiative by EGPAF to support care and treatment services. The program has maintained a focus on integrating PMTCT services to provide a family-centered model of care that includes access to treatment for HIV-infected pregnant women, couple counseling, partner testing and screening for TB. EGPAF utilizes external resources to complement those of the Department of Health (DOH) and private partners, such as faith-based organizations (FBOs) and other non-governmental organizations(NGOs) providing health care services.

These resources are utilized to fund staff, infrastructure, drugs, laboratory testing and provide technical support. EGPAF will identify gaps/needs in the program at the individual site level and implement activities to address the needs. The intent is to facilitate national and provincial plans and work together with the government and other partners to ultimately transition programs to South Africa Government (SAG) support.

EGPAF has partnerships with a private NGO, namely the AIDS Health Care Foundation (AHF). This is a cost-sharing relationship (drugs and staff) to support the AHF care and treatment program. In addition, McCord Hospital, a faith-based organization, is a sub-grantee of EGPAF. The EGPAF partnership with the DOH includes support for human capacity development, infrastructure rehabilitation and technical support for sites in KwaZulu-Natal (KZN).

The existing sites are:
1. McCord Hospital, Durban
2. AHF (Ithembalabantu Clinic), Umlazi, Durban
3. KwaZulu-Natal Department of Health (KZNDOH), Pietermaritzburg Up/Down-referral program (Edendale Hospital and four feeder clinics, Northdale Hospital and five feeder clinics)
4. KZNDOH, KwaMsane Clinic in the Hlabisa Sub-district of uMkhanyekude District
5. KZNDOH, Vryheid Hospital plus three feeder clinics, Benedictine Hospital and three feeder clinics, and Edumbe Community Health Centre (CHC) plus 1 feeder clinic, in Zululand District

New HEART partners include the KZNDOH at Ceza Hospital, Nkonjeni Hospital, St Francis Hospital, Itshelejuba Hospital and two feeder clinics per hospital, in Zululand District.

ACTIVITIES AND EXPECTED RESULTS:

The HEART program works to improve the quality, availability, and accessibility of antiretroviral treatment (ART) services by focusing on the delivery of a family-centered model of care and treatment to increase a pediatric focus, couple counseling, partner testing and an added emphasis on testing for siblings to increase the number of children on treatment. EGPAF works to expand the coverage of care and treatment services to reach mothers, fathers, and children who would not otherwise have access to these services. Effort will be made to ensure equitable access to care services for both males and females (key legislative area).

EGPAF works with partners to increase access to elements of the preventive care package, counseling an testing (CT), integration of PMTCT services with care and treatment (to improve the referral of eligible pregnant mothers, partners and HIV-infected infants and children to treatment sites), screening and management of opportunistic infections (e.g. polymerase chain reaction (PCP) prophylaxis), clinical monitoring, related laboratory services (CD4 counts), nutritional support, training and support of caregivers, ongoing counseling and support, assist the primary healthcare clinics to implement a downward and upward referral system by building capacity and providing technical assistance.

Activities undertaken in order to achieve the program objectives include:

1. Conducting site assessments to identify gaps or needs to be addressed to increase the number of patients on palliative care.

2. Improving the quality of counseling and testing by providing ongoing support to lay counselors and health care professionals.

3. Assessing quality of the program and supportive supervision to staff.

4. Providing technical assistance to enhance family centered approach to clinical screening and opportunistic infection prophylaxis in community settings.

5. Training and capacity building for appropriate referral at sites for implementation and management of the palliative care program.

6. Providing M&E support with a focus on data management systems to enhance data quality

7. Developing linkages and referral systems between Care, CT, TB and STI, ART sites (including wellness clinic) and community-based organizations (home-based care; faith-based care; support groups)

8. Identifying eligible pregnant women for highly active antiretroviral therapy (HAART), laboratory and clinical staging and referral to care and treatment sites.

9. Screening and treatment of opportunistic infections e.g. TB screening, cotrimoxazole prophylaxis).

10. Strengthen referral systems to improve the access to care and treatment of children.

11. Technical assistance for the creation of outreach programs to build capacity at primary healthcare clinics for down-referral of patients who are stable on ART from accredited ARV sites and up referral of those eligible for initiation of ART at the accredited sites, thus decongest treatment sites that have reached capacity. This will also be aligned closely with access to HIV-related palliative care.

In FY 2007, the HEART program will increase the percentage of HIV-infected patients with palliative care by 30%. EGPAF plans to embark on a growth strategy - building on the experience and success achieved in FY 2006. 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 South African government Departments of Health at provincial and district level.

By supporting HIV care and treatment services, EGPAF contributes to the 2-7-10 goals of PEPFAR and the USG South Africa Five-Year Strategic Plan.

Continued Associated Activity Information

Activity ID: 3805
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Quality Assurance, Quality Improvement 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 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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	39	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	31,500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	78	☐

Target Populations:

Adults
Country coordinating mechanisms
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Pregnant women
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	CDC Umbrella Grant
Prime Partner:	CARE International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7873
Planned Funds:	$ 1,300,000.00

Activity Narrative: SUMMARY:

CARE will continue its work in building HIV and AIDS competence of civil society organizations (CSOs) who deliver HIV-related care services in South Africa. CARE aims to scale up palliative care by increasing technical and organizational capacity, targeting local and indigenous CSOs and faith-based organizations (FBOs) in South Africa. This is accomplished by administering and managing 18 small grants and targeted technical assistance to identified grantees to scale up HIV-related palliative care services in organizations that are unable to receive direct funding due to limited capacity. Minor emphasis activities include community mobilization, training and development of networks.

BACKGROUND:

The CARE Letsema project is part of a five-year project, which started in October 2005 and aims to support HIV and AIDS activities in South Africa, Lesotho and Swaziland. This narrative describes activities in two South African provinces -- the Free State and Limpopo. The project extends organizational and technical capacity strengthening and mentoring support activities to three CSOs and will soon expand to support four additional CSOs. CARE provides these organizations with small grants to build their capacity to improve service delivery. CARE will continue to work with and provide technical support to sub-partners to strengthen the quality of their services and provide institutional support so that sub-partners can develop into sustainable local organizations. CARE works in collaboration with South African government departments to enable the targeted population (both organizations and beneficiaries) to enhance and coordinate access to support services. CARE plays a largely facilitative role in ensuring that resources reach smaller community-based initiatives, while providing a supportive capacity building curriculum to enhance organizational and technical service delivery. Direct organizational development will be implemented through participatory processes to build the long-term sustainability of CARE's sub-partners. Technical program areas are supported by small grants and technical assistance for that program area, directly through CARE, as well as through identified Sectoral Education and Training Authority (SETA) accredited partners with specialized expertise in HIV-related palliative care and support.

In FY 2006, Letsema has been working primarily in the eastern Free State near the Lesotho border and will continue to work in this area. In FY 2007, the project will also expand to several districts in Limpopo because the province has been identified as under-resourced and CARE has already established relationships with the provincial government.

ACTIVITIES AND EXPECTED RESULTS:

CARE will carry out three activities in this program area.

ACTIVITY 1: Strengthen delivery of quality HIV-related palliative care services

Targeted training and mentoring support will be provided to selected organizations to address the clinical, physical and psychological care of HIV-infected individuals, and the psychological, spiritual and social care of affected family members. Technical emphasis will be supporting CSOs to appropriately message, provide and/or refer for elements of the basic preventive care package. The aim of this activity is to build a more integrated HIV response that responds to the family as a whole and promotes increased coordination of services within the community, facilitating greater uptake and utilization of health and social government services such as HIV counseling and testing, treatment and social assistance. CARE aims to strengthen the referral network within each of the organizations it supports. This is an integrated response that promotes community mobilization, awareness and implementation of HIV prevention, care and treatment support activities as a continuum.

Service delivery will be strengthened, and quality and success rates in accessing government services will be improved by (1) placing salaried professional staff (nursing supervisors or auxiliary social workers) together with sub-partners and contract specialists to train and mentor staff and volunteers to improve the clinical component of home-based care within the government's specified guidelines and curriculum; (2) technical support to

CSOs emphasizing the messaging, delivery and/or referral for evidence-based preventive care interventions which include the following: OI screening and prophylaxis (including cotrimoxazole, TB screening), counseling and testing for clients and family members, malaria prevention with ITNs (where appropriate), safe water and personal hygiene strategies to reduce diarrheal disease, nutrition counseling, HIV prevention counseling, provision of condoms, referral for family planning services for HIV-infected women, and appropriate child survival interventions for HIV-infected children. The package of services also includes basic pain and symptom management, psychosocial support, treatment support for OIs (including cotrimoxazole prophylaxis and TB treatment) and antiretroviral therapy (ART) and psychological, spiritual and social support of affected family members; (3) strengthening collaborations among government departments at district and provincial levels to ensure access to basic healthcare, ART, legal documentation, state income grants, support for staying in school, and volunteer stipends and improved service coordination; and (4) improving psychosocial programs with training and support for staff and volunteers to work with orphans and vulnerable children and their caregivers in groups, individual counseling, peer education programs and home-based care, and develop workplace support and supervision for volunteers.

This activity addresses gender issues through ensuring equitable access to HIV-related care services for both males and females and encouraging male involvement and mobilization of community leaders throughout the program.

ACTIVITY 2: Capacity building

The activity combines organizational development training and mentoring to enhance institutional strengthening identified CSOs to improve organizational functioning and service quality. The program will achieve this through an innovative combination of capacity building approaches including training workshops, mentoring, cross-visits, and organizational technical assistance. The proposed intervention will minimize one-time training and workshops and will develop longer term activities to strengthen CSOs and networks, ensuring sustained capacity building and joint learning. Organizational capacity will be strengthened to improve institutional functioning by (1) undertaking organizational assessments (human resources, policy development, project management, finance and governance) of each of the participating CSOs; (2) developing clear organizational/human development training and mentoring plans to address gaps emerging from the assessment; and (3) providing training in project management, basic book-keeping, narrative and financial reporting, monitoring and evaluation.

ACTIVITY 3: Management of sub-grants

The activity provides and manages sub-grants to 21 CSOs, to sustain operations through improved fundraising and coordination. The activity aims to increase access to resources for small CSOs that do not meet the criteria of government and/or international donors, but that provide valuable care and support services at the community level in a culturally appropriate manner.

This activity will increase civil society organizational capacity to deliver quality basic healthcare and to 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**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	21	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	230	☐

Target Populations:

Community-based organizations
Faith-based organizations
Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Free State

Limpopo (Northern)

Table 3.3.06: 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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7885
Planned Funds:	$ 300,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The activity relates to Humana People to People's (Humana) activities in AB (#7624), OP (#7884), and CT (#7625). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

Humana implements a comprehensive HIV and AIDS prevention and care program called Total Control of the Epidemic. This program trains community members as Field Officers (FOs) to utilize a person-to-person campaign methodology to reach every single household within the project target area with HIV-related care services where necessary. The major emphasis area is community mobilization/participation, while minor emphasis areas are development of network/linkages/referral systems and training. Key target populations are PLHIV, pregnant HIV-infected women, families affected by HIV and AIDS, and caregivers.

BACKGROUND:

Humana implements a comprehensive, integrated ABC HIV and AIDS prevention and care program called Total Control of the Epidemic (TCE). Since 2000, the program has been implemented in five countries in Southern Africa reaching a population of 3 million people. This program trains community volunteers to reach every single household within the project target area with a comprehensive program that includes care, prevention and CT. Effort will be made to ensure equitable access to care services for both males and females (key legislative area). Since 2005 under PEPFAR, Humana runs 3 TCE areas in the Mpumalanga province and one area in the Limpopo province. With FY 2007 funding, Humana will add elements of palliative care to its program. Humana has previously implemented home-based care (HBC) programs and activities will be implemented according to the experiences gained from those programs and work across the region. Furthermore, Humana is implementing the TRIO program, which provides support for people on ARV treatment in Limpopo and Gauteng in a public-private partnership with Johnson & Johnson who provide $750,000 for similar activities in different geographic areas.

Humana works in partnership with the South African Government (SAG) and the Bohlabela District Municipality (now Mopane/Ehlanzeni districts), which is a major partner for the program and contributes with a significant counterpart support. The program has received a number of awards, including the 2003 Stars of Africa Award (in partnership with Johnson and Johnson) for best Corporate Social Investment Program within Health/HIV/AIDS in South Africa.

ACTIVITIES AND EXPECTED RESULTS:

Humana has identified a need for palliative care services in the existing TCE areas. In areas of Human operation, few HBC organizations exist or lack the capacity to effectively deliver services. TCE will implement palliative care activities with an emphasis on elements of the preventive care package with home-based care and treatment adherence programs.

ACTIVITY 1: Home-based care

TCE will follow one of two strategies depending on the local circumstances: 1) TCE will strengthen existing HBC initiatives carried out by local CBOs by sourcing funding and technical assistance to such programs, where it is appropriate, or 2) TCE will start its own HBC program and employ and train Passionates (community volunteers) as caregivers and monitor and support them in their work. The caregivers will form groups of 10-20 caregivers and employ a nurse to carry out supervision. In both strategies, TCE will train the caregivers on a weekly basis. TCE will make use of SA standard for HBC training and will also ensure that all caregivers are accredited by the SAG. The HBC program will provide and mobilize for the elements of the preventive care package and screening for pain and symptoms in addition to other clinical, psychological and social support to patients in need. The objective of the program is to bring relief and add quality to the lives of the patients and their families. The home-based caregivers will offer psychological and

spiritual support with the patients and their families. The caregivers will seek new and innovative solutions to daily challenges. The program will work in close conjunction with public or other private services, refer patients to such services, and where needed accompany patients to these services. In order to be able to meet the challenges of their work, the home-based caregivers will meet at least twice a week to receive continued training and support.

ACTIVITY 2: Support for people on ARV treatment (TRIO)

TCE has developed a unique system to offer support to people on ARV treatment. It is called the TRIO, as it involves the patient, a family member or a friend, and a Field Officer. This system has been successfully tested in Botswana, where TCE has reached a population of 900,000 people. TRIO will seek to provide and mobilize for the elements of the preventive care package and ensuring that each patient adheres to the ARV treatment through a DOT strategy (Direct Observed Therapy). Patients in the Humana TRIO program will receive a package of care services tailored to their individual needs: education about ART and adherence; screening of OIs, pain, symptoms; nutritional counseling and support, e.g. by facilitating the patient receiving food parcels from the Department of Social Services or by vegetable gardens; and referring patients to positive living clubs or support groups, either run by TCE or other organizations. The FOs will undergo training as trainers in the above issues. The FOs will train family members in these areas, so they can offer the necessary support. In cases where needed, family members will also receive support from the FOs, e.g. by being referred to CT, PMTCT and other services in the area.

ACTIVITY 3: Linkages with sectors and initiatives

The activities within palliative care are a strongly integrated part of the TCE program. The Field Officers in the basic prevention activities of TCE are well-placed to identify community members in need of services. Through this prevention strategy, all households receive messages on the benefits of care services and the TRIO program, and are informed how to receive support from these programs. The care activities will be integrated closely to Humana's CT activities, where people who have tested positive and who need care can be referred to these programs to receive immediate support. Proposed collaboration includes:

-Linkages with PEPFAR partners (like Broadreach and PHRU) and SAG hospitals providing treatment to facilitate access to ARVs and related services such as support groups.

-A strong partnership with the TB sub-directorate in the Bohlabela district. FOs are trained to raise awareness about TB, make referrals to clinics and collect sputum.

-Working with public clinics to ensure that pregnant women have access to antenatal services and PMTCT.

-Cooperating with SAG departments including the Department of Social Development to ensure that OVC and people living with HIV who are identified through household visits are able to access social security.

-Working with the Department of Education to ensure children and youth access education and receive HIV and AIDS information and education.

These activities will contribute to the PEPFAR goal of reaching 10 million with care by offering care and support to people living with HIV and AIDS through the already existing TCE program.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	140	☐

Target Populations:

Community-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
Caregivers (of OVC and PLWHAs)
Nurses
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Limpopo (Northern)

Mpumalanga

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Capacity Building 1
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7887
Planned Funds: $ 220,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

JHPIEGO also has related activities in PMTCT (#7888) and ARV Services (#7629). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

Since 2004, JHPIEGO has been working in HIV and AIDS service delivery areas, supporting human capacity development strategies which include health care worker training and quality assurance that improve provider performance. In FY 2007, JHPIEGO will support the expansion of palliative care services through the provision of clinical and social care services for people living with HIV and AIDS (PLHIV) with an emphasis on opportunistic infections and cancers in service delivery settings and social and legal care at the NDOH. JHPIEGO will provide technical support to the NDOH by placing a HIV and AIDS Care Technical Advisor and training within the NDOH HIV and AIDS Care and Support Unit. The major emphasis areas of these activities are: 1) training, 2) networks/linkages/referral systems, and 3) human resources. Specific target groups are HIV-infected individuals and their families, women of reproductive age, family planning clients, pregnant women, and health care workers.

BACKGROUND:

The JHPIEGO palliative care program is continuing from FY 2006 to provide technical support to the NDOH and to train health workers in state of the art HIV-related care issues. Despite social and legal program successes in South Africa, technical support is required in the NDOH to address national-level social and legal inequities and program gaps for PLHIV. In FY2007 JHPIEGO will also focus its support on training and health worker skill for screening for opportunistic infections and AIDS-associated malignancies, particularly cervical cancer. Protocols and materials for prophylaxis and treatment of OIs are widely available throughout clinics in South Africa; however, training support is needed at primary health care levels throughout the country. Given the high burden of HIV in South Africa, prevalence of AIDS-related malignancies and the corresponding high incidence of cervical dysplasia among HIV-infected women a gap exists in screening and treatment for AIDS-related cancers, especially cervical cancer. Recently published studies (Moody et al. 2006) document an increased risk for squamous intraepithelial lesions (SIL), the precursor to invasive cervical cancer, among HIV-infected women in Western Cape, confirming data from other international studies. Cancer of the cervix continues to be the second commonest cancer among South African women and is included as one of the defining conditions of the AIDS in South Africa. Studies and clinic experience in South Africa continue to underscore the importance of developing locally relevant cervical screening and management guidelines for HIV-infected women in South Africa. In collaboration with the North West province provincial Department of Health, JHPIEGO will provide training and technical support for OI prophylaxis and care for PLHIV and screening for cervical cancers in HIV-infected women (key legislative area) at primary health care centers.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support for National Department of Health

JHPIEGO will continue to provide technical support to the NDOH by placing a HIV and AIDS Care Technical Advisor within the NDOH HIV and AIDS Care and Support Unit to support and expand the government's programs for care of PLHIV. At the request of the NDOH, emphasis is needed to support and expand legal and social support activities for PLHIV. Activities in FY2007 including development of a legal support database for PLHIV in South Africa, development of a national strategy to mitigate HIV and AIDS stigma in partnership with PLHIV, and develop a human rights workbook for PLHIV that is targeted for paralegals. The advisor will have the full access to technical experts at JHPIEGO and the experts based at Johns Hopkins University. This technical advisor will work closely with a JHPIEGO sponsored advisor focusing on accreditation of primary health care facilities.

ACTIVITY 2: Training and technical support for OI prophylaxis and care for PLWHIV and screening for cervical cancers in HIV-infected women at primary health care centers

In the North West province, JHPIEGO will train facility-based health care workers on OI prophylaxis and care (emphasis on cotrimoxazole prophylaxis, TB screening and OI treatment) and will include all elements of the evidence-based adult and pediatric preventive care package, ART adherence and basic pain and symptom management within the training program. Facility-based care also creates an entry point for screening and treatment of human papilloma virus (HPV, the cause of 95% of cases of cervical dysplasia), other sexually transmitted infections, cervical cancer itself and other AIDS-associated cancers which are often overlooked in clinic settings. JHPIEGO will train and support district and primary health care level health professionals working with PLHIV to appropriately screen, diagnose, treat and educate PLHIV and their partners about HPV, other STIs, cervical dysplasia and other AIDS-associated malignancies as a component of comprehensive care services for PLHIV. Protocol and material development, training, supportive supervision and follow-up technical support will be provided. The program will be developed and implemented in partnership with the North West province provincial Department of Health and is intended to improve the capacity of the South African health system to provide holistic care of PLHIV, especially women infected or at risk for both HIV and cervical cancer.

This activity addresses gender issues by promoting equal access to OI, STI and cancer care for both males and females and equipping health care workers with skills to address HPV and cervical dysplasia in women, an important element of HIV and AIDS care for HIV-infected women that is largely overlooked. Screening, messaging and referral on gender-based violence will also be integrated into the program.

ACTIVITY 3: Development of linkages between facilities and services

To improve overall program effectiveness and integrate elements of social care to the clinical care program (activity #2 above), JHPIEGO will support and work with one district DOH in North West province to formalize referral systems and develop linkages between health facilities, and within health facilities (service-to-service) as well referral and counter-referral between the health system and social services as it relates to HIV-related palliative care services.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of palliative care services that were not previously provided.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	800	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	45	☐

Target Populations:

Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Women (including women of reproductive age)
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

North-West

Table 3.3.06: Activities by Funding Mechanism

Mechanism: NEW APS 2006
Prime Partner: Medical Care Development International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7904
Planned Funds: $ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to Medical Care Development International-South Africa's (MCDISA) activities in PMTCT (#7903) and CT (#7905). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

MCDISA will carry out activities to support expansion of holistic, comprehensive community HIV and AIDS and TB care and support from Ndwedwe sub-district to the other 3 sub-districts of Ilembe District in KwaZulu-Natal province. Emphasis areas are quality assurance and supportive supervision, development of network/linkages/referral systems, and local organization capacity building. Specific target populations are people living with HIV and AIDS and/or TB and their families.

BACKGROUND:

With FY 2007 PEPFAR funding will be used to expand the primary activities of training, support and supervision of home-based care volunteers (HBCVs) and Directly Observed Treatment, Short-course (DOTS) providers, as well as the introduction of software to monitor home-based patient care. This will help to improve quality of care and treatment adherence for those on TB medication and/or ARV; facilitate linkages between HIV and AIDS and TB-related community-based projects with the local health facilities; and build capacity among relevant community-based organizations (CBOs). The activities proposed are expansions of those previously implemented by MCDISA in Ndwedwe sub-district and are in line with the PEPFAR and SAG objective of providing quality palliative care for HIV-infected and -affected individuals. The key program partner is the South African National Department of Health (NDOH), whose current policies on HIV and TB care and gender equity inform all project objectives, and whose representatives are actively engaged in the design and implementation of activities to promote consistency and long-term sustainability. The NDOH has agreed to provide staff and financial support for project activities, as needed. Other project partners include South African non-governmental organizations (NGO) The Valley Trust, the National Association of People With AIDS (NAPWA), and Rational Pharmaceutical Management Plus (RPM Plus).

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Training, Support and Supervision of HBCVs

Due to the large distances between households and health facilities throughout the Ilembe District, HBCVs are a crucial part of a comprehensive system of care for people living with HIV and AIDS (PLHIV) and people living with TB (PLWTB) and play a significant role in their day-to-day treatment. As part of its ongoing USAID-funded Child Survival Project and the ongoing Ndwedwe Integrated HIV/AIDS Tuberculosis Project, MCDISA will broaden its existing integrated home-based care (HBC) program in Ndwedwe sub-district to the three other sub-districts of the Ilembe District: Maphumulo, eNdondakusuka and kwaDukuza. PEPFAR funds will be used to train new HBCVs in comprehensive home-based care skills during a three-week course on providing quality care for community members, including elements of the preventive care package, pain and symptom management and other palliative care services for PLHIV and PLWTB. Trainers from The Valley Trust will assist with this activity. Supervisory training and checklists will be provided, also in collaboration with The Valley Trust. Ilembe District community health facilitators (CHFs), who are responsible for overseeing HBCV activities in the District, and previously trained HBCVs will be provided with refresher training in comprehensive home-based care skills for patients and their families. The training will be in compliance with NDOH policies for HBCVs and to support the universal application of at least the minimum standard package of services for PLHIV, and as well as to improve linkages with health facility staff. The comprehensive training will include: clinical diagnosis and care; DOTS support for TB treatment and ARV adherence; TB suspect sputum collection; basic nursing care including physical assessment, pain and symptom management, and appropriate referral to a health facility; counseling on HIV and AIDS and TB prevention; managing stigma and discrimination, and

coping with the emotional difficulties of illness and loss; assessing nutritional status and counseling on health-supportive food selection, storage, handling and preparation, basic hygiene and sanitation; education of household members in providing ongoing physical, psychosocial and spiritual support, end-of-life care; and facilitating access by patients and their families to all the health, legal, economic and social support services available to them. Universal precautions such as the use of gloves will also be emphasized.

Distinctions between the needs of adults and children will be emphasized, as well as gender-specific issues such as integrating males into household care practices (key legislative issue); increasing male knowledge of effective HIV prevention measures; increasing women's and girls' use of healthcare services; and recognizing and addressing domestic abuse against women and girls. Monthly meetings will be held between HBCVs and facility staff members to promote consistent quality care. Trained HBCVs will also become eligible for registration with the NDOH and to receive a government stipend for their work.

Community-based organizations (CBOs) will be identified and supported to serve as supervisors of HBCVs. CBOs will also distribute HBCV supply kits, provide care for caregivers, assist with training, and arrange for HBCVs to receive recognition for their work at community gatherings. MCDISA will provide participating HBCVs with regular incentives, such as cell phone airtime, so that they will have the means to remain in contact with the supervising CBOs, clients and health facilities. Supervised by MCDISA, the CBOs will work in collaboration with CHFs to monitor and maintain the quality of services provided.

ACTIVITY 2: Introduction of Software to Monitor HBC Visits

Once HBCVs are trained, supported and supervised, and strong linkages are established with facility staff, it will be important to monitor HBCVs activities. Consequently, the introduction of software to monitor HBC visits is proposed. The Outreach Home-Based Care Database Software Program will be installed on DOH computers to tracks HBC monthly visit rates, activities during visits, client conditions, and the number of OVC in target communities. The system includes paper forms that are filled out by HBCV and their CBO supervisors, and the data is then captured and analyzed at the District level. As part of its collaboration with MCDISA, the RPM Plus project has agreed to collaborate with MCDISA to help institute this system as a pilot test of the concept. MCDISA will collect and analyze the data initially and will train Ilembe District health information officers to continue using the system to monitor the performance of its ongoing HBC program with potential scale-up to the KwaZulu-Natal provincial level. This system will strengthen the capacity of the District Health Office in monitoring health events at the community level and provide data to show the breakdown by gender of those receiving care services. The data also will be used to monitor the project's HBCV activities and inform project management decisions. The ultimate focus of this tool is to provide feedback to service providers with a focus on quality improvement.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of care and support for PLHIV and PLWTB and their families.

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, Quality Improvement and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,600	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	☐

Indirect Targets

In addition to the direct patients reached, MCDI will indirectly support palliative care in the Ilembe District for 2008. Project activities done to support ongoing Department of Health services include, establishing home-based care referral systems and training of all facility nurses on home-based care protocols will provide sustainable benefits to all community members.

Target Populations:

Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Other

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:	NEW APS 2006
Prime Partner:	McCord Hospital
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7912
Planned Funds:	$ 380,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to McCord Hospital/Zoe Life activities in CT (#7907), PMTCT (#7906), TB/HIV (#7910), ARV Drugs (#7908) and ARV Services (#7909). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

The McCord Hospital/Zoe Life activities in this area will build capacity in four municipal clinics, three NGOs, and businesses in Durban, KwaZulu-Natal, to provide a comprehensive range of care and support services for HIV-infected clients and their families. These services will be available to adults and children from the time of CT, and will support sustained wellness for clients not on ART as well as those receiving treatment. Services will extend to end-of-life care with referral linkages to community-based care services where available. Emphasis areas include community mobilization (church or community groups) to augment spiritual and psychosocial services; development of linkages and referrals, particularly with regard to end of life, spiritual support and community-based care; human resource development with regard to training, mentorship and supervision of staff to provide sustainable services; organizational capacity development by training key personnel to manage sustainable palliative care systems at each site; and quality assurance and improvement through the development of an integrated monitoring and evaluation (M&E) system. The primary target groups are the general population; refugees and asylum seekers; and the private sector.

McCord Hospital receives funding for PMTCT and ARV treatment through the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). This program focuses on strengthening the capacity of public sector facilities, and it is distinct from EGPAF's hospital-based program.

BACKGROUND:

Only five years ago, very few opportunities existed for treatment. In the past three years, ART has become a reality for many. However, the concept of HIV as a chronic manageable disease is not yet a mainstream health belief. Compounded by ongoing stigma and access issues, only the very sick access treatment services, which are largely designed for only ARV provision. This stems from a belief that HIV care equates to ARV treatment, and is an end-of-life privilege to be sought at specialist level.

This project seeks to address health seeking behavior by helping communities access comprehensive HIV care proactively in a primary health setting, encouraging HIV-infected individuals and their family members to access care as early as possible, and in so doing emphasize sustained wellness, quality of life and productivity for as long as possible. Palliative care services offered by a multidisciplinary team will play an integral part in this health behavior change model of care and improve palliative care services within the context of both an HIV wellness program and ARV services. Clinical services will be nurse-led, with only complex clinical issues referred to a clinician or secondary level facility. The emphasis on wellness will promote screening for pain and symptoms, prophylaxis and prompt treatment of opportunistic infections (OIs), with well established referral systems for tuberculosis (TB) screening and treatment. Psychosocial services are essential to promote early engagement with health services, family-centered care, and the chronic health model. Increasing access to care and treatment for men is a critical gender issue for the success of this program. This will be addressed through access to couple counseling, family centered services and mobile services offered in the workplace to employed men (and women) (key legislative area). This project is supported by both municipal and provincial government. All protocols followed will be in line with the provincial treatment guidelines, and outcomes of the program will be reported monthly and quarterly to the eThekwini municipality (Durban) as well as to the KwaZulu-Natal Department of Health (KZNDOH).

ACTIVITES AND EXPECTED RESULTS:

The areas of legislative interest addressed in this program area is increasing gender equity

as described in the summary above, and increasing women's access to income and productive resources through linkages with the three NGO income-generating programs.

ACTIVITY 1: Human Capacity Development

This activity will focus on human capacity development through training multidisciplinary teams in each site to provide comprehensive palliative care services. Clinical staff will be trained to provide prophylaxis, screening and treatment for opportunistic infections; training of counselors, community workers and spiritual supporters to provide augmented counseling and support services to adults and children.

Clinical and psychosocial staff will support and mentor staff to develop skills and confidence to provide the following services: couple counseling, psychosocial support for children, family centered counseling, wellness literacy for adults, children and caregivers, clinical care (including screening and prophylaxis of OIs) and treatment of primary health level OIs.

ACTIVITY 2: Psychosocial services

McCord/Zoe Life will establish community linkages to strengthen community referrals and to utilize existing community-based psychosocial services (such as home-based care, church-based counseling and support groups).

McCord/Zoe Life will develop and implement sustainable psychosocial support services, including a support group for children at two clinics and one NGO site.

ACTIVITY 3: Monitoring and Evaluation

McCord/Zoe Life will develop a monitoring and evaluation (M&E) system for palliative care services for use in quality improvement and capacity building at local and provincial level.

ACTIVITY 4: Care services for refugee and asylum seekers

McCord/Zoe Life will provide appropriate palliative care services for refugees and asylum seekers in the Durban central area in collaboration with the United Nations High Commission for Refugees (UNHCR) and KHWEZI AIDS Project. These services will be provided in French and Swahili.

ACTIVITY 5: Mobile services

A range of onsite palliative services will be provided for employees in industry who do not have access to medical aid. PEPFAR will fund staff, drugs and laboratory tests to provide mobile onsite services such as counseling, wellness literacy, CD4 count monitoring, screening, prophylaxis and treatment for OIs where possible.

Sustainability at the municipal clinic sites will be addressed by assisting sites to become accredited with the KZNDOH, and thus making all direct costs of maintaining a quality palliative care service the responsibility of the KZNDOH. This project will build capacity in these sites to effectively manage the program without ongoing technical assistance. The NGO sites will be assisted to build infrastructure and referral networks to ensure sustainability of services. The long-term plan for the NGO sites is to build strong relationships with nearby clinics with the intent of building clinical capacity to take over the clinical aspects of palliative care services. This project will later build capacity with these institutions to become accredited sites. Staff will assist the NGOs to source alternative funding. The services for workers in an industrial setting will be funded as a part of a public-private partnership.

The McCord Hospital/Zoe Life activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by strengthening the public sector and expanding access to care and treatment.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement 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 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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	11,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	10	☐

Target Populations:

Adults
Business community/private sector
Family planning clients
Doctors
Nurses
HIV/AIDS-affected families
Infants
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Girls
Boys
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Other

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	AIDS Economic Impact Surveys
Prime Partner:	Boston University
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7938
Planned Funds:	$ 200,000.00

Activity Narrative: SUMMARY:

Boston University (BU) will use PEPFAR funds to develop 1) an inventory of PEPFAR-supported palliative care activities in South Africa; 2) a practical framework for categorizing these activities; 3) a model for estimating the demand for and supply of palliative care in a specified geographic area; and 4) recommendations for outcomes evaluation of palliative care activities. This exercise will collaborate with the PEPFAR Palliative Care Technical Working Group to utilize lesson learned from the centrally funded Palliative Care Targeted Evaluation that did not include South Africa. Results will be used to inform program planning by the USG/SA team and South African Government, expand palliative care service delivery in under-served areas, and identify priorities for monitoring and evaluation. 100% of the activities fall under the Targeted Evaluation emphasis area, and the target populations for the activities are people living with HIV and AIDS, HIV and AIDS affected families, caregivers, program managers, policy makers, clinicians, community-based, faith-based, and nongovernmental organizations, and USG staff.

BACKGROUND:

PEPFAR supports a tremendous range of palliative care activities in South Africa. Some palliative care is provided by partners and sub-partners under the Palliative Care program areas; other palliative care is provided by partners in other program areas, such as prevention, counseling and testing, and HIV treatment. Palliative care clinical interventions are focused on the patient (e.g. opportunistic infection treatment and pain management) but extend to behavioral, psychological and social interventions for the patient and the patient's family. Because the PEPFAR definition of palliative care is broad and many partners working in other program areas are also providing palliative care, more information is needed on the range of activities being supported by PEPFAR. In FY 2007, Boston University (BU) will conduct an initial assessment of these activities and develop tools that can be used for ongoing monitoring and evaluation of palliative care in South Africa. This activity will be undertaken in consultation with the National Departments of Health and Social Development, which have also expressed the need for better information about all forms of palliative care provision. It will be implemented in partnership with the Health Economics Research Office (HERO) of the Wits Health Consortium, which is BU's local partner in South Africa.

ACTIVITIES AND EXPECTED RESULTS:

This evaluation will be conducted in four stages.

Stage 1: Inventory of existing activities. In consultation with PEPFAR staff in South Africa, BU will develop a descriptive inventory of a purposive sample of palliative care activities currently supported by PEPFAR, including those under the palliative care program areas and those provided under other program areas. The sample will be selected to represent the range of partner types and palliative care activities within the PEPFAR program in South Africa, with palliative care defined to include, at a minimum, elements of the preventive care package, pain and symptom management and an additional category of service (psychological, spiritual and social) to provide holistic care HIV-infected individuals and their families. Programs that are limited to services for orphans and vulnerable children (OVC) will be excluded from the sample, as a targeted evaluation will be done specifically on the OVC portfolio. Data will be collected through detailed interviews of selected partners and sub-partners. Information will be obtained on specific palliative care services provided; content, location, and duration of services; selection, numbers, and types of beneficiaries; staff and other resources utilized; integration of palliative care services with other activities; and other relevant issues.

Stage 2: Framework for categorizing activities. The inventory developed in Stage 1 will be used to identify models of palliative care service provision. Building on the categories of service delivery used by PEPFAR (clinical and physical care, psychological care, spiritual care, and social care, as well as the preventive care package), models may reflect characteristics of the provider (e.g. clinic or hospital, home-based care organization, hospice, etc.); the beneficiaries (e.g. AIDS patients not on antiretroviral therapy, AIDS patients on ART, etc.); level of care provided (e.g. using the definitions of levels proposed by the African Palliative Care Association); and/or the specific service element (e.g. pain

management, infection prophylaxis, counseling, etc.). The models will be identified in consultation with USG in-country staff, South African government staff, and representatives of partners that participated in Stage 1. To the extent possible, the models will be consistent with existing frameworks for categorizing palliative care, such as the Integrated Home/Community-Based Care models of the Departments of Health and Social Development.

Stage 3: Model of demand for and supply of palliative care. Stages 1 and 2 will provide a comprehensive description of the types of palliative care being provided in South Africa and the quantity of care currently supported by PEPFAR. In Stage 3, existing data on HIV prevalence, household socioeconomic status, disease progression, treatment access, and other topics will be used to make a rough estimate of the number of people in need of different types of palliative care in a specified geographic area (e.g. one province). Information on PEPFAR-supported palliative care providers will then be used to model the numbers and types of activities that will be required to meet these needs.

Stage 4: Recommendations for outcomes evaluations. Stages 1-3 will generate descriptive data about the existing PEPFAR portfolio of palliative care activities and the current level of coverage of palliative care services. Using this information, up to three targeted evaluations will be recommended for FY2008 and/or later years that assess the outcomes of the activities. The recommended outcomes evaluations will focus on the extent to which different palliative care activities are achieving the goal of reducing pain and suffering and improving quality of life and, where relevant, the cost-effectiveness of alternative approaches to reaching this goal.

This activity (Stages 1-4) is expected to result in improved information about palliative care than is currently available to the South African government, PEPFAR, or service providers. It will identify geographic and technical gaps in service delivery, allow better monitoring and evaluation of activities, and assist in estimating overall needs for palliative care. It will also provide baseline information for quantitative outcomes evaluations of palliative care services in the future. All of this will assist the PEPFAR program achieve the goal of reaching 10 million people with care.

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Indirect Targets

This evaluation will assist PEPFAR and the South African Government in improving the coverage and quality of palliative care provided to those in need. It will thus contribute indirectly to increasing the number of individuals receiving palliative care.

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Program managers
USG in-country staff
USG headquarters staff
Caregivers (of OVC and PLWHAs)
Doctors
Nurses
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7961
Planned Funds:	$ 250,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to Eastern Cape Regional Training Center activities in TB/HIV (#7962), ARV Services (#7963) and Laboratory Support (#7965). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

The Eastern Cape Regional Training Center (RTC) will use FY 2007 funds in the Eastern Cape for sustainable human capacity development for all health workers in the Eastern Cape. RTC staff will also continue to improve their knowledge and skills by having weekly academic discussions, internal workshops, attending relevant conferences and ongoing mentoring from its key partner, ITECH. This will facilitate health workers to deliver quality HIV and AIDS palliative care. Three teams from RTC will each support a facility and its feeder clinics for a period of four months to initially evaluate the HIV and AIDS palliative care training needs and provide targeted didactic training, ongoing mentoring and coaching using standardized procedures manuals and tools. Two workshops will be conducted; one for health advocates in leadership and another for CBOs on governance. Non-governmental organization (NGO) facilitators will be trained to implement a level four comprehensive community health worker curriculum. The primary emphasis will be given to training, and minor emphasis to quality assurance and supportive supervision, and information, education and communication (IEC). The primary target groups are public and private health care workers.

BACKGROUND:

RTC was established through a service agreement between the prime partner Eastern Cape Department of Health (ECDOH) and the Walter Sisulu University to provide ongoing training for quality improvement in HIV care and treatment programs.

The function of RTC has been to develop accredited training modules and care protocols for different categories of health workers based on National Department of Health (NDOH) guidelines. RTC has demonstrated and evaluated the HIV, TB and STI best practices continuum of prevention, care and treatment model in selected facilities, providing direct patient care and the opportunity for HCWs to receive practical training. RTC provides technical assistance to the ECDOH regarding the expansion of its HIV intervention programs, supporting Eastern Cape hospital/clinic site readiness for accreditation to provide comprehensive HIV care and treatment. A key gap to address is inpatient support and follow-up at clinic and community level. Patients present late for antiretroviral treatment (ART), already with severe complications. There is limited awareness and skill among the communities to enable early entry into the care system.

Since 2004 RTC has developed two wellness centers in two hospitals and nine clinics and generated a model and protocols which will be introduced at new sites in FY 2007. A system of improvement cycles have been introduced in one sub-district.

RTC has been working with ECDOH managers in developing and disseminating care protocols and will be providing support and working closely with the district and facility managers to increase skills capacity to improve the quality of HIV treatment and support services at facilities and community level.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007 RTC activities will continue to address activities related to training; local organization capacity development; quality assurance; and supportive supervision. Funding will be used to train workers at new sites for accreditation as provincial ART sites and providing clinical mentoring to selected sites. RTC will employ comprehensive care training teams consisting of a community care mobilization manager and administrative assistant to work with the clinical mentoring teams at each of the three satellite sites in the Eastern Cape -- Mthatha, Port Elizabeth and East London. Each team will provide dedicated support to a district hospital site with five feeder clinics for a period of four

months, and then will move to the next site for the next four months completing three cycles a year.

During this period, the team will work with and support the facility managers to initially evaluate the HIV care and ARV services training needs, adapt standardized protocols and procedures to local facilities, and provide targeted didactic training, ongoing mentoring and coaching using standardized protocols and operating procedures manuals. The activity will address the priority areas of human capacity development, improving skills of a care team including managers, social workers, health promoters, CHW, doctors and nurses at a facility and its feeder clinics through targeted didactic, case discussions, mentoring and community follow-up of patients with facility staff, while considering and reviewing relevant local system issues. CHW will continue to be supported by ongoing telephone consultations after the 4 months. RTC will train and mentor facilitators from NGOs who will cascade the training of an accredited comprehensive curriculum for community health workers.

RTC will hold three-monthly sessions with three local community-based organizations (CBOs) at each facility to articulate their role and function in HIV treatment services programs and to enhance their knowledge and skills required to function in that role. This will include one workshop on governance and administration, a workshop with the partner Masihlanganeni for leadership training for people living with HIV (PLHIV) advocates.

RTC training, coaching and mentoring will address establishment of wellness programs at each facility to encourage support group activities, ongoing counseling, nutrition advice, and referrals for social support at clinic and community level. Training will emphasize and enhance community awareness for prevention, stigma reduction, early detection of symptoms through simple algorithms, and referral of sick individuals into care programs.

Improving the skills of a care team at a facility and its feeder clinics as one unit will help build capacity at clinic level and strengthen the system of referring patients between the hospital, clinics and NGOs for community follow-up, using standardized protocols and operational procedures adapted to local facilities. RTC training and mentoring will address data collection, maintaining accurate records, feedback and usage through quality improvement cycles, quality of counseling, follow-up of patients on ART and pharmacovigilance reporting.

The RTC is an ECDOH initiative based at the Walter Sisulu University and conducts training at public sector facilities. RTC has, and will continue to provide technical assistance to the province through regular meetings and assignments from province managers as well as training for managers.

PEPFAR funding will help to establish the program on a firm footing, and at this point, the program will continue with ECDOH funding. RTC is currently operating in very rural area of South Africa where the shortage of skills has taken greater effort to enhance care systems to be able to mentor health workers to provide quality care.

This activity contributes to the PEPFAR objective of 2-7-10 by increasing the people in care as well as preventing new HIV infections through increased uptake of services.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	162	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	0	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	540	☐

Indirect Targets

The RTC team will support human capacity development through mentoring of staff and strengthen down referral in 27 Hospital and 5 feeder clinic for each hospital. It is estimated there will be 30 new people per month in each of the 27 hospital and 5 people per clinic in each of the 135 clinics who will be initiated in the palliative care program making a total of (27*30*12) and (27*5*5*12)= 17,820 and making an estimated indirect total of 17,820 individuals who will benefit.

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
University students
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional healers
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: HIVCARE
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7989
Planned Funds: $ 450,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to HIVCare activities in CT (#7988), ARV Services (#7312), and ARV Drugs (#7311). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

HIVCare will use FY 2007 funds to work with the Free State Department of Health (FSDOH) to provide antiretroviral treatment and care in private health facilities to patients who do not have medical insurance, either through referrals from the public sector, or self-referrals. The Free State has mainly a rural population, with only two major metropolitan areas (Bloemfontein and Welkom). In addition, the government rollout of HIV care and treatment has been geographically limited, with only one site in each of the five districts.

The major emphasis area for this program will be the development of networks, linkages and referral systems, with minor emphasis given to quality assurance & supportive supervision, food and nutrition support as well as commodity procurement. The target population includes men and women; families (including infants and children) of those infected and affected factory workers and other employed persons, and government employees - specifically teachers, nurses and other health workers (without medical insurance). A further specific population that will be targeted will be secondary school children. 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 due to the high demand for services.

BACKGROUND:

Since 2005, the main thrust of the activity was to match the FSDOH with partners from the private sector (in this case Netcare, the largest private sector health provider in South Africa, through their primary health centers) 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 waiting lists who meet the eligibility criteria for this program are referred from those public sector clinics to one of the four HIVCare primary health centers in Bloemfontein and one in Welkom for treatment. The FSDOH is a collaborating partner in this public-private partnership.

The Medicross Medical Centre in Bloemfontein, a well-equipped private primary health center, provides the main resource base and in conjunction with three other sites in Bloemfontein and another one in Welkom, will provide an effective means of distributing antiretroviral treatment (ART) to patients who are either referred from state facilities or who access the sites by word of mouth.

ACTIVITIES AND EXPECTED RESULTS:

The HIVCare treatment sites will provide all medical services related to the delivery of HIV care and treatment. Management and coordination activities will be provided by HIVCare. The majority of patients will be referred from public clinics in the FSDOH network to the five HIVCare centers based on the following criteria:(1) Clinical criteria (CD4 <200 cells/mm3 or WHO stage III or IV); (2) Inability to pay (lack of private insurance or state coverage) and (3) Overcrowding at referring clinic.

Among the non-medical criteria for enrollment (based on the SAG's 'Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa' 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.

Patients referred to the program receive PEPFAR-funded consultations and exams from HIVCare center 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) (described elsewhere in the COP), adherence counseling, and access to short-term nutrition support (as per the national guidelines). Based on the partnership with the FSDOH and the services requested that HIVCare provide, HIVCare centers do not provide free treatment for complex opportunistic infections, although some prophylaxis is provided (e.g. cotrimoxazole) and HIVCare staff will treat minor infections and HIV conditions that do not require investigative procedures or hospitalization. Patients are still able to access public health facilities for more serious opportunistic infections/hospitalizations. Likewise, treatment for tuberculosis (TB) can be obtained from the centers, although 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 the treatment center to the public clinic with a request for information about the patient's TB regimen. Due to the close working relationship and partnership between HIVCare and the FSDOH facilities, this referral process is seamless.

To provide these services, five additional nursing sisters (registered nurses) and one medical doctor will be trained in HIV care and treatment services including elements of the preventive care package. Case Managers employed by HIVCare provide psychosocial support, treatment management and compliance promotion. This individualized management approach will also include telephone support for patients and their families, information about the condition and its symptoms, nutritional advice and healthy living. Case Managers actively assist patients to identify and utilize the family and community structures that may exist as well as providing information on other available support.

In addition, HIVCare will expand its existing project to target children as part of its continuum of care. This activity targets children of between the ages of six and secondary school age through HIV awareness activities. Older children will be provided with access to HIV care and treatment, as well as psychosocial support services (in line with relevant South African laws and regulations pertaining to healthcare for minors). A teen center catering for the specific needs of this age group has been established and PEPFAR funding will be applied in continuing the treatment started in FY 2006. The funds will be specifically applied in providing ARV treatment to children and some prevention materials (i.e. AB) at a number of schools in order to expand awareness of HIV care and treatment services offered by the program. Other referrals will be made by the FSDOH clinics in the area and through HIVCare's collaboration with other organizations including the Anglican Church and Red Cross Society.

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.

By providing HIV care services to a significant population of people without private insurance and school age children, HIVCare is contributing to the PEPFAR goals of 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
Development of Network/Linkages/Referral Systems	51 - 100
Food/Nutrition	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	6	☐

Target Populations:

Adults
Business community/private sector
Community-based organizations
Faith-based organizations
Doctors
Nurses
Teachers
Secondary school students
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers
HIV positive children (5 - 14 years)

Coverage Areas

Free State

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Mpilonhle
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8243
Planned Funds:	$ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to Mpilonhle activities in AB Prevention (#8238), Other Prevention (#8241), Care for OVC (#8246), and Counseling and Testing (#8247). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

Mpilonhle will provide elements of HIV-related clinical care and social care through two activities: provision of HIV-related screening, care and prevention, and; school and community-based HIV and AIDS education. These activities will be delivered through mobile clinics deployed to secondary schools and community (non-school) sites in rural KwaZulu-Natal. Emphasis areas are: Human resources, Information, Education and Communication, Infrastructure, and Community Mobilization for HIV awareness and reduction of stigma and discrimination. Targeted populations are PLHIV among secondary school students and PLHIV in the surrounding communities.

BACKGROUND:

This is a new activity to be implemented by a new NGO named Mpilonhle with broad support from District and province-level South African Government leadership. It will be implemented in Umkhanyakude District, the poorest and most rural district in KwaZulu-Natal province, the South African province with the highest HIV prevalence of 39.1%. Implementation will take place in representative rural secondary schools and non-school sites that suffer from physical remoteness, poor health conditions, and inadequate resources. Partners consist of the Department of Education, PLHIV, the South African Democratic Teachers' Union, District Health Services, and District and Municipal leadership.

Gender issues will be addressed in the provision of basic HIV screening and care and prevention messaging to large numbers of male and female adolescent and adult PLHIV (key legislative area), support for disclosure of HIV status and reduction of gender-based violence (key legislative area), involvement of male adolescents and adults in the program (key legislative area), mobilization of community leaders for promoting community efforts against stigma and discrimination, and for raising awareness regarding HIV prevention, care and treatment.

ACTIVITIES AND EXPECTED RESULTS:

These activities will be provided through mobile clinics that visit schools to address the needs of PLHIV in the secondary school population and that visit non-school sites to address the needs of adult PLHIV in the general population. Each mobile clinic is staffed by one primary care nurse, four health counselors, and one health educator. Each mobile clinic will visit a participating secondary school one week per month for eight months per year.

ACTIVITY 1: Screening and provision of basic HIV-related clinical and social care and HIV prevention messaging at schools and in communities

The first component includes HIV and AIDS counselors offering one-on-one health screening, messaging and referrals for preventive care services at secondary schools via a mobile clinic. This will include screening and treating for symptoms indicative of Opportunistic Infections (OI) and other HIV-related illnesses (including TB); individualized counseling on HIV prevention and behavioral change; provision of counseling and testing (CT); provision of counseling in nutrition and personal hygiene; psychosocial support for students (including support for disclosure of status); and referral to essential HIV and AIDS services such as PMTCT, ART, symptoms and pain (including screening and referral to TB services). The partners and focus groups of teachers and students have expressed the community acceptability of schools-based CT and HIV prevention and care services. Effort will be made to ensure equitable access to care services for both males and females. The second social care component includes screening of HIV-related social problems and

referrals to a staff social worker for assistance with accessing government grants and legal services for; PLHIV and their families.

ACTIVITY 2: Group HIV and AIDS education sessions

An HIV and AIDS educator will conduct group education sessions at secondary schools and in surrounding communities that will discuss the basic facts about HIV prevention and care targeted. Topics include the importance of HIV prevention (AB for adolescents and ABC for adults); CT; prevention and care of OIs (including TB and provision of cotrimoxazole prophylaxis), ART adherence; accessing PMTCT services; nutrition counseling; and the importance of personal hygiene and utilizing safe water to reduce diarrheal disease. IEC materials will also be provided. Mpilonhle will work with community leaders and PLHIV to reduce stigma and discrimination against PLHIV and raise community awareness to mobilize for essential HIV prevention, care and treatment services. Efforts will be made to engage male community members and promote respect between men and women in communities. Support will be provided for disclosure of HIV status and strategies to reduce disclosure-related gender-based violence will be encouraged. An age-appropriate curriculum will be developed by the Educational Development Center (EDC) and the South African Democratic Teacher's Union (SADTU), drawing on material developed by the EDC in collaboration with SADTU, and the World Health Organization. This curriculum emphasizes the traditional three-part public health theory of improving Knowledge, Attitudes, and Practice, skill-building methods in topics such as risk reduction, being faithful, decision making, and social responsibility, as a way of preventing HIV infection, providing care to those infected and affected by HIV, respect for women, fighting stigma and discrimination, and dealing effectively with the challenges of everyday life. Group health education provides supportive social care in the form of efforts to reduce stigma and efforts to increase community awareness of care, prevention, and treatment.

Sustainability of activities is facilitated by political commitment from District and Municipal governments, and the local Department of Education to scaling-up and to fund-raising in support of such scaling-up; the relatively low-tech and easily replicable nature of many core program features; minimal dependence on scarce health professional such as doctors and nurses; the ability of rugged mobile facilities to reduce the need for additional investments in fixed physical infrastructure; declining prices over time for the program's information technology requirements; the possibility of adapting the service delivery model to workplaces as well as schools; the multi-dimensionality of program activities, which includes HIV and AIDS, general health, and education related activities, and which broadens the scope of donors interested in funding continuation and scale-up of activities.

Building human capacity in remote rural areas is a critical issue. Mpilonhle responds to this challenge by maximizing the capacities and skills of relatively abundant lay health workers through rigorous training and regular refresher courses to enable them to perform critical yet currently scarce services such as the promotion of elements of the preventive care package and provision of screening for OIs and basic pain and symptoms and health education thus shifting the burden of these activities away from relatively scares professional health workers.

These activities will contribute to PEPFAR goals of providing palliative care to 10 million HIV-infected individuals and their families.

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

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	36	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,544	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	21	☐

Target Populations:

Community leaders
People living with HIV/AIDS
Teachers
Secondary school students
Nurses
Other 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

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Ingwavuma Orphan Care
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8244
Planned Funds:	$ 125,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to Ingwavuma Orphan Care activities in OVC (#8245). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

Activities are carried out to expand the current home-based care project through recruiting and training of lay caregivers and to provide medical support in the way of hiring and training nurses and medical supplies. The primary emphasis is on human resources, with additional emphasis on local organization capacity development, development of network/linkages/referral systems and training. Specific target populations are people living with HIV and AIDS, HIV-affected families, and caregivers of people living with HIV and AIDS.

BACKGROUND:

This project started in 2002 and was expanded in 2003 to include additional patients and caregivers. It has not previously received any U.S. Government or PEPFAR funding, but is a member of the Hospice and Palliative Care Association (HPCA) and thus has benefited indirectly from PEPFAR through mentoring and support of the HPCA medical director and professional nurse. The project works closely with Mosvold Hospital and its clinics in KwaZulu-Natal, with referrals in both directions. The hospital supplies the project with drugs, food and nursing supplies. The project is also partially funded by the provincial Department of Health/European Union Partnership. Most of the caregivers are women and the project provides them with education and a regular income. Male caregivers provide good role models to show that men can also be caring and look after the sick.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Improving/Expanding Health Services

Ingwavuma Orphan Care (IOC) will use PEPFAR funding to improve and expand its health services. IOC currently has one nurse trained in palliative care, a chaplain to offer spiritual support, 28 paid caregivers, and is in the process of recruiting a second nurse. This project offers training and employment for volunteers, all of whom are affected by HIV, as home-based caregivers.

The home-based caregivers live in their own communities spread across 2,100 square kilometers of the health district. They work in teams of 1-4 caregivers plus several local untrained volunteers. They visit people who are ill, providing basic nursing care and ensuring delivery of the elements of the preventive care package, psychological, social and spiritual care. Family members are taught basic nursing techniques and about hygiene and nutrition. The caregivers distribute items such as gloves to promote infection control. If they suspect that a patient is HIV-infected, they will counsel them about the need for testing and encourage disclosure and testing of the whole family. Clients who test positive are then referred to the nearby local Department of Health (DOH) clinics and hospital for administration of ARVs. Caregivers follow up on referrals to ensure that patients have received the necessary care and understand medication instructions. Effort will be made to ensure equitable access to care services for both males and females (key legislative area).

The teams of caregivers are visited by the nurses and chaplain 1-2 times a month ensuring the delivery of elements of the preventive care package. The nurses and chaplain, together with the caregivers, then visit the clients needing specialized care. The nurse carries a basic supply of drugs, including cotrimoxazole, pain medication and treatment for opportunistic infections. Nurses collect sputum samples if TB is suspected and deliver the sample to the nearest clinic for analysis. If the results are positive, the client is referred to the DOH clinic for DOTS. The chaplain visits clients who request spiritual support.

The project also advocates to government sources for HIV-affected families who do not get enough food from. The open and caring attitude of the caregivers helps to reduce

discrimination and stigma against those who are HIV-infected. The caregivers counsel relatives and neighbors who exhibit discriminatory behavior against the clients. Vulnerable children in the families are identified and referred to the OVC branch of the project. Bereavement support is provided, if necessary.

PEPFAR funding will allow the project to employ nearly twice as many trained home-based caregivers, which will result in nearly twice as many patients receiving care. It will also contribute to the support of the clients through medical personnel and medical supplies. This funding enhances the support already given to the project through the DOH, which contributes to some of the existing caregivers' salaries and project running costs. The project will aim to recruit volunteer nurses (key legislative area) from the United States to assist with ongoing supervision and in-service training of the lay caregivers.

ACTIVITY 2: Caregiver Training

The main objective of the training is to increase skills in delivery of quality palliative care services including elements of the preventive care package. Lay caregivers are trained by a former home-based caregiver, who is assisted by the nursing staff, paralegals, a social worker, and other staff. Subjects covered in the training include HIV counseling, basic nursing, TB and ARV support, screening for pain and symptoms and methods of encouraging clients to start and continue taking ARVs or TB medication properly. Volunteer caregivers will be trained at IOC's training centre, doing their practical training at Mosvold Hospital. This 56-day training is in line with the South African DOH guidelines for home-based caregivers. At the end of the training these caregivers could be employed by the project to further extend the reach of home-based care support, funds permitting.

These results contribute to the overall PEPFAR objectives of 2-7-10 by increasing the number of people trained as home-based caregivers, increasing the number of people receiving palliative care, and increasing the quality of palliative care services.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,400	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	20	☐

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Volunteers

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Project Support Association of Southern Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8250
Planned Funds:	$ 150,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to Project Support Association - Southern Africa (PSASA) activities in the Orphans and Vulnerable Children (#8251) and Counseling and Testing (#8254) Program Areas. PSASA also implements Care and Support programs as a sub-partner through Family Health International (#7584) in FY 2007. This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

PSASA, a community-based HIV and AIDS prevention and care organization, is expanding its home-based care (HBC) activities by increasing the coverage of services (number of services), increasing the scope of services (integrating OVC care and adult palliative care, provision of community-based HIV counseling and testing) and improving the quality of these programs through training. Emphasis areas are community mobilization/participation, training, information, education and communication, and development of linkages and referral systems. Target groups are PLHIV and their families as well as healthcare workers.

With FY 2007 PEPFAR funding, the number of HBC programs will be expanded providing integrated palliative care, OVC care and HIV testing. These new projects will target poorer rural communities of Mpumalanga province where health services are limited or non-existent.

BACKGROUND:

PSASA is a non-profit organization, which was established in 1998 in HIV care and support, prevention and mitigation. Its mission is to create community partnerships that enhance their ability to prevent, mitigate and alleviate the impact of HIV and AIDS. Home-based care programs are an integral component of the PSASA mission. Care at the home and community level is a strategy within the South African Government Strategic Plan. PSASA has established and continues to support over 60 home care programs. Many of these were established in partnership with the Mpumalanga Department of Health. In 2004, 127,614 clients received direct support from a PSASA project and over 32,000 household members received training from community caregivers. These activities will be expanded under PEPFAR as part of PSASA's ongoing core program.

PSASA has worked closely with government structures, especially Departments of Health, Welfare and Population Development, since its inception. In recent years closer relationships have been formed with the provincial Department of Home Affairs, Agriculture Development, Premiers Office (Gender), Department of Education and Department of Labor (income generation activities). The Mpumalanga provincial Department of Health & Social Services (DOH&SS) has financed PSASA for R1.5 million in order to conduct life skills training in HIV and AIDS 2005-2006. The DOH&SS also provides PSASA with HIV test kits and home-based care kits as well as assistance with establishing referral networks for family planning anti retroviral (ARV) and tuberculosis (TB) programs. Social grants, food packages and child assessments are undertaken closely with Department of Social Development (DoSD) with funding from Dutch donors. Each of the projects are encouraged to work closely with and to participate in local AIDS Councils, churches, government departments and municipalities, schools with many businesses providing "in kind" support.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

The aim of training is to build capacity at the community level for the provision of quality and holistic care.

The majority of care workers in home care programs are women (over 90%) while two thirds of the adult beneficiaries of the current home care programs are also women. In

many cases, the care workers may also be recognized as traditional healers. PSASA will work to increase the involvement of men in care-giving. As part of the HBC trainings, care workers will engage men by focusing on such topics as family violence, anger management, fathering and parenting skills being emphasized. To support this human capacity development of care workers and volunteers, a stipend provided through the HBC program is an important source of household income. Regular financial training seeks to improve the capacity and economic advancement of care workers in the program. Short-term loans or small grants are also provided to supplement this meager stipend. In addition to a 5-day annual training, one-day trainings are held weekly covering topics from the SAG accredited 50-day Home-Based Care Curriculum. Key topics include: evidence-based preventive care interventions which include the following: OI screening and prophylaxis (including cotrimoxazole, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease, HIV prevention counseling, provision of condoms, referral for family planning services for HIV-infected women, appropriate child survival interventions for HIV-infected children and nutrition counseling, clinical measurement, nutrition monitoring and targeted support based on WHO criteria for severely malnourished PLHIV.

ACTIVITY 2: Home-Based Care

Trained care workers provide a minimum standard of care focusing on clinical/physical, psychological, spiritual and social interventions. In addition to sharing integrated HIV-related palliative care messages with HIV-infected individuals and their families, the care workers use a family centered approach to client assessments. The package of services includes basic pain and symptom management, support for adherence to OI medications (including cotrimoxazole prophylaxis and TB treatment) and antiretroviral therapy (ART), and referral for family planning. Community and home-based psychological support, stigma reduction strategies and adherence support for OI medications and ART will be provided. Attention will be given to increasing the gender equity in the HIV and AIDS programs, increasing male involvement in the program, addressing stigma and discrimination, and partnerships with local NGOs, FBOs and CBOs. Clients are also counseled on prevention for positives and family member are referred for counseling and testing (CT). Outreach to the community and referral to the FHI sponsored Mobile Support Unit for CT, CD4 counts and family planning is part of the HBC activity. An additional key activity of care workers is monitoring of adherence to TB and HIV treatment. Elements of the preventive care package for adults and children are also included during interaction between the care worker and the client.

The HBC project link closely with community and church groups who regularly supply "in kind" support (approximately 10% of project budget). Certain components of the home care program have become fully sustainable. For example, income generation activities for care workers such as food gardens have become sustainable with care workers receiving R1000 per annum through the selling of vegetables and fruit.

By providing basic care and support to HIV-affected individuals and their families, these activities contribute substantially to the PEPFAR 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**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8,400	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	280	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
HIV/AIDS-affected families
People living with HIV/AIDS
Pregnant women
Volunteers
Caregivers (of OVC and PLWHAs)
Widows/widowers
Nurses
Traditional healers
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Mpumalanga

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	LifeLine North West - Rustenburg Centre
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8253
Planned Funds:	$ 155,500.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The activity relates to LifeLine's activities in AB (#8271), Condoms and Other Prevention (#8252), and Counseling and Testing (#8255). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

LifeLine's activities in the Palliative Care includes three components; the referral of those testing positive for HIV, the Counseling and Testing unit to local FBOs/CBOs, to access care and support, supervision and mentoring of delivery of palliative care services by the sub-grant receiving FBOs/CBOs, receiving sub-grants and capacity building in the form of training of lay counselors on HIV and AIDS, care and support to support partner FBOs/CBOs by LifeLine Rustenburg.

The major emphasis area is local organization capacity development and the minor emphasis areas including training, the development of network/linkages/referral system, and information, education and communication. Target populations include people living with HIV and AIDS and HIV and AIDS Affected Families, and community-based organizations and faith-based organizations.

BACKGROUND:

LifeLine Rustenburg is a non-governmental, non-profit, community-based organization that has three main areas of service to the community, namely, the provision of: (1) Primary mental health counseling and emotional crisis intervention services in frontline support of the formal government and private sector mental health services; (2) HIV and AIDS related counseling, CT, education, awareness, empowerment and other services in support of efforts to combat the spread of the disease and to empower those already infected to be able to lead productive lives; and (3) Life skills and empowerment training services in support of people and capacity building.

LifeLine Rustenburg is affiliated with LifeLine Southern Africa (which covers the Southern African countries) and in turn is affiliated with LifeLine International. Affiliation is awarded annually based on maintenance of standards, adherence to policy and procedures and acceptable performance in areas of service. Lifeline Rustenburg has a close working relationship with the National Office - they are informed with regard to all projects and services run by LifeLine Rustenburg. Biannual consultative meetings are held and quarterly reports submitted.

LifeLine Rustenburg has been operational since May 1991 and serves an area of approximately 200 kilometer radius. Main activities are: Personal empowerment and life skills training, especially amongst youth in the district; Drop-in counseling service during office hours from Monday to Friday; as well as Private interview counseling by appointment and crisis team services on a 24 hour basis; Providing counseling services in health facilities and local communities; Training specialized HIV& AIDS counselors among health workers in a number of different communities, health facilities, hospitals and mobile units; Establishing a partnership with the provincial Department of Health through which LifeLine Rustenburg trains, supplies, and supervises counselors at health clinics throughout the Bojanala District. Presently LifeLine service 147 health facilities with 200 counselors, providing 24 hour telephone HIV and AIDS counseling services - a share call number available throughout the country. Other activities include assisting with the establishment of LifeLine centers in Mafikeng in North West province and Botswana; training home-based caregivers in counseling skills and personal development for many organizations; and assisting with capacity building of lay counselor of other NGO/CBOs on HIV and AIDS, care and support.

ACTIVITY AND EXPECTED RESULTS:

ACTIVITY 1: Palliative Care and Support

The Bojanala District Department of Health in North West province, in conjunction with LifeLine Rustenburg, will select the partner FBOs/CBOs already doing work in the area of palliative care to provide the care and support services. The identified partner FBOs/CBOs will receive capacity building and technical support from LifeLine and the NWDOH.

LifeLine will conduct the initial counseling and testing and screening for pain and symptoms, then the clients and/or their family members will be referred to partner FBOs/CBOs for ongoing care and support. The partner FBOs/CBOs, which are still to be determined, implement the Palliative Care services while LifeLine provides capacity building and referral system support services. The DOH, through the public health system will provide rudimentary clinical services to People Living with HIV and/or AIDS (PLHIV) that are receiving Palliative Care services from the FBOs/CBOs. Palliative care includes screening for symptoms indicative opportunistic infections (OIs) and other HIV-related illnesses; individualized counseling on HIV prevention and behavioral change (AB for adolescents and ABC for adults); routine follow -up to determine the optimal time to start the anti-retroviral therapy (ART); prevention of OIs such as TB; alleviation of HIV related symptoms and management of pain; nutrition and personal hygiene counseling; psychosocial support for students (including support for disclosure of status) and support for adherence to TB and ART. The program area increases access to services for PLHIV, especially women who are disproportionately affected by HIV in South Africa (key legislative area), and their families.

PEPFAR funding will be used to fund the three full time LifeLine trainers to conduct capacity building activities with partner FBOs/CBOs and to cover operational costs and to purchase the mobile units, providing CT and prevention programs, will be used to reach high numbers of the community. Sub-grants go to FBOs/CBOs on a monthly basis to pay for service delivery e.g. home-based care services; provided the FBO/CBO fulfils its reporting and expenditure obligations to LifeLine, i.e. with an adequate proportion dedicated to service delivery. Funds are also to be spent to ensure an efficient and effective referral system between LifeLine, the public health system, and the partner FBOs/CBOs.

The palliative care program area is set-up to foster sustainability such that partner FBOs/CBOs receive organizational capacity building from LifeLine in order to ensure their programs and organizations are sustainable. Partner FBOs/CBOs, by the end of the project, will have the skills and expertise necessary to do fundraising for their own sustainability and to provide technically sound services without the support of LifeLine.

The managers, staff, and volunteers of the organization undergo training in the form of human capacity development. Peace Corps volunteers (key legislative area) allocated to assist LifeLine will also help with development, training, assessment and research.

The expected results will contribute to PEPFAR 2-7-10 goals by ensuring people living with HIV and AIDS receive care and support and fostering a network that ensures PLHIV have a gateway to treatment.

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

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	600	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	☐

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Nurses
Other Health Care Workers

Key Legislative Issues

Volunteers

Coverage Areas

North-West

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Xstrata Coal SA & Re-Action!
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8257
Planned Funds:	$ 100,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to Xstrata Coal South Africa (Xstrata) activities in CT (#8258) and ARV Services (#8260). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

Xstrata is a new PEPFAR partner, receiving funding in FY 2007 for a public-private partnership with the Mpumalanga Department of Health (MPDOH). The implementing partner for this is Re-Action! Consulting (RAC). RAC will facilitate a co-investment partnership with Xstrata to provide support for strengthening targeted government clinics, developing access to basic preventive, clinical care and psychosocial support services in two districts of Mpumalanga. The project will build on a public-private model for strengthening HIV and TB service delivery that Xstrata and RAC has already begun to implement with Xstrata in the province with funding from Xstrata. Xstrata and RAC will work through established partnerships with local government, the MPDOH, community groups and private providers. Project deliverables have been defined in response to specific requests for assistance from the MPDOH. Major emphasis will be given to development of human resources, with minor focus on community mobilization/participation, linkages with other sectors, local organization capacity development and strategic information. Target populations for the project are the two underserved communities of men, women and children in geographic locations where most company employees and contractors who live in and near Breyten and in KwaQuqa (Witbank) in Mpumalanga.

BACKGROUND:

Xstrata is a subsidiary of a multi-national mining group committed to practical ways of achieving sustainable development and contributing to the health and social welfare of employees and their communities. The company employs 4,000 people at 11 mines (collieries) located within the socio-economically deprived Coal Powerbelt region of Mpumalanga. This funding partnership will enable scale up of the community extension component of Xstrata's comprehensive workplace HIV and AIDS program (uBuhle Bempilo), managed by RAC. The project is based on implementing a public-private service-strengthening model that will capacitate available government providers to deliver HIV-related preventive, other clinical and psychosocial care services within two target districts. The scope of assistance is being finalized within a Memorandum of Understanding between Xstrata and the Mpumalanga Department of Health, and responds to specific requests for support by the provincial department's HIV and AIDS Unit, and fits within a broader range of interlinked community development investments by Xstrata.

The project will provide technical assistance, training and service monitoring to delivery quality HIV-related preventive and clinical care services. Emphasis will be placed on implementation of the evidence-based preventive care package interventions, other clinical care support, linkages with TB, CT and ART services and psychosocial care. This will contribute to strengthening district-level primary health care service networks and district service management, with a strong focus on improving human resource capacity. Partnerships with other PEPFAR contractors in the province will be established to achieve synergies in implementing project activities.

ACTIVITIES AND EXPECTED RESULTS:

Three activities are implemented to strengthen the delivery of preventive, other clinical and psychosocial care services in two areas of Mpumalanga. However, as the discussions with the MPDOH have not yet concluded, the activities described here are not final.

ACTIVITY 1: Strengthening primary health care and district hospital delivery of HIV-related preventive and other clinical care services

Xstrata will undertake a baseline assessment of services using the WHO Service Availability Mapping tool that defines the specific service strengthening priorities and mix of available

service providers. Approximately 100 medical and nursing personnel will be trained on the WHO's IMAI and IMCI modules that is aligned with the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa' and has already been adapted for South African implementation. Emphasis will be placed on human resource support to deliver the preventive care package and other clinical care services. Service improvement plans for approximately eight primary healthcare sites within the two targeted communities will be developed. Access to TB diagnosis and treatment will be improved at supported sites by implementing TB/HIV collaborative activities. The program will ensure that HIV-infected adults and children in all facility settings are either provided or referred (with follow-up) for evidence-based preventive care interventions which include the following: OI screening and prophylaxis (including cotrimoxazole, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease, HIV prevention counseling, provision of condoms, referral for family planning services for HIV-infected women, appropriate child survival interventions for HIV-infected children and nutrition counseling. The package of services also includes basic pain and symptom management and facility-based support for adherence to OI medications (including cotrimoxazole prophylaxis and TB treatment) and antiretroviral therapy (ART).

ACTIVITY 2: Community mobilization, care messaging, treatment preparedness and referrals

Community health promoters will be trained to provide basic household health risk assessments. These health promoters work at community level to mobilize and refer for essential prevention and care services, and are already employed by the MPDOH. Xstrata resources will be utilized to strengthen their capacity to provide services through training. The existing "know the way to live" campaign will be utilized to enhance social marketing of HIV care and treatment in the community. The community health promoters and existing community-based treatment supporters will be trained in ART and OI prophylaxis and treatment adherence support, TB DOTS, HIV prevention messaging, delivery of condoms and referral for family planning services, mobilizing for counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease, appropriate child survival interventions for HIV-infected children, referrals and nutrition counseling.

ACTIVITY 3: Community Support and Psychosocial Care

Linkages with community-based service organizations (including faith-based organizations and non-governmental organizations) will be established. Peer support group activities in all facilities supported will be established and psychosocial support and preventive care messages provided. A network of 50 traditional healers, with referral mechanisms in place for ongoing chronic care support, will be mobilized and trained. Attention will be given to increasing the gender equity in the HIV and AIDS programs, increasing male involvement in the program, addressing stigma and discrimination, and partnerships with local NGOs, FBOs and CBOs.

The area of legislative interest that will be addressed is stigma and discrimination through community mobilization initiatives. Sustainability of this program is assured through the public-private partnership between Xstrata and the MPDOH.

By providing support for palliative care in underserved communities, Xstrata is contributing to the 2-7-10 PEPFAR goals.

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

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	☐

Target Populations:

Adults
Business community/private sector
Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Pregnant women
Girls
Boys
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Mpumalanga

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	St. Mary's Hospital
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8262
Planned Funds:	$ 500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to St. Mary's Hospital activities in ARV Services (#8264). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

St. Mary's Hospital in Durban, KwaZulu-Natal will implement palliative care activities that encompass human resources, training and consumables. A dedicated palliative care team will identify and provide clinical, spiritual, psychosocial and preventive support to the HIV-infected client and family. A hospital-wide education program will be initiated to enhance knowledge of palliative care practice. In addition a number of consumable items will be purchased to assist in managing pain and symptoms related to HIV and AIDS and ensuring comfort of people living with HIV (PLHIV). The emphasis areas of the project are related in particular to human resource support for the palliative care team, training, commodity procurement and the development of networks/linkages/referral systems. The primary target population is people affected by HIV and AIDS and healthcare providers.

BACKGROUND:

This is a new program funded in FY 2007, although St. Mary's has received previous PEPFAR funding as a sub-partner to CRS. The project is an expansion of the current palliative care program that functions at St. Mary's Hospital. The hospital, established in 1927, serves a peri-urban/rural community of 750,000 people, a third of which are HIV-infected. The community has a high unemployment rate of around 60% and an estimated 25,000 people in the community require ART. On an annual basis approximately 3,000 of St. Mary's inpatients require end-of-life palliative care support, 35,000 require palliative care, and over 2,000 patients are currently on ART at the hospital, who by definition fall into the category of people requiring palliative care including ART adherence support.

ACTIVITIES AND EXPECTED RESULTS:

Two activities will be carried out in this program:

ACTIVITY 1: Dedicated Palliative Care Team and Trained personnel to Ensure Delivery of Quality Services

The overall objective of this activity is to ensure that patients who require palliative care and their affected families are adequately supported in the hospital and in their surrounding communities; including clinical, spiritual, psychological and social support.

Patients and families requiring palliative care will be identified in the inpatient, outpatient and ART clinic and hospice care settings. The HIV-related services offered by the hospital and its hospice service is based on the belief that the palliative care activity is central and automatically provides a network of services, from counseling and testing, stigma reduction, ART and adherence, counseling and support to the individual and family, end of life care, referral to other organizations and continuous education and support thereafter to all concerned. The palliative care team will work with other facility-based health providers to ensure that HIV-infected adults and children in all facility settings are either provided or referred (with follow-up) for evidence-based preventive care interventions which include the following: OI screening and prophylaxis (including cotrimoxazole, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease, HIV prevention counseling, provision of condoms, referral for family planning services for HIV-infected women, appropriate child survival interventions for HIV-infected children and nutrition counseling, clinical measurement, nutrition monitoring and targeted support based on WHO criteria for severely malnourished PLHIV. The package of services also includes basic pain and symptom management and facility-based support for adherence to OI medications (including cotrimoxazole prophylaxis and TB treatment) and antiretroviral therapy (ART). Community and home-based psychological support, stigma reduction

strategies and adherence support for OI medications and ART will be provided by therapeutic counselors who are trained PLHIV, employed by the hospital that visit the patients and their families in the community. Attention will be given to increasing the gender equity in the HIV and AIDS programs, increasing male involvement in the program, addressing stigma and discrimination, and partnerships with local NGOs, FBOs and CBOs. In addition to care for PLHIV, therapeutic counselors and hospital staff will also expand their provision of psychological, spiritual and social support of affected family members. A complex referral network to a number of organizations, inter alia the KwaZulu-Natal Department of Health, the Ethekwini Metropolitan (Durban), other NGOs, the Highway Hospice, and the Dream Centre exists and is used on a proactive basis. A dedicated palliative care professional nurse and pastoral care worker will manage this activity, with additional involvement of other members of the palliative care multi-disciplinary team including hospital doctors and nurses, a social worker and the community outreach coordinator. The palliative care program is managed and administered via the organizational arrangements pertaining to the hospital itself and relies on a multi-disciplinary team approach for service delivery.

Training & Volunteer Engagement: The program relies on both volunteer and fulltime qualified and registered healthcare professionals who require technical support and training. St. Mary's hospice care program is a member of the PEPFAR-funded Hospice and Palliative Care Association (HPCA) who is supporting St. Mary's with critical areas including staff training and clinical protocols so St. Mary's may meet the HPCA accreditation requirements essential to providing holistic quality health care to patients. In FY 2007, St. Mary's will scale up its palliative care training for all health professionals, volunteers and PLHIV therapeutic counselors involved in palliative care service delivery with training materials from HPCA and from the World Health Organization's (WHO) Integrated Management of Adolescent Illnesses' (IMAI) program. All modules of IMAI will be utilized, however, the IMAI module on palliative care which will be made available to all the nursing students and staff at St. Mary's who will be directly involved in palliative care. Clinical protocols designed and approved by the HPCA are used for support and clinical services for opportunistic infections and pain assessment and management.

St. Mary's has a number of partnerships with US universities and interest and support from US-based volunteers. On average, four to six U.S. volunteers will be accommodated by St. Mary's on a monthly basis (supported with non-PEPFAR funds).

ACTIVITY 2: Commodity Procurement

Provision has been made for palliative care medications and commodities except for items which directly improve the comfort of PLHIV and adequate pain and symptom control, including medications for appropriate pain and symptom control (additional morphine for pain control, syringe drivers, anti-nausea medications and other drugs for symptom control). Provision for such palliative medications and supplies are included in this activity and are vital to the overall success of the program.

These activities contribute directly to the overall PEPFAR objectives of 2-7-10 as HIV-infected people will be identified, appropriately treated, cared for and supported. Family members affected will benefit directly from counseling and support within the hospital environment as well as within the community setting during home visits.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	55,740	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	410	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Girls
Boys
Primary school students
Secondary school students
Caregivers (of OVC and PLWHAs)
Religious leaders
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Volunteers

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Ubuntu Education Fund
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8263
Planned Funds:	$ 100,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to Ubuntu Education Fund (Ubuntu) activities in AB (#8261), CT (#8265), Other Prevention (#8266) and OVC (#8266). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

Ubuntu's activities will support comprehensive care services for people living with HIV (PLHIV) and their family members to improve HIV management and to stabilize their households through care and support. Palliative care services take place in the townships of Port Elizabeth, a city in the province of the Eastern Cape, South Africa. Emphasis areas include development of networks/linkages/referrals, supportive supervision and quality assurance, human resources, linkages with other sectors and initiatives, local organization capacity development, food/nutrition support, and training. Specific target populations are OVC, PLHIV (including pregnant women, infants and children), HIV and AIDS affected families, caregivers of OVC and PLHIV, discordant couples, nurses, other health workers, CBOs and NGOs.

BACKGROUND:

Since 2005, Ubuntu has provided community and clinic-based care services for families coping with HIV and AIDS. Ubuntu uses a family-centered approach to provide care services to PLHIV. The care program is the integral service in the organization binding together all HIV and AIDS components. Ubuntu's care program is integrated with clinical services in CT and HIV management including ART readiness and adherence. Ubuntu has strong referral partnerships to help establish a continuum of care for PLHIV and their families and to coordinate access to service providers including clinics and hospitals, the Department of Social Development, the Department of Home Affairs, Childline, the Rape Crisis Centre at Dora Nginza Hospital, the National Institute for Crime Prevention and the Reintegration of Offenders (NICRO), Family and Marriage Society of South Africa (FAMSA), other CBOs and NGOs, community home-based care providers, and hospice services. With PEPFAR support, Ubuntu will reach more PLHIV and their family members with comprehensive care services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Palliative care

Ubuntu will directly provide comprehensive care services, including elements of the preventive care package, for PLHIV from the office site in Zwide and clinic sites. Entry points to care services include referrals from Ubuntu's outreach and life skills program, clinic sites and walk-in clients. Based on need, families enrolled in the care program receive assistance to access health services, including CT and ART, monitoring of HIV disease progression, ongoing psychosocial support and counseling, risk reduction and couple counseling, referrals to PMTCT, access to income grants, home-based care, nutritional support and referrals to other service providers. Effort will be made to ensure equitable access to care services for both males and females. Household needs are assessed at intake and an action plan is developed that encompasses the care needs of each family member. Care services are linked to other Ubuntu services in gardening and higher education and career guidance.

Ubuntu addresses women's empowerment by providing female-headed households with income grant support and referring women to skills training and income-generation projects. We provide intensive legal referral for cases of domestic and gender-based violence, including access to post-exposure prophylaxis. Ubuntu focuses on increasing men's involvement in HIV and AIDS prevention, care and treatment services by encouraging men to access CT through couple counseling, promoting couples access to risk reduction counseling, ensuring men eligible for ART are not lost to follow-up, training male members of the family in home-based care and promoting male partner involvement in PMTCT.

PLHIV identified at the clinic sites will be monitored by Ubuntu staff including a professional nurse for on-time access to clinical services. The professional nurse's mandate is to provide quality assurance and technical support to clinic staff in HIV management. Clinic sites are KwaZakhele Day Hospital in 2007, expanding to Zwide Clinic in 2008. Ubuntu care workers also regularly refer clients to other clinics in the target area and will coordinate services and referrals with other PEPFAR implementing partners operating from these sites.

Case managers will be placed onsite at the clinics to ease the high demand for psychosocial support services as ART rollout expands. The case managers will work with clinic lay counselors to ensure wellness monitoring for PLHIV, assistance and support in the treatment readiness and ART initiation phases including conducting required home visits for each client and providing comprehensive psychosocial support services. This will help ensure a cogent continuum of care for PLHIV. Clients will have access to male and female condoms and to prevention counseling including risk reduction counseling, referral to PMTCT, couple counseling and identification of discordant couples. Weekly support group facilitation and meals are provided by Ubuntu as well as the provision of food parcels as needed for high poverty cases. Support group members are encouraged to enroll in Ubuntu's clinic gardening program. Ubuntu is encouraging clinic partners to make HIV management integral to all clinic services to reduce bottlenecks and destigmatize services.

Ubuntu proactively identifies children who have an increased risk for HIV exposure and ensures they receive access to CT, and provides access to treatment services for children and their caregivers who are affected by HIV. Ubuntu works with Dora Nginza's Pediatric ARV Unit to provide ongoing monitoring and support to children on ART. HIV-infected mothers will receive information and support for infant feeding, monitoring to ensure compliance with PMTCT protocols, as well as ensuring that infants complete their immunization schedules and receive necessary vitamin supplementation. Risk reduction plans are developed and ongoing counseling sessions scheduled for individuals identified with high-risk behavior. Ubuntu has several rape cases a year and will ensure that clients receive post-exposure prophylaxis (PEP) for both pregnancy and HIV.

Client home visits are an integral part of care services, where signs and symptoms of illness are assessed, referrals made to health services, food parcels are provided, and advice given on the management of side-effects, nutrition and hygiene. Ubuntu care workers train family members in providing home-based care, including oral and wound care and provide home-based care kits. Care workers engage family members in care services to destigmatize HIV and AIDS within family settings by providing correct information on transmission, treatment and other areas of concern. Ubuntu works with home-based hospice services to provide culturally-appropriate end of life care including referral to spiritual care of the patient's choice.

These results contribute to the PEPFAR 2-7-10 goals of providing care and services to 10 million HIV-affected individuals by ensuring that individuals coping with HIV and AIDS receive timely HIV clinical services and their households are stabilized through psychosocial services for family members, as well as improved continuum of care for PLHIV through referral networks among service providers in Port Elizabeth. 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
Development of Network/Linkages/Referral Systems	51 - 100
Food/Nutrition	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,800	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	5	☐

Target Populations:

Community-based organizations
Nurses
Discordant couples
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Volunteers
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Coverage Areas

Eastern Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Training Institute for Primary Health Care
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8268
Planned Funds:	$ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to the Training Institute for Primary Health Care activities in AB/Prevention (#8267) and Orphans and Vulnerable Children (#8269). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

The Training Institute for Primary Health Care (TIPHC) embarked on the initiative of providing care and support services to HIV and AIDS infected and affected persons in response to the need to complement the South African Government (SAG) provision of basic health care services to the underserved communities and vulnerable groups. The program is aligned to the Government's policy guidelines for providing a continuum of support services for HIV and AIDS infected individuals and their affected family members from the time the individual gets infected with HIV through sickness and terminal stages of AIDS through the time of family bereavement when the individual dies. The primary emphasis area is Human Resources. This is complemented by Information, Education and Communication, Linkages and Referrals, Training and Food/Nutrition. The main target groups are HIV-infected individuals and their families.

BACKGROUND:

TIPHC is a South African registered non-profit organization which has been operational since April 1994. It has a long history of implementing HIV and AIDS information, education, home-based care and support programs in Emalahleni Municipality, a local authority of Mpumalanga province. TIPHC is a key partner to the South Africa National and Provincial Government HIV and AIDS Prevention and Control Program. The TIPHC program was initiated as the Witbank AIDS Education and Support Program (WAESP) with initial funding support from the Family Health International South Africa AIDSCAP program. Other major funding and program partners have included the AIDS Foundation of SA, Inter-Church Action of Canada, Anglo American Chairman's Fund and private mining companies. To date, it has conducted numerous training workshops for high risk population groups, distributed thousands of information materials and condoms to communities and cared for and supported hundreds of HIV and AIDS infected and affected persons including OVCs. It has since grown and gained the confidence of both the provincial and National Departments of Health (DOH) who have funded the bulk of its prevention and care activities.

ACTIVITIES AND EXPECTED RESULTS:

With PEPFAR funding, TIPHC's home-based care and support program will strive to consolidate the integration of the three pillars of service provision as outlined in the Department of Health Home Based Care and Community Based Care Guidelines. A coordinated referral system, the training and support of care givers and working through the decentralized district health system (local clinics and hospitals) will form the fundamental strategies of the care program. This is intended to provide a holistic approach that addresses the health, psychosocial and economic needs of the target group. Particular attention will be given to vulnerable groups such as female, granny and child-headed households where gender-equity (key legislative area) issues become highlighted due to high potential of gender-based violence, abuse, stigmatization and discrimination towards the disadvantaged groups like the sick, the old and frail, women and children. The importance of nutrition will be highly emphasized especially for the sick, the old and vulnerable children. The sustainability of the program is hinged on its integrated strategies for service provision. Every activity is implemented in collaboration with SAG and local municipalities. In addition, training and capacity building of care givers, client families and communities will ensure that the communities will gain the necessary skills to be able to continue with future initiatives for program implementation.

ACTIVITY 1: Palliative Care

The basic service provided under this initiative will include elements of the preventive care

package as well as pain and symptom management and referral within clinical and home-based settings. A team of trained and dedicated home care-givers and supervisors conduct scheduled and emergency home visits to check on patients, arrange for patients visits to the clinic, organize collection of medication where necessary, ensure that patients take prescribed medication and offer physical assistance with cleaning and feeding of those without helpers. TIPHC will train home-based carers who will visit families depending on their needs. Effort will be made to ensure equitable access to care services for both males and females (key legislative area).

Provision of information to and counseling of the infected and affected persons is a requisite service. It enables the care giver to establish a rapport with the client for dealing with more sensitive issues like advice and referral for counseling and testing. Other support services that are offered in conjunction with palliative care include the training and education of family members to care for patients as well as other family members in need of help, making arrangements for psychological and spiritual counseling and support from the religious fraternity and monitoring the nutrition of patients. Information and education about home-based care and mobilization for community member participation in the program will be intensified through house campaigns with the aim of reducing fear, misconceptions and stigma associated with patients suffering from AIDS related illnesses.

ACTIVITY 2: Referral

Referral and support services are key components of palliative care. It entails working in close cooperation with the provincial and National Departments of Health, local clinics and hospitals other Government Departments like Education, Social Development, Home Affairs and Local Municipalities. Clients are assistance with hospitalization for clinical care, subsidies for children's education, access to social grants, nutritional assessment and monitoring, provision of non-USG funded food parcels, subsidies for water and electricity and acquisition of personal documentation like birth certificates and identity documents. TIPHC care-givers and program staff will play a critical role of making the referral and following through to ensure that the client receives the entitled service. Clients will be monitored very strictly and their case files documented comprehensively.

This activity will contribute to the PEPFAR objective of providing care to 10 million people infected and affected by HIV and AIDS, including orphans and vulnerable children.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Food/Nutrition	10 - 50
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,350	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	40	☐

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
Caregivers (of OVC and PLWHAs)
Nurses
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Mpumalanga

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	RHRU (Follow on)
Prime Partner:	Reproductive Health Research Unit, South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9448
Planned Funds:	$ 650,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to The Follow-on to the RHRU Program's activities in Other Prevention (#9449), CT (#9445), TB/HIV (#9444), and ARV Services (#9446). This partner may benefit from the Partnership for Supply Chain Management ARV Drugs activity (#7935), which will explore current pain and symptom management practices, drug availability and cost, and provide recommendations.

SUMMARY:

The Reproductive Health and HIV Research Unit's (RHRU) PEPFAR-funded program, subsequently referred to as the "Follow-on to the RHRU Program" (FRP), will be re-competed through an Annual Program Statement for 2007.

The FRP's Basic Care and Support activities will be part of an integrated program and will specifically include: (1) palliative care arising from clinical (both ARV and non-ARV) services rendered by FRP staff through the activities described under the ARV Services program area; (2) the provision of psychosocial support to sex workers, (3) the provision of support, home-based care and referral; and (4) the implementation of health provider training in all aspects of palliative care. The major emphasis area for these activities is quality assurance and supportive supervision, with additional focus on human resources, development of network/linkages/referral systems, and training. Populations targeted for these interventions include PLHIV (children, youth and adults), HIV-affected families, commercial sex workers, refugees, and public doctors, nurses, pharmacists, and other health care workers.

BACKGROUND:

RHRU, which is affiliated with the University of the Witwatersrand in Johannesburg, currently provides technical support to the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa, which includes the national ARV roll-out. Under PEPFAR funding since FY 2004, RHRU has provided regular on-site support, direct treatment, training and quality improvement to DOH sites in 3 provinces. The FRP will continue these activities, and will initiate an inner city program focusing on providing support to a complete up and down treatment referral network. In addition, FRP will continue the provision of counseling and testing (CT), palliative care, and prevention services. FRP will seek to develop models of service delivery that can be replicated and expanded, and produces findings from lessons learned and targeted evaluations to disseminate and share with others.

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 healthcare programs such as TB, family planning and STI treatment is critical. Basic Health Care and Support is an integral part of this system, and the FRP will focus this part of its program on PLHIV, in impoverished areas such as the Hillbrow neighborhood in Johannesburg, by delivering high quality palliative care, psychosocial support, and intensive training of doctors, nurses, and other health care professionals. Furthermore, FRP will continue to develop strategies to address underserved communities affected by HIV, such as couples, high risk groups such as young people, and gender-based interventions with women at risk, including pregnant women and sex workers, and men.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Provision of Palliative Care

Through comprehensive support and quality improvement programs to the Johannesburg inner city and through Mobile Clinical Support Teams operating in North West, KwaZulu-Natal (KZN) and Gauteng provinces, FRP will continue to provide the preventive care package and opportunistic infection 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 will be provided to HIV-infected patients at a network of local

health authority sites in the inner city of Johannesburg, and via the gender-related projects described in the Other Prevention program area. Furthermore, health care and support will be provided to in-patients at a step-down and palliative care facility in KwaZulu-Natal. Lastly, as described in the Other Prevention section, FRP will provide home-based care in the deprived inner city suburb of Hillbrow through its new program of community outreach.

ACTIVITY 2: Psychosocial Support

FRP or its sub-partners will provide psychosocial support through counseling, wellness programs and befriending. FRP will assist with income generation, material support programs, and support group facilitation. FRP will be key in the strengthening of adherence initiatives through their work in HIV treatment sites and within the community. FRP will also assist 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, FRP will also address gender issues by developing and providing specialized services such as family clinic days 3 days per week, male clinic 5 days per week for CT and ART, and male only support groups for families and men in order to improve access for these two key groups (key legislative area). In addition, work with antenatal and postnatal clinics, FRP will provide psychosocial support and specialized adherence counseling for HIV-infected pregnant women and new mothers. Refugee populations, often a neglected, overlooked group, will also be targeted with services provided by FRP. A special program for the care of refugees (key legislative area) will be expanded to include more systematic identification of refugees seeking assistance through public facilities. These individuals will be counseled and provided full referral and follow up services to the NGO and private sectors to receive care, treatment and support if they are ineligible to receive services through the public sector programs.

ACTIVITY 3: Human Capacity Development

The objective of the training is to increase skills in the delivery of quality palliative care services including elements of the preventive care package. FRP will provide on-site and didactic training to 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. FRP will also provide mentoring to DOH staff via bedside teaching, case reviews, the sharing of quality improvement approaches, and support during consultations. FRP's Primary Health Care Project will provide tools, training and on-site guidance to DOH staff in primary healthcare sites relating to quality improvement of primary healthcare services, including palliative care. This project will also provide to support to ARV treatment and is described in the ARV Services section.

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 that HIV-infected individuals and their families are able to access comprehensive care, and by expanding access to these services in both the public and private sector.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	95	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	30,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,500	☐

Target Populations:

Commercial sex workers
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Refugees/internally displaced persons
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Volunteers

Other

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	CR transfer GHAI to GAP
Prime Partner:	CARE USA
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12044
Planned Funds:	$ 0.00
Activity Narrative:	See Activity 7873

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12333
Planned Funds: $ 150,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to the entries for new umbrella grants management mechanisms under Prevention/AB (#9435), OVC (#9438), ARV Drugs (#9439) and ARV Services (#9441).

SUMMARY:

Currently, USAID/South Africa (USAID) supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including basic health care and support programs, through an umbrella grants management partner. In FY 2007, USAID will competitively identify at least two new umbrella grants management partners. The main purposes of these new umbrella organizations will be to: (1) to facilitate further scale-up of HIV and AIDS care services and (2) to develop indigenous capability, thus creating a more sustainable program. The emphasis area is Local Organization Capacity Development. Primary target populations are indigenous organizations. AED was selected through APS 674-07-001 to conduct umbrella grant management. This Activity is split with three organizations: AED, Pact and FHI.

BACKGROUND:

Since 2004, USAID has obligated funds through an umbrella grant mechanism to over 30 partners and sub-partners in South Africa playing valuable roles in the fight against HIV and AIDS. These partners and sub-partners consisted of indigenous NGOs, FBOs, and CBOs. These partners and sub-partners were selected through the Inter-Agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition. The umbrella organizations will not themselves directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, who in turn carry out the assistance programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds are used for administrative purposes. In addition, in situations in which an umbrella organization provides significant technical assistance and management support to grant recipients, an umbrella may devote a reasonable percentage of overall funding to providing this support. USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG Departments, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments.

Under PACT, the existing umbrella grant mechanism, USAID is supporting 8 partners who provide HIV-related palliative care services to communities in all provinces. Palliative care activities have to date resulted in partners and sub-partners reaching over 80,000 individuals infected and affected by HIV and AIDS. Grants to palliative care partners support government clinics and hospitals with human resources including doctors, nurses, pharmacists, and counselors. These partners also work closely with new and established hospices to ensure hospice accreditation in accordance with national and global standards of palliative care. Palliative care services supported by partners include holistic; family-centered; clinical, psychological, spiritual and social care services for PLHIV and their families, supported by multidisciplinary teams at facility and community levels. During their partnership with PEPFAR, these providers will increase their reach two to three-fold. This scale-up requires strong financial, monitoring and evaluation, and management systems to accommodate growth in reach and maximize sustainability.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007, USAID/SA will re-compete the existing umbrella grant and identify at least two new grants management partners. USAID will continue to support existing palliative care partners through these new umbrella grants management partners. Funds budgeted under this narrative will support costs for administering, managing and facilitating technical support for the palliative care partners. Separate COP entries describe the palliative activities implemented by each partner. Institutional capacity building of indigenous organizations is a key feature of the umbrella grant mechanism and is designed

to promote the sustainability of care programs and organizations.

ACTIVITY 1: Grant Management

The umbrella mechanisms will award and administer care grants to partners selected through a USAID/PEPFAR APS competitive process to implement HIV and AIDS activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will develop and monitor palliative care program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on palliative care project development and implementation, financial management, monitoring and evaluation, and reporting. A key result includes the development and monitoring of palliative care implementation plans which track critical program achievements in palliative care related areas such as service delivery, training, policy development, technical assistance, planning and evaluation.

ACTIVITY 2: Capacity Building

The new umbrella mechanisms will support institutional and technical capacity building of indigenous organizations. (Capacity building activities are defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on external technical assistance and support.) The umbrella partners will support activities to improve the financial management, program management, quality assurance, strategic information (M&E) and reporting, and leadership and coordination of partner organizations implementing palliative care activities. The new umbrella mechanisms will also assess and facilitate critical palliative care technical support for partners such as technical trainings, program reviews, technical planning and sharing of lessons learned. Emphasis will be placed on partner implementation of evidence-based preventive care interventions which include OI screening and prophylaxis (including cotrimoxazole, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease, HIV prevention counseling, provision of condoms, referral for family planning services for HIV-infected women, appropriate child survival interventions for HIV-infected children and nutrition counseling as well as pain and symptom management and support for adherence to OI medications and antiretroviral therapy (ART).

ACTIVITY 3: Monitoring and Evaluation (& Reporting)

The umbrella mechanisms will provide support to palliative care partners in monitoring and evaluation, in order to strengthen measurement of the implementation and impact of palliative care program activities, an eventual achievement of PEPFAR goals. M&E support of palliative care partners include: measurement of program progress; provision of feedback for accountability and quality; surveillance; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The management of service delivery programs under the umbrella grant mechanisms will contribute to the PEPFAR goals to provide treatment to 2 million HIV-infected people; prevent 7 million HIV infections; and provide care to 10 million people infected by HIV and AIDS, including orphans and vulnerable children.

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

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
USG in-country staff
Volunteers
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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: CDC Umbrella Grant
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12335
Planned Funds: $ 0.00
Activity Narrative: None

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12346
Planned Funds:	$ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to the entries for new umbrella grants management mechanisms under Prevention/AB (#9435), OVC (#9438), ARV Drugs (#9439) and ARV Services (#9441).

SUMMARY:

Currently, USAID/South Africa (USAID) supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including basic health care and support programs, through an umbrella grants management partner. In FY 2007, USAID will competitively identify at least two new umbrella grants management partners. The main purposes of these new umbrella organizations will be to: (1) to facilitate further scale-up of HIV and AIDS care services and (2) to develop indigenous capability, thus creating a more sustainable program. The emphasis area is Local Organization Capacity Development. Primary target populations are indigenous organizations. FHI was selected through APS 674-07-001 to conduct umbrella grant management. This Activity is split with three organizations: AED, Pact and FHI.

BACKGROUND:

Since 2004, USAID has obligated funds through an umbrella grant mechanism to over 30 partners and sub-partners in South Africa playing valuable roles in the fight against HIV and AIDS. These partners and sub-partners consisted of indigenous NGOs, FBOs, and CBOs. These partners and sub-partners were selected through the Inter-Agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition. The umbrella organizations will not themselves directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, who in turn carry out the assistance programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds are used for administrative purposes. In addition, in situations in which an umbrella organization provides significant technical assistance and management support to grant recipients, an umbrella may devote a reasonable percentage of overall funding to providing this support. USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG Departments, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments.

Under PACT, the existing umbrella grant mechanism, USAID is supporting 8 partners who provide HIV-related palliative care services to communities in all provinces. Palliative care activities have to date resulted in partners and sub-partners reaching over 80,000 individuals infected and affected by HIV and AIDS. Grants to palliative care partners support government clinics and hospitals with human resources including doctors, nurses, pharmacists, and counselors. These partners also work closely with new and established hospices to ensure hospice accreditation in accordance with national and global standards of palliative care. Palliative care services supported by partners include holistic; family-centered; clinical, psychological, spiritual and social care services for PLHIV and their families, supported by multidisciplinary teams at facility and community levels. During their partnership with PEPFAR, these providers will increase their reach two to three-fold. This scale-up requires strong financial, monitoring and evaluation, and management systems to accommodate growth in reach and maximize sustainability.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007, USAID/SA will re-compete the existing umbrella grant and identify at least two new grants management partners. USAID will continue to support existing palliative care partners through these new umbrella grants management partners. Funds budgeted under this narrative will support costs for administering, managing and facilitating technical support for the palliative care partners. Separate COP entries describe the palliative activities implemented by each partner. Institutional capacity building of indigenous organizations is a key feature of the umbrella grant mechanism and is designed

to promote the sustainability of care programs and organizations.

ACTIVITY 1: Grant Management

The umbrella mechanisms will award and administer care grants to partners selected through a USAID/PEPFAR APS competitive process to implement HIV and AIDS activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will develop and monitor palliative care program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on palliative care project development and implementation, financial management, monitoring and evaluation, and reporting. A key result includes the development and monitoring of palliative care implementation plans which track critical program achievements in palliative care related areas such as service delivery, training, policy development, technical assistance, planning and evaluation.

ACTIVITY 2: Capacity Building

The new umbrella mechanisms will support institutional and technical capacity building of indigenous organizations. (Capacity building activities are defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on external technical assistance and support.) The umbrella partners will support activities to improve the financial management, program management, quality assurance, strategic information (M&E) and reporting, and leadership and coordination of partner organizations implementing palliative care activities. The new umbrella mechanisms will also assess and facilitate critical palliative care technical support for partners such as technical trainings, program reviews, technical planning and sharing of lessons learned. Emphasis will be placed on partner implementation of evidence-based preventive care interventions which include OI screening and prophylaxis (including cotrimoxazole, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease, HIV prevention counseling, provision of condoms, referral for family planning services for HIV-infected women, appropriate child survival interventions for HIV-infected children and nutrition counseling as well as pain and symptom management and support for adherence to OI medications and antiretroviral therapy (ART).

ACTIVITY 3: Monitoring and Evaluation (& Reporting)

The umbrella mechanisms will provide support to palliative care partners in monitoring and evaluation, in order to strengthen measurement of the implementation and impact of palliative care program activities, an eventual achievement of PEPFAR goals. M&E support of palliative care partners include: measurement of program progress; provision of feedback for accountability and quality; surveillance; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The management of service delivery programs under the umbrella grant mechanisms will contribute to the PEPFAR goals to provide treatment to 2 million HIV-infected people; prevent 7 million HIV infections; and provide care to 10 million people infected by HIV and AIDS, including orphans and vulnerable children.

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

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
USG in-country staff
Volunteers
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12348
Planned Funds:	$ 150,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to the entries for new umbrella grants management mechanisms under Prevention/AB (#9435), OVC (#9438), ARV Drugs (#9439) and ARV Services (#9441).

SUMMARY:

Currently, USAID/South Africa (USAID) supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including basic health care and support programs, through an umbrella grants management partner. In FY 2007, USAID will competitively identify at least two new umbrella grants management partners. The main purposes of these new umbrella organizations will be to: (1) to facilitate further scale-up of HIV and AIDS care services and (2) to develop indigenous capability, thus creating a more sustainable program. The emphasis area is Local Organization Capacity Development. Primary target populations are indigenous organizations. Pact was selected through APS 674-07-001 to conduct umbrella grant management. This Activity is split with three organizations: AED, Pact and FHI.

BACKGROUND:

Since 2004, USAID has obligated funds through an umbrella grant mechanism to over 30 partners and sub-partners in South Africa playing valuable roles in the fight against HIV and AIDS. These partners and sub-partners consisted of indigenous NGOs, FBOs, and CBOs. These partners and sub-partners were selected through the Inter-Agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition. The umbrella organizations will not themselves directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, who in turn carry out the assistance programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds are used for administrative purposes. In addition, in situations in which an umbrella organization provides significant technical assistance and management support to grant recipients, an umbrella may devote a reasonable percentage of overall funding to providing this support. USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG Departments, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments.

Under PACT, the existing umbrella grant mechanism, USAID is supporting 8 partners who provide HIV-related palliative care services to communities in all provinces. Palliative care activities have to date resulted in partners and sub-partners reaching over 80,000 individuals infected and affected by HIV and AIDS. Grants to palliative care partners support government clinics and hospitals with human resources including doctors, nurses, pharmacists, and counselors. These partners also work closely with new and established hospices to ensure hospice accreditation in accordance with national and global standards of palliative care. Palliative care services supported by partners include holistic; family-centered; clinical, psychological, spiritual and social care services for PLHIV and their families, supported by multidisciplinary teams at facility and community levels. During their partnership with PEPFAR, these providers will increase their reach two to three-fold. This scale-up requires strong financial, monitoring and evaluation, and management systems to accommodate growth in reach and maximize sustainability.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007, USAID/SA will re-compete the existing umbrella grant and identify at least two new grants management partners. USAID will continue to support existing palliative care partners through these new umbrella grants management partners. Funds budgeted under this narrative will support costs for administering, managing and facilitating technical support for the palliative care partners. Separate COP entries describe the palliative activities implemented by each partner. Institutional capacity building of indigenous organizations is a key feature of the umbrella grant mechanism and is designed

to promote the sustainability of care programs and organizations.

ACTIVITY 1: Grant Management

The umbrella mechanisms will award and administer care grants to partners selected through a USAID/PEPFAR APS competitive process to implement HIV and AIDS activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will develop and monitor palliative care program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on palliative care project development and implementation, financial management, monitoring and evaluation, and reporting. A key result includes the development and monitoring of palliative care implementation plans which track critical program achievements in palliative care related areas such as service delivery, training, policy development, technical assistance, planning and evaluation.

ACTIVITY 2: Capacity Building

The new umbrella mechanisms will support institutional and technical capacity building of indigenous organizations. (Capacity building activities are defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on external technical assistance and support.) The umbrella partners will support activities to improve the financial management, program management, quality assurance, strategic information (M&E) and reporting, and leadership and coordination of partner organizations implementing palliative care activities. The new umbrella mechanisms will also assess and facilitate critical palliative care technical support for partners such as technical trainings, program reviews, technical planning and sharing of lessons learned. Emphasis will be placed on partner implementation of evidence-based preventive care interventions which include OI screening and prophylaxis (including cotrimoxazole, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease, HIV prevention counseling, provision of condoms, referral for family planning services for HIV-infected women, appropriate child survival interventions for HIV-infected children and nutrition counseling as well as pain and symptom management and support for adherence to OI medications and antiretroviral therapy (ART).

ACTIVITY 3: Monitoring and Evaluation (& Reporting)

The umbrella mechanisms will provide support to palliative care partners in monitoring and evaluation, in order to strengthen measurement of the implementation and impact of palliative care program activities, an eventual achievement of PEPFAR goals. M&E support of palliative care partners include: measurement of program progress; provision of feedback for accountability and quality; surveillance; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The management of service delivery programs under the umbrella grant mechanisms will contribute to the PEPFAR goals to provide treatment to 2 million HIV-infected people; prevent 7 million HIV infections; and provide care to 10 million people infected by HIV and AIDS, including orphans and vulnerable children.

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

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
USG in-country staff
Volunteers
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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: Absolute Return for Kids
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12351
Planned Funds: $ 700,000.00
Activity Narrative: Plus up funds will be used by ARK to significantly expand palliative care activities in Kwa Zulu Natal and the Western Cape. The Western Cape has recently asked ARK to assist an additional 15 ART roll out sites.

Care activities will include improving a tracking system for all individuals who test positive but who are not yet eligible for treatment, utilizing the peer advocate model developed by ARK. ARK will also improve the monitoring of the time from eligibility to entry into an ART program. Wellness activities and CD4 staging will be made more widely available at the government sites assisted by ARK. In addition ARK will expand home-based care activities and care for the care-giver activities.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	22	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	90	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)

Coverage Areas

KwaZulu-Natal

Table 3.3.06: 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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12354
Planned Funds:	$ 500,000.00
Activity Narrative:	JHU partners providing a variety of different PEPFAR services, particularly on care and support, will further integrate these activities with CT and Prevention. Activity 1: Community mobilization--- Sub-grantees including the Lighthouse Foundation, Lesedi and Mutusimphilo would expand their care programmes to include additional support of prevention with positivies, stigma and discrimination issues and gender related concerns. Activity 2: Mass media support for community mobilization---South African Broadcasting Corperation through its television and radio programming, would include up to 6 hours a week of programming about the need to address the concerns of those people who are living with HIV/AIDS, their families and the need for communities to develop mechanisms to help support them. Particular emphasis will be given on citing local, community level, examples that can be replicated with a minimum of external resources by individuals within small communities.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	15	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	4,000	☐

Target Populations:

People living with HIV/AIDS

Public health care workers

Private health care workers

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	World Vision
Prime Partner:	World Vision South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12355
Planned Funds:	$ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity is linked with activities described in the OVC (#7634) program area. WVSA also implements an OVC Care and Support programs as a sub-partner through PACT in FY 2007. WVSA will partner with Hospice Palliative Care Association of South Africa to ensure OVC and household members can care for themselves.

With existing PEPFAR funding WVSA focus on six project sites, selected based on high HIV/AIDS prevalence, existing Area Development Projects (ADPs), existence of basic HIV/AIDS programs, and potential for community participation. In addition to establishing a program of Interpersonal Therapy for Groups for 417 HVs (Home visitors) and creating community conversations, the project will integrate psychosocial support and advocacy into all programming to ensure adequate care is provided for care givers and volunteers currently in WVSA OVC programs.

SUMMARY: WVSA is expanding OVC care activities by increasing the coverage, scope, and quality of services. Emphasis areas are community mobilization/participation, training, Interpersonal therapy, psychosocial support and development of linkages and referral systems. Target populations are OVC and their families, HVs, FBOs, volunteers and primary care givers.

BACKGROUND: WVSA is a non-profit organization established in 1967 working in 14 ADPs in six provinces of the country, reaching over 42,000 children with holistic development support. WVSA has already identified and is providing community-led support to 3, 850 OVC in these ADP's. With PEPFAR funding this number will be increased to 10,000 children by the end of the project. By working with community partnerships through their CCC model, WVSA enhances their ability to prevent, mitigate and alleviate the impact of HIV and AIDS. Care at the home and community level is a strategy within the South African Government Strategic Plan.

WVSA will continue to strengthen access to integrated services as a part of a comprehensive care package for PLHIV and their families in Free State, Limpopo and Eastern Cape provinces. The activities reinforce and expand services provided by CBOs and government care programs, such as basic hygiene, wound care, screening for pain and symptoms, nutrition assessment and support, spiritual support, spiritual care, psychological care and promotion of the HIV preventive care package. With FY 2007 funding, WVSA will further institutionalize the program within government and CBOs, while also expanding its reach. WVSA will emphasize capacity building and local skills transfer, and will also stress gender sensitivity in counseling and community outreach, promote couple counseling, and assist HBC programs to develop strategies to alleviate the care burden on girls. In all activities, WVSA will ensure quality of community-based services, and identify/apply lessons learned.

ACTIVITIES AND EXPECTED RESULTS:
Activity 1: Home based care program
The majority of care workers (home visitors/HVs) in OVC programs are women (over 70%) while two thirds of the adult beneficiaries of the current home care programs are also women. In many cases, care workers may also be recognized as traditional healers. WVSA will work to increase the involvement of men in care-giving. As part of psychosocial support trainings, care workers will engage men by focusing on such topics as family violence, anger management, fathering and parenting skills. A stipend provided to care workers and volunteers through the HBC program is an important source of household income. Regular financial training seeks to improve the capacity and economic advancement of care workers in the program. In addition to the psychosocial support training 417 HVs will be trained on Palliative Community caregiver training by Hospice according to the accredited National minimum standards for palliative care training on Palliative Care for Community Caregivers and Resilience in Children and Caregivers. Some of the core models include basic hygiene, psychosocial support and community care.

Trained HVs provide a minimum standard of care focusing on physical, psychological, spiritual and social interventions. In addition to sharing integrated HIV-related palliative care messages with HIV-infected individuals and their families, care workers will use a family centered approach to client assessment. Based on need, clients are referred to clinic or hospital for pain management, treatment of OIs, family planning or other issues as

observed. Clients are also counseled on prevention for positives and family member are referred for counseling and testing. Outreach to the community and referrals are part of the HBC activities. An additional key activity of care workers is monitoring of adherence to TB and HIV treatment. Elements of the preventive care package for adults and children are also included during interaction between the care worker and the client. Special emphasis during training will ensure HVs have a comprehensive understanding of referrals and linkages with other services, including linkages with health and social welfare sectors for grants, legal aid, micro-finance, spiritual support, CT, ARV's, and FP

Activity 2: Psychosocial support training
Identify and train supervisors and group leaders among home visitors. In districts where psychosocial support will be established, community group leaders will be trained to reach OVC, adults, and their households through psychosocial support groups. At each site qualified and trustworthy community members to guide support group activities will be identified. These community-based group leaders will lead weekly support sessions for the group members and conduct home visits to OVCs. At program outset, WV's Regional Psychosocial Advisor, based in Nairobi, will train supervisors as well as selected WVSA staff. The training curriculum is based on successful modules designed to address the particular needs of children and of adults, and will equip supervisors to train others in care of the carer. At all levels, care of the carer and wellness training will focus on psychosocial interventions, including assessment, basic counseling, group facilitation, and advocacy. Complementing health and nutrition lessons, training will ensure that all trainees are able to recognize general physical as well as psychosocial health problems associated with HIV/AIDS in children, and to make appropriate referrals to Child and Family Wellness clinics, Health Centers and PHC Centers as needed.

Support group meetings led by trained group leaders using interactive and participatory techniques will be held regularly with HVs and working with churches/FBOs, and CBOs, WV will invite community members to form psychosocial support groups. Group members will also be identified through assessment interviews and information provided by relevant community members. During these support group sessions, HVs and volunteers will learn to enhance coping skills to accomplish activities of daily living. Members will carry out tasks designed to enhance relationships and build self-esteem. Positive living is reinforced as group members develop emotional resilience. At the end of the project's first year, groups will be encouraged to continue meeting, with ongoing guidance from WV staff. The positive impacts of psychosocial support will extend to group members' households, and family members will benefit indirectly from the support group's first year of activities.

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

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	417	☐

Target Populations:

Support home based care activities including care for the caregivers program

Key Legislative Issues

Volunteers

Table 3.3.06: 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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12357
Planned Funds: $ 600,000.00
Activity Narrative: ACTIVITY 5:

NASTAD through its sub partners will train PLHIV in Eastern Cape, Free State and Northern Cape provinces to form and facilitate support groups for PLHIV in basic HIV care services. These services will range from acceptance of HIV status, disclosure, prevention with positives, and treatment of opportunistic infections (with a special focus on TB/HIV coinfection) to ARV and adherence. Elements of the impact of nutrition on HIV status will also be covered. NASTAD will foster twinning relationships between PLHIV groups in the US and South Africa. There will be an exchange of training programs, building capacity of local institutions to accredit and maintain these training programs, implement community wellness centres in each of the three provinces where these programs will be institutionalized with the support of local universities. The aim is introduce care for PLHIV as soon as they are diagnosed as HIV positive. It will serve to bridge the continuum of care from testing to treatment and end of life care.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	☐

Target Populations:

People living with HIV/AIDS

Key Legislative Issues

Twinning

Coverage Areas

Free State

Northern Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: African Medical and Research Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12360
Planned Funds: $ 200,000.00
Activity Narrative: Summary:
The African Medical and Research Foundation (AMREF) will strengthen capacity of South African district government departments, Child Care Forums (CCFs), NGOs and CBOs, and service providers to provide quality and accessible care and support for OVC and caregivers through training, mentoring, awareness-raising and advocacy for OVC.
Background: Under FY06, AMREF developed strong partnerships with key government and civil society stakeholders in both Limpopo (Sekhukhune district) and KwaZulu Natal (Umkhanyakude district). In these two particular districts, AMREF will expand its sub-grants with local CBOs (sub-grantees) and second-line partners (those who work are involved in the programme but have no grant agreement with AMREF for now) to provide a wellness program for caregivers.

Activity 1: Comprehensive Care for OVC
In addition to providing school fee exemption, psycho-social counseling, birth registration and social security grants, nutrition programmes, and lifeskills (HIV prevention messages, gender based violence (GBV) awareness), AMREF-trained community care workers and service providers will also provide comprehensive home based care. Care workers and providers will be trained to conduct basic health care needs assessments, provide first-aid and refer for clinical services that include screening, diagnosis, doctor consultations and treatment. Carers will linked with partner clinics and hospitals to ensure the provision of quality follow-up support for sick OVC. Carers will also engage and be linked to primary healthcare initiatives such as immunisation drives and preventive screening. AMREF will work with each of its partner Children's Drop in Centres, ChildCare forums, CBOS and NGOs including Home-Based Care Organisations to define and implement an appropriate home based care service package for vulnerabale families.

Activity 2: Wellness Programmes for Care Givers
The wellness model that AMREF will implement for for caregivers will empower caregivers and help them develop healthier lifestyles and enhance wellness in both the individual caregivers as well as their families. AMREF will also use the Plus-Up funding to conduct wellness programs, in collaboration with subpartners, for volunteer caregivers through facilitating linkage with the health care centres and Counselling and Testing centres (clinics/hospitals) to ensure that carers receive the non-clinical (psychosocial support, spiritual counselling, nutritional counselling) and clinical care (screening, diagnosis, doctor consultations, treatment, and follow-up care) required. AMREF will also work with the CBO partners and the health care centres to develop support groups to share coping skills and provide a support sytem for care givers.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	☐

Coverage Areas

Limpopo (Northern)

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	USAID GHAI
Prime Partner:	National Association of Childcare Workers
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12366
Planned Funds:	$ 250,000.00

Activity Narrative:

SUMMARY:
The National Association of Childcare Workers (NACCW) provides accredited child and youth care training to community members in order to provide holistic services to Orphans and Vulnerable Children (OVC) and their families. Funding will be used primarily in the emphasis area of training as well as for community mobilization, developing referrals and linkages, and conducting needs assessments. Primary target populations are OVC, HIV-infected
families and their caregivers, and community organizations.

BACKGROUND:
NACCW is the only South African non-government organization focusing on the provision of specialized and professional training in child and youth care. Over the past five years NACCW has developed the Isibindi Model, a community-based program that trains unemployed community members in an accredited child and youth care course and provides an integrated child and youth care service to child headed households and vulnerable families through partnerships between NACCW and community-based organizations. The plus up funding will be used to expand the program to provide basic palliative care to sick OVC and their family members.

ACTIVITY 1: Clinical Services for OVC and their families
CYCW will provide information on clinical services and refer OVC and their families for diagnosis, screening and accessing treatment services such as TB or ARV treatment. CYCW will regularly follow up to ensure that services are accessed and to provide adherence support for adults and children on treatment. CYCW will be capacitated to identify children requiring clinical services or hospitalization and to provide referrals to children and family members. NACCW will ensure each Isibindi site is linked to a network of clinical care services and providers.

ACTIVITY 2: Psychological/Social Services for OVC and their families
CYCW will assist OVC and their families with a range of social and psychological services. This will include providing information on and assisting caregivers to access disability grants and other forms of economic support. CYCW will also provide family counseling and assist with succession planning. This will include ensuring caregivers have wills, making arrangements for the care of children, ensuring children have birth certificates and identity documents and providing support for disclosure. CYCW will provide bereavement support and counseling and refer family members to social workers and other support services. CYCW also ensure that families live in hygienic and safe home environments and assist family members to maintain their households.

ACTIVITY 3: Training of CYCW
CYCW in 23 Isibindi projects will be trained by Bigshoes on a 5-day program focusing on providing palliative care services to OVC and their families or caregivers with the aim of delaying orphanhood. This will include providing referrals to clinical services and providing social and psychological services designed to support family caregivers and sick OVC. Regular mentorship will ensure that CYCW are able to implement the services and provide quality care and support to OVC and their families.

ACTIVITY 4: Care for Caregivers
NACCW will contract the services of registered therapists to provide support to CYCW in all 23 Isibindi sites. The purpose of this intervention is to deepen the CYCW relationship with themselves, thereby facilitating deeper and more sustainable relationships with their clients. The less they are burdened by their personal feelings and stories, the more emotionally available they will be for their clients. They should also begin to develop a healthy discrimination for appropriate levels of involvement with their clients. The support will include debriefing sessions, workshops and individual counseling in a structured six month program. It is anticipated that this intervention will reduce burn out, psychosomatic symptoms among CYCW, increase the quality of services provided and improve the long-term sustainability of the program.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	23	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,979	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	299	☐

Target Populations:

Disabled populations
HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Widows/widowers

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Western Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12371
Planned Funds: $ 280,000.00
Activity Narrative: EngenderHealth will use plus up funds to provide HIV related palliative care through the men as partners networks to HIV infected individuals and their families. They will utilize both static and mobile models that are in place for men as partner activities and counseling and testing activities to expand services for care. EngenderHealth will focus on keeping those who test positive in wellness programs and will link these people to CD4 staging services and ART. Tracer systems developed by other PEPFAR partners will be used to ensure that those testing positive will initiate ART when they become eligible.

Targets

Target	Target Value	Not Applicable
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		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	90	☐

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: $ 24,272,000.00

Program Area Context:

The scale of the HIV-related TB epidemic in South Africa is staggering. TB is the leading cause of death in HIV-infected individuals and HIV accelerates the TB epidemic. South Africa has one of the highest estimated TB rates in the world, ranking 5th among high burden countries. According to provisional data, in 2005 there were more than 285,000 reported cases of TB, a rate of 608 per 100,000 population. The real prevalence is unknown but is estimated to be much higher. 58% of TB patients in South Africa are co-infected with HIV. According to provisional results for the 2004 cohort, treatment outcomes showed little progress; the cure rate for new smear positive cases was 56.4% and the overall successful completion rate was 72.2%. Rates of default from treatment were still high at 11.6%.

South Africa adopted the DOTS Strategy in 1996 and most districts have now implemented the core DOTS components. In 2006 the South African Government (SAG) developed the TB Crisis Plan. This plan focuses on social mobilization and multi-sectoral engagement and initially targets three provinces and four districts with high caseloads and unsatisfactory performance.

Government investment in TB control is significant; however, due to the decentralized nature of funding channeled through the provincial treasuries, the National TB Control Program (NTCP) is unable to quantify the amount of resources that are committed to TB control.

In acknowledgement of the burden of TB/HIV, the SAG Comprehensive Plan for HIV and AIDS Care, Management and Treatment espouses the integration of TB and HIV services as essential to ensuring that patients co-infected receive appropriate care and treatment. USG efforts in mitigating the impact of TB/HIV are consistent with the National Department of Health (NDOH) as well as the WHO Framework which highlights the need for integrated programming, decreasing the burden of TB among people living with HIV (PLHIV) and decreasing the burden of HIV among TB patients.

In FY 2006, the USG strategy to expand TB/HIV services was two-pronged: 1) line item TB/HIV funding for specific TB/HIV interventions and 2) embedding TB-related activities within PEPFAR partners' core activities. For example, screening for TB signs and symptoms in treatment sites is now standard of care.

A joint monitoring review of the NTCP took place in October 2005. Among the key findings was that there was insufficient planning and coordination in the development and implementation of joint action plans across TB and HIV program staff and that technical guidelines are often poorly implemented. USG efforts bolster the SAG capacity to address challenges related to TB/HIV coordination. USG partners work in all provinces to strengthen mechanisms of collaboration.

South Africa was awarded Round 2 funding by the Global Fund. The agreement was signed and the project started in January 2006 after having been delayed by administrative processes. Implementation has been slow and barriers remain in recruiting a project manager and for the tender process for the training component. In the interim, Belgian Technical Cooperation (BTC) has appointed a temporary project manager to facilitate the implementation process. Other major donors supporting TB/HIV activities in South Africa include The Bill and Melinda Gates Foundation, which is funding community-based trials of new strategies to combat TB in high HIV prevalence settings, and BTC (as above), which provides infrastructure and personnel support for expansion of the TB/HIV training.

The 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 counseling and testing, HIV care, wellness and ART) among TB patients was implemented in several sites in KwaZulu-Natal and this model is being replicated in additional provinces.

TB/HIV surveillance efforts included enhancements in the electronic TB register (ETR.Net) software to

include the ability to measure TB treatment outcomes by HIV status. An assessment of TB/HIV data collection tools took place and it is hoped that these results will help reduce barriers to more widespread TB/HIV surveillance. Efforts to bolster TB screening among clients of HIV services are less advanced and hampered by a lack of consensus on appropriate screening tools and deficiencies in the national health information systems which make these data unreliable.

Resources were provided to adapt and replicate a successful stand-alone counseling and testing model to services where TB patients are diagnosed and treated. Ongoing activities also aim to provide additional technical and financial resources for provincial and district health management teams to increase the effectiveness of referral networks between TB and HIV services and to improve the mechanisms of TB and HIV program collaboration. USG continues to support the development of a National TB Reference Lab as a key activity aimed at improving diagnosis of TB among PLHIV. Public-private partnerships will continue to expand access to TB/HIV services, including cotrimoxazole preventive therapy (CPT), expansion of access to ART and, on a limited basis, isoniazid preventive therapy (IPT) among PLHIV, all critical interventions in the integration of patient care.

Emerging concerns about the interaction between TB, HIV and drug resistance came to the fore in 2006. Efforts to better understand the extent of these threats and to control them have already begun and will be accelerated in 2007.

The USG is also supporting several targeted evaluations to identify improved methods to diagnose TB in HIV co-infected patients, enhance screening for TB in HIV CT and care settings, and improve referral networks between HIV and TB services.

In FY 2006, $6 million was invested in TB/HIV-related activities; approximately 6% of the country USG budget. In keeping with OGAC guidance to expand TB/HIV programming, close to $14,000,000 is requested in FY 2007. This excludes funds allocated to other TB-related line items (e.g. TB lab support, ART in TB settings, etc). Twenty-two partners are anticipated to be active in TB/HIV services.

Key constraints to effective TB/HIV collaboration are linked to both broad institutional factors as well as SAG-specific policy. These include:
1. Human resource constraints at district and facility levels;
2. Seperation of the TB and HIV and AIDS programs in the NDOH;
3. TB services are provided at the primary health care level and HIV and AIDS care services are usually hospital-based;
4. Emerging threat of multi-drug resistant TB (MDR-TB), extreme drug resistant TB (XDR-TB), with evidence of facility and community transmission;
5. The MDR-HIV interaction threat in the context of large-scale HIV care and treatment program;
6. Program approaches and cultures of TB and HIV programs inhibit effective collaboration.

The USG attempts to ameliorate these challenges via ongoing efforts to ensure that barriers to TB and HIV program collaboration are reduced and through frequent and persistent communication with the NDOH. Also, to ensure sustainability, USG works closely with the Department of Health at all levels to develop policies and build the capacity of service providers. Training of trainers and on-the-job training is also implemented. Because of staff rotation at service provider level, USG has embarked on training all service providers to ensure skill retention. TB/HIV programming will continue to receive priority attention in FY 2007.

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1,538
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	114,743
Number of HIV-infected clients given TB preventive therapy	2,525
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	10,321

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Africare
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7281
Planned Funds:	$ 150,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Africare's TB/HIV activities are integral to Basic Health Care & Support (# 7278), CT (#7279), and ARV Services (#7277). They are also linked to AB (#7280) and Other Prevention activities (#7920).

SUMMARY:

Africare's Injongo Yethu Project will continue to encourage identification of HIV infection among TB clients, and TB disease detection and management among HIV clients. Major emphasis is on local organization development of clinics in the Hewu Hospital catchment area in the Eastern Cape and the feeder clinics for Frontier Hospital and Glen Grey Hospital. Emphasis of project interventions is also on training, monitoring and evaluation support through information technology development (the ARV and HIV electronic register) and developing supportive supervision.

BACKGROUND:

This is an ongoing activity that has received some support for training of nurses in TB and HIV care and an orientation of Service Corps Volunteers on the frequency of HIV infection among TB clients. Testing of TB clients has increased, but in many clinics is poorly documented in the counseling and testing program (better documented in the TB program records). Implementation of TB prophylaxis guidelines for HIV-infected clients in the Eastern Cape has been put on hold by the Eastern Cape Department of Health (ECDOH). Health workers express frustration and difficulty in diagnosing TB in HIV-infected patients who are sputum negative.

ACTIVITIES AND EXPECTED RESULTS:

Activities will focus on providing tools and mechanisms to improve the quality of home- and facility-based management of TB screening and management in HIV-infected clients, and HIV screening and management for clients on TB treatment. Tools for monitoring and supportive supervision will also be provided.

ACTIVITY 1: Improve HIV Testing Rates of TB Clients

The project will support development of a standard client HIV education flip chart for TB clients similar to the CDC-supported antenatal care (ANC) counseling guide that achieved much success in Botswana. Nurses from 10 clinics will be recruited to field-test the flip chart and the counseling routine and note any effect on HIV testing among TB clients. Nurses will be encouraged to offer counseling both at the initiation of TB therapy and after the two-month intensive treatment phase to clients who had declined testing at initiation.

South African Government DOTS supporters from selected clinics will be provided with additional basic HIV and AIDS training, particularly for those not recently trained or provided with an update and refresher course. The flip chart piloted by clinics will be made available to DOTS supporters from the same clinics in order to further encourage HIV testing among the TB clients.

ACTIVITY 2: Improve TB Screening Among HIV Clients

A simple TB screening tool that is piloted by Catholic Relief Services (CRS) with support from CDC and FY 2006 PEPFAR funding will be used for further field testing in Lukhanji or Emalahleni Local Service Area. Selection will be based on the response from the TB and HIV coordinators of the LSA. The project will support the implementation of this screening too if protocols are disseminated by the ECDOH for skin testing in preparation for prophylaxis.

ACTIVITY 3: Training and Capacity Building

To ensure effective integration of TB and HIV care, doctors and nurses from Hewu Hospital, Sada CHC, Frontier Hospital and Glen Grey Hospital will be prioritized for updated training on TB and HIV co-management, using recent WHO materials. Training for doctors

will be open to 20 local general practitioners.

Routine technical information packets of information from e-newsletters, tools and guides from PEPFAR partners, publications from USG cooperating agencies, such as WHO and the AIDS Vaccine Bulletin will be collated and distributed to the doctors, HIV service managers and nurses in ARV clinics. The project will subscribe to newsletters and training materials from various membership organizations on behalf of the health care providers at the three hospitals. .

ACTIVITY 4: Strengthen Organizational and Supervisory Support for TB and HIV Integration

The project will support the Chris Hani District HIV, AIDS, STI, TB (HAST) committee to create objectives and a standing agenda item for monitoring progress toward integration of TB and HIV services.

Sections of the Clinic Supervisor's Handbook will be updated to facilitate the capacity of general clinic supervisors to support integration of the two program services at primary health care clinic level.

ACTIVITY 5: Ensure and Monitor Cotrimoxazole Therapy Implementation

Cotrimoxazole therapy is widely given to HIV clients, but the effects are not routinely monitored. To ensure that all appropriate clients benefit from cotrimoxazole, relevant data elements will be included in the HIV patient electronic register and therapy will be included in the algorithms as will the proposed HIV client care plans.

ACTIVITY 6: Effective Monitoring of TB and HIV-infected Patients

The flow of information and documentation of information between services to HIV-infected and TB patients will be assessed for bottlenecks and potential for losing follow-up of clients, to ensure that all TB and HIV-infected patients are effectively monitored in terms of their co-morbidity. Africare will collaborate with another PEPFAR partner, QAP to capitalize on, and to reinforce, principles and processes of quality assurance that will allow facility teams to uncover their local constraints and to plan solutions.

ACTIVITY 7: Support to TB Clients as Potential or Diagnosed HIV Clients

TB clients will be informed of, and welcomed to the new HIV support groups at the clinics. It is understood that some TB clients are not ready to be tested for HIV and might find support to do so in the group.

Africare's TB and HIV support contributes to PEPFAR's goal of 10 million people receiving care.

Continued Associated Activity Information

Activity ID:	3752
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Africare
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement 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 service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	34	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	350	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	73	☐

Target Populations:

Adults
Doctors
Nurses
People living with HIV/AIDS
Volunteers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Eastern Cape

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:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7298
Planned Funds:	$ 500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Aurum Health Research (Aurum) TB/HIV program is part of a comprehensive HIV care and treatment program that includes CT (#7299), Basic Health Care & Support (#7300), ARV Drugs (#7297) and ARV Services (#7296).

SUMMARY:

Aurum's TB/HIV program aims to integrate HIV care with TB prevention and treatment. This integration is planned at all the HIV treatment sites which include general practitioners' clinics and community clinics throughout the country. In addition, Aurum plans to improve TB/HIV integration at Chris Hani-Baragwanath Hospital in Gauteng, and to include TB/HIV integration in the mobile counseling and testing clinics in the Matlosana area in North West province. Emphasis areas include human resources, infrastructure, commodity procurement, logistics, quality assurance and training. The primary target populations are people living with HIV (PLHIV), HIV-infected children, prisoners, homeless people and street youth.

BACKGROUND:

The main focus of the Aurum program in the public, private and NGO sector is to provide HIV care and treatment to a large number of persons in a cost-effective standardized manner ensuring a high quality of counseling, patient care and patient monitoring. The model is centrally coordinated and designed to be implemented on a large scale where the peripheral sites are in resource-constrained settings and lack HIV specialists, information technology (IT) infrastructure, and laboratory and pharmacy capacity. Aurum has developed a centralized system of support which includes the following: (1) training of all levels of healthcare workers to ensure capacity building of clinicians to manage patients in resource-poor settings with remote HIV specialist support; (2) provision and maintenance of guidelines for HIV preventive therapy (including INH and cotrimoxazole), treatment of adults and children, prevention of mother-to-child transmission and voluntary counseling and testing; (3) clinical and administrative support through site visits by staff involved in psychological support, training, clinical support and monitoring data management system; and (4) centralized distribution of medication and laboratory testing.

This program will supplement the South African government ARV rollout plan and therefore the program adheres to national guidelines and protocols.

This is a new activity that has not been funded by PEPFAR before FY 2007, although Aurum has received PEPFAR funds for other activities such as TB preventive therapy described in the FY 2006 COP under palliative care. In most areas, clients are referred to the public health clinics for definitive diagnosis and treatment of TB. Aurum is initiating a program where healthcare workers at sites are able to diagnose TB patients using algorithms and guidelines that are in line with the South African Department of Health (NDOH). Healthcare workers then refer patients to public sector clinics for treatment. In addition, patients who test HIV positive under the counseling and testing program will be screened for TB.

ACTIVITIES AND EXPECTED RESULTS:

There are three main activities in this program area.

ACTIVITY 1: TB Preventive Therapy for HIV-infected Individuals

CD4 count testing is done 6-monthly or 3-monthly in patients with CD4 above or below 350 respectively. Patients are given TB preventive therapy with 300mg isoniazid taken daily for 6 months after exclusion of TB, repeated every 2 years. Aurum expects that a minimum of 10% of all palliative care patients will require TB preventive therapy. This integration will be implemented at all the HIV treatment sites run by general practitioners and community clinics throughout the country. Sites include the Metro Evangelical Services Clinic, which provides services for the homeless population and street youth of Hillbrow, Johannesburg, and the Medical Research Council (MRC) sites, providing care primarily to women. Aurum's sites are located primarily in Gauteng, North West and

KwaZulu-Natal. There are sites in all the other provinces but only one site in each of Northern Cape and Western Cape.

ACTIVITY 2: Diagnosis and Treatment of TB in the HIV-infected

When initiating the ARV program or the palliative care program, a symptom screen and a chest radiograph will be done on each patient. At each clinic visit, there is symptom screening by trained nurses. Guidelines for screening tuberculosis will be followed and monitored.

In addition, in the Matlosana District, North West Province, Aurum plans to deploy two to three mobile vehicles which will expand the counseling and testing services. The mobile units will also be used to screen all HIV-infected patients for TB. Aurum has provided for the mobile clinics in the COP (infrastructure in the emphasis area for this activity). Aurum plans to evaluate the effectiveness of screening mechanisms for TB and whether they are in place at Tshepong Hospital, a large public sector facility in the North West.

ACTIVITY 3: HIV Counseling and Testing for TB Patients

Aurum will provide support to provide TB/HIV integration services at the Chris Hani-Baragwanath Clinic, a large government hospital in Gauteng. Aurum will employ a nurse and counselor who will provide HIV counseling and testing to all TB patients and ensure referral of those who test positive to the HIV clinic. In addition, Aurum will develop a data system that will assist in ensuring successful incorporation of these patients in the HIV care program.

PEPFAR funds will be used to strengthen the TB/HIV integration input at Chris Hani-Baragwanath clinic, by hiring two staff members to manage the data. In addition, funds will be used to pay for all the screening services i.e. x-rays, TB smears and TB cultures where appropriate.

Aurum's TB/HIV activities contribute to the PEPFAR goal of 10 million people receiving care.

Continued Associated Activity Information

Activity ID:	2914
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Aurum Health Research
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	108	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,554	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1,866	☐

Target Populations:

Street youth
Orphans and vulnerable children
People living with HIV/AIDS
Prisoners
HIV positive infants (0-4 years)
HIV positive children (5 - 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

Eastern Cape

Western 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:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7305
Planned Funds:	$ 1,700,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Columbia University's Track 2 activity is part of a comprehensive program that receives both Track 1 and Track 2 (South Africa) funding. Columbia University's Track 1-funded submission includes ARV Services (#7964). Track 2 activities include Basic Health Care & Support (#7304), TB/HIV (#7305), CT (#7306), ARV Drugs (#7303) and ARV Services (#7302).

SUMMARY:

Activities are carried out to support implementation and expansion of best-practice models for integration of tuberculosis (TB) and HIV services in public sector facilities in the Eastern Cape and KwaZulu-Natal. TB/HIV activities are implemented through technical assistance and will result in a decrease of the burden of TB in HIV-infected children and adults, increase prevention and early detection of TB in HIV-infected children and adults, and provide overall support to provincial TB/HIV activities. The major emphasis area for this program will be human resources, with minor emphasis on linkages with other sectors and initiatives, quality assurance and supportive supervision, strategic information and training. The target population will include infants, children and youth (non-OVC), men and women (including pregnant women and family planning clients), people living with HIV (PLHIV) and healthcare workers in the public and private sectors.

BACKGROUND:

Columbia University (Columbia), with PEPFAR funds, began supporting TB/HIV integration activities in FY 2006. Health facilities that were initially identified in the Eastern Cape included three TB hospitals, namely Nkqubela, Fort Grey and Empilweni Hospitals and eight HIV care and treatment sites: Holy Cross, St. Patrick's, Rietvlei, Cecilia Makhiwane, Frere, Dora Nginza and Livingstone Hospitals and the Ikhwezi Lokusa Wellness Center. In the TB hospitals inpatients are counseled and tested for HIV, initiated on cotrimoxazole prophylaxis if they are found to be HIV-infected and if they are eligible, started on antiretroviral treatment (ART). On discharge from the TB hospitals, patients are linked to primary health clinics or the nearest facility where they can access HIV and TB treatment services. Patients from Empilweni TB hospital are referred to any of the seven primary health clinics in Port Elizabeth.

In FY 2006, Columbia began supporting the training of nurses, doctors and lay health workers on TB/HIV integration in both programmatic and clinical aspects: active TB case finding in the HIV-infected patient, ART for eligible TB/HIV co-infected clients, and taking advantage of existing referral services to provide comprehensive HIV support. In FY 2007 Columbia will continue to support the implementation of these activities in these three TB hospitals and eight HIV care and treatment sites. In addition, in FY 2007, Columbia will form a new partnership with Yale University AIDS Program in support of TB/HIV integration activities in Tugela Ferry, KwaZulu-Natal. Tugela Ferry is a small rural village in the uMsinga area of the uMzinyathi district; one of the three poorest districts in KwaZulu-Natal. Since 2001, Yale University has been involved in projects that expand access to ART in TB/HIV co-infected patients in KwaZulu-Natal.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Nkqubela, Empilweni and Fort Grey TB hospitals in the Eastern Cape

Activities will include:
1. Provide ongoing TB/HIV clinical support by conducting didactic and onsite TB/HIV training for doctors, nurses and lay health staff to improve knowledge and practice around managing TB/HIV co-infected patients. Provide clinical mentorship through case presentations and discussion that will include topics on initiating ART, drug-to-drug interactions, managing side effects of ART, treatment failure and adherence to ART and TB treatment.
2. Recruitment and placement of health staff needed to efficiently deliver TB/HIV services at these facilities. Columbia will continue to support the hiring and placement of doctors, nurses, and peer educators so as to improve uptake of HIV counseling and testing and to increase enrollment of TB/HIV co-infected patients into ART.

3. Provide technical support for monitoring and evaluation (M&E) activities by continuing to support the implementation of a system to track/monitor referrals and patients between HIV and TB programs. This activity includes training and use of the pre-ART and ART facility registers. In FY 2007, in collaboration with the Eastern Cape Department of Health, Columbia will assess the flexibility of the electronic TB register (ETR.Net discussed in Activity #7365) with a view to implementing a HIV module that will link HIV testing and service data to the routine TB recording and reporting system.

ACTIVITY 2: HIV Care and Treatment Sites

Activities in the eight HIV care and treatment sites will be focused on strengthening:
1. TB case finding among clients enrolled into HIV care and ART.
2. Referral linkages with the TB program to initiate TB therapy for those in HIV care and/or ART.

ACTIVITY 3: Yale University Partnership

Columbia will partner with the Yale University to develop the following services at the Church of Scotland Hospital (COSH), Tugela Ferry (KwaZulu-Natal):
1. Increase HIV counseling and testing (CT) of clients accessing TB services in the COSH. This will be implemented through the introduction of various models of provider-initiated CT at the TB treatment programs (drawing on experiences from other settings) that is inclusive of training of TB treatment staff in HIV CT, training in HIV pre- and post-test counseling with establishment of strong linkages to laboratory HIV diagnostic services, and training of TB treatment staff in the referral of TB patients to CT services.
2. Prevent the development of multidrug-resistant tuberculosis (MDR-TB) cases by strengthening the existing TB DOTS program and integrating with HIV treatment program.
3. Prevent nosocomial transmission of MDR-TB and extreme drug-resistant tuberculosis (XDR-TB) by instituting infection control practices.
4. Implement a MDR-TB treatment program.
5. Screen for active TB among HIV-infected patients, accomplished through the development and implementation of simple, routine, standardized screening questionnaires and/or algorithms which could be used by all types of healthcare workers followed by standardized follow-up and diagnostic algorithms of TB suspects and supported by the introduction of effective recording and reporting systems for these activities.
6. Standardize protocols to evaluate and treat co-infected patients with both TB and ART and provide patients with home-based treatment support programs.
7. Conduct a targeted evaluation of the TB/HIV program consisting of baseline data and a repeat evaluation after one year.

By providing palliative care TB/HIV support to TB/HIV co-infected persons in Eastern Cape and KwaZulu-Natal, Columbia's activities will contribute to the realization of the PEPFAR goal of providing care to 10 million people. These activities will also support efforts to meet HIV and AIDS care and support objectives outlined in the USG Five-Year Plan for South Africa.

ACTIVITY 4: ICAP will implement a field-based infection control demonstration project in Motherwell Community Health Centre, Nelson Mandela Bay Metro and Cecilia Makiwane Hospital Amathole District. The goal of the project is to develop and evaluate innovative approaches focused on minimizing source infectiousness to minimize the risk of nosocomial M. tuberculosis transmission.

Continued Associated Activity Information

Activity ID:	3320
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Columbia University Mailman School of Public Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,400,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement 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 service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,190	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	305	☐

Target Populations:

Adults
Family planning clients
Doctors
Nurses
HIV/AIDS-affected families
Infants
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

KwaZulu-Natal

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:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7365
Planned Funds:	$ 2,040,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity is in support of the National Department of Health (NDOH). CDC carries out additional activities in support of NDOH, including in the PMTCT (#7369), AB (#7966), TB/HIV (#7365), CT (#7366) and SI (#7364) program areas. Together, these activities provide HIV and AIDS programmatic support to NDOH and supplement its ongoing program.

BACKGROUND: The ETR.Net is the software application conceived, developed, and managed by the NDOH National TB Control Program (NTCP) and reflects program-defined needs and inputs. This has been developed by WamTechnology CC, a South African private information technology firm. Funding for this activity supports a CDC direct hire for programmatic management and oversight and a locally employed staff (LES) coordinator for TB/HIV surveillance technical assistance.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: TB/HIV Surveillance. All TB patients are recommended to receive provider-initiated, diagnostic HIV testing and counseling. Implementation of these recommendations entails the addition of HIV testing and follow-up data elements to the national TB recording and reporting system. An assessment of the TB/HIV forms in ETR.Net in early 2006 demonstrated that healthcare workers widely accept the importance of these data and that the availability of standard tools and forms helped drive routine offer of these services.WamTechnology works with CDC South Africa and the NTCP to develop software and provide support for the ETR.Net. The ETR.Net was successfully deployed by the NTCP to monitor key TB indicators in all nine provinces of South Africa. This software has been modified to track HIV testing and care services among TB patients. The TB/HIV module has been field tested in one district in North West province and the Cape Metropolitan area. Expected results include strengthening of TB/HIV recording and reporting system to include patient-level data collection on TB/HIV (TB patients counseled and tested for HIV, started on cotrimoxazole (CTX), referred for HIV care and starting antiretroviral treatment (ART)). This will in turn be used to bolster referral systems between services leading to more comprehensive care for TB/HIV patients.The ETR.Net is one tool in a package that USG supports and includes the following components:

(a) Needs Assessment to prepare for TB/HIV training.

(b) TB/HIV Surveillance Training Course (4 days).

(c) TB/HIV Surveillance Training Roll-out (one-day sessions).

(d) Follow-up evaluation of HIV testing of TB patients.

The M&E package will be combined with another CDC-GAP training package, How to

Incorporate HIV Diagnostic Counseling and Testing into TB Clinics, to ensure increased

delivery of routine HIV testing in TB patients. 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.

ACTIVITY 2: TB/HIV integration - Screening. With support from the NDOH, funds will expand the model for TB/HIV integration in Eastern Cape Province to include rural and areas hardest to reach. Replication of TB/HIV integration activities using the existing model implemented in this province through AMREF can expedite this implementation and assist South Africa with the expansion of screening and referral methods for TB/HIV integration.

ACTIVITY3: Improving MDR and XDR-TB reporting and surveillance systems. With support from the NDOH, funds will be used to respond to technical assistance requests from the SA National Health Laboratory Systems (NHLS). NHLS currently maintains a large data warehouse (DW) that is used to extract laboratory data from existing NHLS laboratory information systems (LIMS). This system requires strengthening and NHLS is actively working to improve the capacity and utility associated with this system. The currently proposed funds would be used to provide TA to assist in development of systems that

would improve the management and reporting of MDR and XDR-TB cases, data mining activities, and surveillance analysis from the NHLS DW.

ACTIVITY 4: Surveillance system of MDR/XDR. In collaboration and with support from the NDOH, funds will be used to develop an electronic surveillance system for MDR/XDR TB surveillance data collection (patient and laboratory data sources), reporting, and analysis and to ensure timely surveillance of MDR/XDR cases in South Africa.

ACTIVITY 5: TBHIV integration - Treatment and Management. In collaboration with the NDOH, implement field-based DOT program in 2 districts with high default rates. Efforts would include treatment monitoring in addition to patient tracking and management using Community health care workers. Project would be evaluated and compared to other DOT models.

ACTIVITY 6: TBHIV Strategic Plan. Funds will be used to support the development of a TB/HIV strategic plan for South Africa PEPFAR Partners. The purpose of the plan will be to develop a forward plan for TBHIV activities within the SA PEPFAR TBHIV portfolio, linking activities to Gates/WHO/OGAC TBHIV plan as well as SA NDOH TB Strategic plan.

Continued Associated Activity Information

Activity ID:	3045
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Department of Health, South Africa
Mechanism:	CDC Support
Funding Source:	GHAI
Planned Funds:	$ 600,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	900	☐

Target Populations:

National AIDS control program staff

People living with HIV/AIDS

Policy makers

Other MOH staff (excluding NACP staff and health care workers described below)

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: National Department of Correctional Services, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7379
Planned Funds: $ 400,000.00
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is part of a comprehensive range of services provided by the Department of Correctional Services. Programs are described in Other Prevention (#7373), Basic Health Care & Support (#7374), CT (#7376), ARV Services (#7378), TB/HIV (#7379) and SI (#7375).

SUMMARY:

PEPFAR funds will be used by the National Department of Correctional Services (DCS) to train professional nurses in the management of tuberculosis (TB) and patients who are on the antiretroviral treatment (ART) program. The major emphasis of this activity will be training, with minor emphasis on community mobilization and participation; development of network/linkage/referral systems; information, education and communication; linkages with other sectors and initiatives; and local organization capacity development. The populations will include men and women of productive age, people living with HIV (PLHIV) and their caregivers.

BACKGROUND:

This is an initial project. Currently there are about 635 professional nurses in the DCS. This project will train about half of them to provide on-site primary healthcare services in the management of TB and for patients who are on ART. South Africa has a fairly extensive and mobile correctional center population. Overcrowding in Correctional Centers creates ideal conditions for the transmission of communicable diseases such as TB.

ACTIVITIES AND EXPECTED RESULTS:

It is proposed that 317 professional nurses be trained in effective management of infectious and communicable diseases (TB, HIV and AIDS). Weakened immune systems in infected individuals have resulted in a large population requiring care and follow-up for conditions such as TB, HIV and AIDS. Lack of adherence and lack of quality and consistent care has resulted in many persons developing multi-drug resistant TB and complications of HIV disease. Therefore, an effective palliative care strategy is required for persons co-infected with HIV and other opportunistic infections. Training professional nurses will equip them with skills and knowledge to manage offenders with TB and those who are on antiretroviral (ARV) drugs. Training will include comprehensive palliative care including adherence to TB drugs, adherence to ARV, nutrition, support and prevention messages. Training will also incorporate some of the International Management of Adult Illnesses protocols developed by WHO.

This activity contributes to the Comprehensive Program for Offenders in DCS. This activity will contribute to both the vision outlined in South Africa's Five-Year Strategy and to the 2-7-10 goals training professional nurses to manage infectious diseases such as TB/HIV.

Continued Associated Activity Information

Activity ID: 6544
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Department of Correctional Services, South Africa
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 500,000.00

Emphasis Areas	% Of Effort
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	48	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,000	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	371	☐

Target Populations:

Nurses
People living with HIV/AIDS
Prisoners

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:	QAP
Prime Partner:	University Research Corporation, LLC
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7430
Planned Funds:	$ 775,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This University Research Co., LLC / Quality Assurance Project (URC/QAP) in the TB/HIV (#7430) activity is linked to activities in PMTCT (#7431), Basic Health Care & Support (#7429), Counseling and Testing (#7432) and ARV Services (#7428).

SUMMARY:

University Research Co., LLC / Quality Assurance Project (URC/QAP) will work with the Department of Health (DOH) through training, mentoring and introduction of quality assurance (QA) tools/approaches to improve the quality of services for Tuberculosis/HIV (TB/HIV) co-infected patients in 80 DOH health facilities in 5 provinces. The essential elements of Quality Assurance support include technical compliance with evidence-based norms and standards, interpersonal communication and counseling and increasing organizational efficiency The major emphasis area for this activity is quality assurance/supportive supervision with minor emphasis on development of network/linkages/referral systems, training and needs assessment. The activity targets public health workers, NGOs and community leaders, program managers, volunteers and People Living With HIV (PLHIV).

BACKGROUND:

Since 2001, URC/QAP has worked with the DOH to improve the quality of TB services. A number of challenges continue to hamper the TB/HIV program, including provider knowledge and skills about TB, poor access to laboratories and supervision. The rising TB burden in South Africa (SA) is further complicated by an escalating HIV incidence. These dual epidemics necessitate the development of creative strategies to address TB/HIV as a single entity and develop suitable service delivery models. URC/QAP will assist 85 health facilities in 5 provinces to improve screening, referral, treatment, and follow-up of PLHIV to identify those co-infected with TB in line with NDOH standards and guidelines. URC/QAP will assist facilities offering HIV services to better integrate TB screening and treatment services into their programs URC/QAP will also provide small grants to selected local Community-based Organizations/Home-based Organizations (CBOs/HBOs) to integrate TB screening, referral and follow-up into their home-based care programs for PLHIV.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Establish Facility-Level Quality Improvement Teams

URC/QAP will work with each facility to identify core teams representing TB and HIV service providers as well as other staff. These teams, with support from URC/QAP coordinators and district staff, will be responsible for implementing facility plans for improving access to TB screening, treatment and follow-up among PLHIV. Each facility team along with URC/QAP staff will conduct rapid ongoing assessments to identify and address quality gaps in current services for screening, treating and following up of PLHIV for TB. URC/QAP will assist the facility teams in the 5 provinces to increase HIV counseling and testing (CT) for TB patients, utilizing various models for CT, including provider-initiated CT with opt-out option. URC/QAP will assist teams in developing a strategic plan for improving access to quality TB services for PLHIV at all levels, including provision of cotrimoxazole prophylaxis for co-infected HIV/TB patients. URC/QAP will facilitate linkages to ARV treatment for eligible clients by training facility staff on the NDOH National guidelines; and training facility staff in QA methods specific to TB and HIV; designing with facility staff referral improvement plans, including strengthening networks with CBOs/HBOs to improve referral patterns. URC/QAP is already in the process of developing a continuum of care model to ensure cross referral, with improved case finding/case detection rates, and continuity of care, with improved follow up and DOTS support for all HIV/TB co-infected patients. Emphasis will also be placed on DOTS support/treatment adherence to prevent multi-drug resistant TB among PLHIV. At the national level, URC/QAP will continue assisting the South Africa National Tuberculosis Control Program (NTCP) in the implementation of the NDOH guidelines for management of HIV-infected TB patients.

Activity 2: Training

URC/QAP will train health care providers to screen all HIV-infected clients for symptoms of active TB and support referral of all TB suspects for diagnosis and treatment. In collaboration with facility staff, URC/QAP will support "fast-tracking" of clients with TB symptoms for appropriate diagnostic tests to assure timely treatment and to reduce the risk of nosocomial transmission to susceptible PLHIV. URC/QAP will also work with facility staff on the development of a "retrieval" or back-referral system to assure that TB patients continue to access HIV-care within facilities and CBOs/HBOs.

Activity 3: Human Capacity Development

URC/QAP will provide job-aids such as wall charts to improve compliance with national TB guidelines. URC/QAP will work with CBOs/HBOs 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. On a monthly basis staff will use trend lines to see if the interventions are having the desired results of increasing identification of co-infected patients. URC/QAP will visit each facility/CBO/HBO at least twice a month to provide onsite mentoring to staff. This will focus on improving skills of staff in TB screening/treatment as well as ensuring that improvement plans are being implemented correctly. During these visits URC/QAP will review program performance data.

Activity 4: Building Sustainability

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. To address the short-and long-term human resource needs to manage the enormous burden of HIV-infected TB patients, URC/QAP will work with CBOs/HBOs and health care facilities to provide DOTS supporters in order to improve follow-up of co-infected patients as well as provide home-based care for these patients. URC/QAP will also conduct quarterly assessments in each facility/CBO/FBO to assess whether staff is in compliance with national guidelines.

Activity 5: Plus up funds will expand assistance with TB/HIV activities in all URC/QAP-supported facilities within the 5 provinces. URC/QAP staff will be involved in the dissemination and implementation of the TB/HIV infection control policy guidelines within all facilities and home-based and faith-based organisations supported by URC/QAP.

URC/QAP will assist PEPFAR 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 PLHIV. URC/QAP work contributes to the PEPFAR goal of providing care to 10 million people affected by HIV.

Continued Associated Activity Information

Activity ID:	3110
USG Agency:	U.S. Agency for International Development
Prime Partner:	University Research Corporation, LLC
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 385,000.00

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

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	105	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	10,500	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	150	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
Other Health Care Worker

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

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: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7548
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

PEPFAR funds allocated to TB/HIV ($350,000) are for Right to Care (RTC) 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. This activity will be competed in an Annual Program Statement (APS) for FY 2007 funding, as the activity has grown in scope and funding level that warrants competition, therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID: 3276
USG Agency: U.S. Agency for International Development
Prime Partner: Right To Care, South Africa
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 350,000.00

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

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Truck drivers
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Migrants/migrant workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Gauteng

Mpumalanga

Northern Cape

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	PHRU
Prime Partner:	Perinatal HIV Research Unit, South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7595
Planned Funds:	$ 550,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to PHRU activities described in the following program areas: Basic Health Care and Support (#7598), CT (#7596), PMTCT (#7599), Condoms and Other Prevention (#7881), ARV Services (#7597) and ARV Drugs (#7600).

SUMMARY:

The approach taken by the Perinatal HIV Research Unit (PHRU) is one of comprehensive, high quality care and support for PLHIV. PHRU will use PEPFAR funds to continue its TB services to patients accessing care in Soweto (Gauteng), rural Limpopo/Mpumalanga Provinces and in the Western Cape. The TB/HIV program is integrated into all programs by providing screening, referring people with active TB to National TB treatment sites and providing preventative treatment for latent TB. The program is also linked to National TB treatment sites providing HIV care and treatment. The major emphasis area is human resources, minor emphasis areas are information, education and communication, development of networks/linkages/referrals and training. The primary target populations are HIV-infected adults and children. Issues of US legislative interest are: gender (increasing gender equity in HIV and AIDS programs, male norms and behaviors), stigma and discrimination and US-based volunteers.

BACKGROUND:

PHRU established palliative care programs in Soweto (Gauteng) and in rural Limpopo and Mpumalanga and have partnered with organizations in the Western Cape to provide care and support to people identified as HIV-infected through PMTCT and CT.

High rates of TB in South Africa continue to be challenging and MDR TB is considered to be on the rise. The PHRU will strengthen its emphasis on diagnosis of TB via its PMTCT program (through screening during CT when possible), and through screening of all patients testing positive. Once tested positive, all patients enter a wellness program where they will be screened and treated according to WHO protocols for TB. In South Africa, a wellness program covers the period from testing positive to needing treatment. The high HIV prevalence in South Africa requires a cost-effective package of care and support for people with HIV prior to ARV treatment. Primary health care nurses are the main providers of care under physician supervision in these programs. The programs follow the Department of Health guidelines for HIV care and laboratory testing to ensure compatibility with South African Government treatment sites. The programs have been approved by the medical ethical review board of the University of the Witwatersrand.

The aim of the programs is to delay the progression of HIV to AIDS by providing palliative care and support to HIV-infected clients who do not yet qualify for ARV treatment. Care includes: elements of the preventive care package, 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 is provided by support groups and education sessions at all sites covering issues such as basic HIV and AIDS information, HIV services, PMTCT, ARV treatment, opportunistic infections, TB, prevention, disclosure, 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 care program was initiated in Soweto, a large urban area south-west of Johannesburg with very high HIV prevalence (30% in the ante-natal clinics). 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. To date over 4,500 adults have accessed the

program with PEPFAR support. Support groups and education sessions, run by HIVSA, are available to all clients. All clients are symptom screened for TB at each visit and are referred for TB treatment to the government TB treatment clinics. PHRU is supporting the Charles Hurwitz Hospital, a government TB treatment facility, to integrate TB and HIV care and treatment.

Expanding the program with FY 2007 funds, the PHRU proposes to link TB screening into the PMTCT service in Soweto and screen all pregnant women for active TB and refer those with positive results to government TB treatment sites. PHRU will work with public facilities to ensure that care for both TB and HIV is monitored and coordinated.

Training for health care professionals working at the PHRU and its partners (including the provincial Department of Health) in all aspects of HIV palliative care takes place on an ongoing basis.

ACTIVITY 2: Bohlabela, Rural Mpumalanga/Limpopo

The Bohlabela district in Mpumalanga/Limpopo is one of the poorest in South Africa. Access to information and HIV healthcare 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 HIVSA established a wellness clinic at Tintswalo hospital and a district-wide support network for people living with HIV and AIDS. Since 2003, over 2,000 people have accessed the wellness clinic and more than 2,500 have accessed the support groups. A training program has been implemented to train nurses and lay facilitators, counselors and NGOs to provide effective support to people living with HIV and AIDS and basic education on HIV, TB, CT, HIV services and related issues to the broader community and build the capacity of linked local organizations. All clients are screened for active TB at each visit. US-based volunteers (key legislative issue) have supported this program.

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 healthcare 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 takes a district health approach and aims to operate throughout the district. Over 600 people have enrolled in the program and more than 100 have been referred to ART sites for ARV treatment. People on treatment are supported at the primary care clinics through this program. The program will be expanded to other sub-districts in the Tzaneen area. All clients attending Wellness services will be screened for active TB at each visit. US-based volunteers (key legislative issue) have supported this program.

ACTIVITY 4: Western Cape

In 2006, the PHRU has partnered with a number of organizations in the Western Cape including the University of Stellenbosch, Red Cross Children's Hospital and the Desmond Tutu HIV/AIDS Foundation. The aim is to support government ART sites to scale-up and develop down referral systems. PHRU will continue to screen HIV-infected clients for TB and those who are found to be co-infected will be referred to public sites for treatment. Expansion of these activities is planned.

These activities will contribute to the PEPFAR 2-7-10 goals by providing TB/HIV care and services to HIV-affected people.

Continued Associated Activity Information

Activity ID: 3099
USG Agency: U.S. Agency for International Development
Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit
Mechanism: PMTCT and ART Project

Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	27	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	600	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	30	☐

Target Populations:

Community-based organizations
Doctors
Nurses
Pharmacists
Traditional healers
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Widows/widowers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Volunteers

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

Western Cape

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:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7626
Planned Funds:	$ 5,575,000.00

Activity Narrative: SUMMARY:
The University Research Corporation's TB Project (TB TASC) works with all levels of the Department of Health (DOH) to increase screening, referrals, treatment, and follow-up of TB and TB/HIV co-infected patients. The program activities are designed to improve TB/HIV coordinated activities at program management and service delivery levels. TB TASC will provide support in the development of operational policies as well as capacity development in laboratory, clinical skills, and community outreach. At service delivery level, emphasis is on cross referrals of TB and HIV patients for screening, treatment and follow-up of co-infected patients. Limited support is provided to community and home-based care groups to increase awareness of TB/HIV co-infections and the need for early screening and follow-up. In addition to TB and HIV patients, other target populations include public and private health care providers, TB and HIV program managers, community-based and home-care service delivery organizations and men and women. The major focus is the development of networks and referral systems, with training, community mobilization/participation, local organization capacity building and policy and guidelines as minor areas.

BACKGROUND:
This is an ongoing activity and is part of a larger TB project started in September 2004 funded by USAID, with TB/HIV activities funded by PEPFAR. TB TASC is currently working at all levels of the DOH in 5 provinces to improve coordination of TB and HIV strategic and operational planning to integrate TB and HIV services into primary health care; to strengthen laboratory services to support comprehensive TB and HIV diagnosis and care; to develop new approaches to improve collaboration between TB and HIV programs; and to improve the coordination between public and private sector to respond to the dual epidemic. The TB/HIV strategy is being implemented using a collaborative approach to rapidly scale-up integrated TB/HIV services in the target provinces. The focus has been on increasing access to counseling and testing (CT) for TB patients and early referral for ARV therapy, as well as improved TB detection in HIV-infected patients.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Funds will be used to expand DOTS in the private sector. Private practitioners will be trained on MDR TB and TB/HIV management. Systems will be put in place to ensure prompt diagnosis (through links with NHLS laboratories), and appropriate treatment according to national guidelines through links with district pharmacies for the supply of TB drugs. Links will also be developed between private practitioners and district TB coordinators to ensure proper monitoring and reporting of TB/HIV co-infected patients.
ACTIVITY 2: Funds will be used to ensure correct implementation of MDR/TB recording and reporting tools (developed by the project at the request of NTP) in all MDR/TB units in the country. This will include training of healthcare workers and information officers on the tools, and printing and dissemination of these tools. By funding local CBOs/NGOs, HIV counselors will be placed in all MDR TB units to promote HIV testing of all hospitalized TB patients and sessional doctors employed to stage and manage coinfected patients and fast track access to ART for TB patients.
ACTIVITY 3: The project will work with other partners to improve VCT uptake and referral for HIV care including ARVs and expanding TB/HIV integrated care to children infected with HIV.
ACTIVITY 4: Working with the WHO and the NTP, funds will be utilized to finalize the development of infection control guidelines for TB and to assist with training of primary health care managers including doctors, nurses and allied health workers on the implementation of the national policy and guidelines. Information and education materials for TB infection control will be developed for health care workers.
ACTIVITY 5: Working with NTP, NHLS, WHO and MRC, laboratory TB policies and guidelines will be updated to be in line with international standards and the STOP TB strategy. The project will work with other partners e.g. FIND to train districts and facilities on MDR TB surveillance data collection and reporting.
ACTIVITY 6: The project will work with local Universities to identify major topics that would assist NTP to revise national policy on possible high risk groups for XDR-TB.

This project will contribute substantially towards meeting the vision outlined in the USG Five-Year Strategy for South Africa by working with NTP to build the capacity of health workers to provide CT for all TB patients; screen all HIV-infected persons for active TB and ensure cross-referral of clients between TB and HIV and AIDS programs. These activities

will also contribute to the 2-7-10 goals for South Africa by providing HIV care to a large number of TB/HIV co-infected clients.

Continued Associated Activity Information

Activity ID:	3112
USG Agency:	U.S. Agency for International Development
Prime Partner:	University Research Corporation, LLC
Mechanism:	TB - TASC
Funding Source:	GHAI
Planned Funds:	$ 1,700,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	420	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	70,000	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	2,000	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Traditional healers
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
Religious leaders
Host country government workers
Laboratory workers
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional healers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Gauteng

Free State

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: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7646
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

PEPFAR funds allocated to TB/HIV ($285,000) are for the Reproductive Health and HIV Research Unit (RHRU) to support 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 supports commencement of ARV services at three TB hospitals (Don McKenzie, Charles James & FOSA). This activity will be competed in an Annual Program Statement (APS) for FY 2007 funding, as the activity has grown in scope and funding level that warrants competition, therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID: 3091
USG Agency: U.S. Agency for International Development
Prime Partner: Wits Health Consortium, Reproductive Health Research Unit
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 285,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Adults

Doctors

Nurses

People living with HIV/AIDS

Other Health Care Worker

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Medical Research Council of South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7662
Planned Funds:	$ 2,623,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity also relates to MRC activities described in ARV Drugs (#7661), ARV Services (#7660) and PMTCT (#7955).

SUMMARY: The Medical Research Council (MRC) will carry out activities to support a comprehensive best-practice approach to integrated TB/HIV care at three existing and two new sites in KwaZulu-Natal, Mpumalanga and North West. The project aims to improve access to HIV care and treatment for tuberculosis (TB) patients by strengthening the role of TB services as an entry point for delivery of HIV and AIDS care, and by expanding TB screening to people living with HIV (PLHIV). Project results and lessons learnt will be shared with the national and provincial Departments of Health to inform existing policies and guidelines on TB/HIV care. TB patients and PLHIV are the key target populations and include pregnant women (referred to PMTCT services) and children (receiving ARVs if indicated).

BACKGROUND: The MRC initiated a best-practice approach to integrated TB/HIV care with FY 2004 PEPFAR funding. Early activities included a systematic description of barriers faced by TB patients co-infected with HIV in an accredited antiretroviral (ARV) site, and in FY 2005, activities were focused on the development and implementation of a best-practice model. Preliminary results from the model site confirmed the benefits of an integrated TB/HIV approach, reflected in a drastic reduction in patient mortality, improved quality of life for TB patients living with HIV and prolonged survival rates. Results also confirm the safety and efficacy of dual regimens, showing that antiretroviral treatment (ART) can safely be instituted within the first month of TB treatment. Activities in the three established sites will continue in FY 2007. The best-practice approach was expanded to two additional sites in FY 2006.

ACTIVITIES AND EXPECTED RESULTS: Activities include provider-initiated HIV CT; TB screening by symptoms and sputum investigations; referral to appropriate services such as PMTCT, STI and partner counseling programs; and enrollment of patients in relevant HIV care and treatment programs. Three activities will be implemented:

ACTIVITY 1: Best-Practice Model. The MRC will support implemention of a best-practice model of integrated TB/HIV care in sites providing TB and HIV services. This approach involves: (1) clinical management (CT, ART, management of adverse drug effects, STI management, preventive therapy); (2) nursing care (TB screening, patient education, treatment adherence, HIV prevention); (3) integrated TB/HIV information, education and communication; (4) nutrition intervention; and (5) palliative care and support. Activities include site renovation to meet SA accreditation requirements for ARV rollout, site and supervisory staff training, hiring key personnel, development of patient educational materials, commodities procurement, and establishment of appropriate referral links, including those with governmental ARV sites to ensure continuity. MRC will monitor CT practices, strengths and weaknesses of TB/HIV referral systems, human resources and conventional TB treatment outcomes. The MRC will implement ongoing quality assessments through onsite supervision and external quality assurance mechanisms such as checklists. Regular feedback meetings will be held with project staff to identify potential problems and to facilitate corrective action. Stigma around HIV, AIDS and TB is specifically addressed through patient education and targeted interventions such as peer group counseling and advocacy campaigns.

Results from the project will facilitate evidence-based policy formulation on expansion of integrated TB/HIV care, improve access to HIV care by co-infected TB patients, and increase TB case finding among PLHIV. Implementation of lessons learnt in the best-practice approach will facilitate rapid identification of systems and operational needs, and allow for corrective action. Results of this expanded approach to integrated TB/HIV management will facilitate national scale-up of comprehensive programs for dually-infected patients. This activity will strengthen TB services as a point of delivery of ART, by ensuring that human, financial and infrastructure needs for integrated TB/HIV programs are met through equitable allocation of scarce resources and through analyses of cost-effectiveness and cost-benefit. Increased TB case finding in HIV settings is a crucial component of disease control; yet largely lacking in routine health services. In FY 2007 the project will evaluate strategies for active TB case finding in vulnerable populations and assess implications for TB and HIV control programs.

PEPFAR funding will also be used to implement an integrated electronic patient information system at the sites to support routine data collection, facilitate patient referral and allow data transfer to the national routine TB recording and reporting system, which is now integrating HIV testing and service data.

Lastly, funds will be used to establish an International Training Centre (ITC) on multidrug-resistant TB (MDR-TB) and HIV. The ITC's focus will be on human capacity development. TB and MDR-TB infection control in HIV settings and prevention of institutional transmission and outbreaks will be a prime focus area. Training will utilize didactic, interactive adult teaching methods aimed at different health sector groups (clinical, nursing, health facility management, health facility design and maintenance), and will be enriched by mentorship programs and study tours through the SA network of MDR-TB hospitals.

ACTIVITY 2: Community TB/HIV Case Finding and Holding Among Women in PMTCT. This activity will identify pregnant women in the 34 project clusters and provide peer support to each of these households until the infants reach 6 months of age. Community peer supporters will educate households on symptoms of TB, cure rates, and adherence to TB treatment. They will refer household members with TB symptoms to health services for diagnosis. Children under 5 years who are TB contacts will be referred for TB preventive therapy, and HIV-infected mothers will be encouraged to take HIV-exposed infants for CPT, PCR testing and screening for ART.

PEPFAR funds will provide stipends to peer supporters and allow for supervision/mentoring of peer supporters and transport to visit mothers in the clusters. Expected results include: recruitment of HIV-infected women, provision of community peer support and referral of TB suspects.

ACTIVITY 3: Evaluation of a new model of TB treatment support. The WCDOH determined that the HIV adherence model is more successful than the TB DOTS model and is thus piloting a method to increase TB adherence by using the HIV adherence model. They have requested assistance to evaluate this approach, with a focus is on dually infected TB/HIV patients. Evaluation results will have policy implications for improving adherence models.

MRC's activities contribute to the PEPFAR goals by integrating TB and HIV services and expanding access to care and treatment.

Under ACTIVITY 1: The following text was amended (please just replace the paragraph that starts with "Lastly")

Lastly, funds will be leveraged with USAID/TB CAP to sustain the International Training Centre (ITC) on multidrug-resistant TB (MDR-TB) and HIV. The ITC will involve the National Department of Health in an advisory capacity. The ITC's focus will be on human capacity development.

ACTIVITY 4: MRC Durban will implement an evaluation to assess improving diagnosis of Smear-Negative TB in HIV Patients

ACTIVITY 5: MRC Durban will respond to a request from Kwa-Zulu Natal Province TB Program to implement a prevalence survey of MDR/XDR in 14 hospitals including outpatient settings. This activity is part of the KZN response plan for MDR/XDR.

Continued Associated Activity Information

Activity ID:	2955
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Medical Research Council of South Africa
Mechanism:	TB/HIV Project
Funding Source:	GHAI
Planned Funds:	$ 1,148,000.00

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
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	7,132	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	150	☐

Target Populations:

Adults
Community-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Pregnant women
Girls
Boys
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
Doctors
Nurses
HIV positive infants (0-4 years)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.07: 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:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7666
Planned Funds:	$ 550,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This TB/HIV activity relates to other activities implemented by Management Sciences for Health/Integrated Primary Health Care Project (IPHC) activities in PMTCT (#7557), OVC (#7555), CT (#7556), ARV Services (#7553), and Basic Health Care and Support (#7554). Technical assistance is provided by Management Sciences for Health/Rational Pharmaceutical Management (RPM Plus) project in ARV Services (#7559), PMTCT (#7854), and TB/HIV (#7856).

SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the NDOH will support the provision of basic care and support to those who have tested positive in 350 public health facilities (hospitals and clinics) in 8 districts in 5 provinces (Eastern Cape, Mpumalanga, KwaZulu- Natal, Limpopo and North West). IPHC project supports the mission of the South African Government -National Department of Health (NDOH) in the prevention of the spread of HIV, STI and TB infections as well as the mitigation of the impact of dual infection of HIV and AIDS and TB epidemic in the country. The target population will be men and women (of reproductive age), family planning clients, pregnant women (including HIV-infected women), PLHIVs, HIV and AIDS affected families, caregivers of OVC and PLHIV, and nurses and other health care workers. The major emphasis area for this activity is quality assurance and supportive supervision with minor emphasis on linkages with other sectors and initiatives, and training.

BACKGROUND:

This is a new activity. IPHC project will be guided by the NDOH Comprehensive Plan for HIV and AIDS to ensure improvement of HIV and AIDS, STI and TB (HAST) collaboration. IPHC will support districts to develop and strengthen HAST committees by training the committees to conduct regular reviews of the HAST program; to screen HIV-infected clients for TB; to offer CT to TB clients and to ensure that the number of TB clients who are tested is increased. IPHC will support the eight districts in the 5 provinces in improving the TB management by training the supervisors to assess the TB/HIV and AIDS programs. This will provide in-depth reviews and identify gaps that can be addressed to improve the quality of care. The IPHC project will partner with TASC-II TB Project in implementing these activities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

IPHC will train health providers in 8 districts on screening for TB, HIV counseling and testing of TB clients, treatment and adherence to treatment by PLHIV with active TB, and strengthening the Directly Observed Treatment Support (DOTS) program. TB screening and treatment is initiated at primary healthcare facilities. The continuity of care provided through the DOTS program will be strengthened by ensuring the availability of treatment regimes at facility level is included in the training workshops. IPHC will provide HIV, AIDS and TB clinical management training to health care workers using the national treatment guidelines and the treatment care and support policy of the NDOH.

ACTIVITY 2: Integrating Services

Integration of services through the HAST committees will be strengthened with DOTS supporters' full participation as members of HAST committees. IPHC will ensure that TB and HIV and AIDS programs are not stand alone services but are fully integrated with other Primary Health Care (PHC) services. Training on TB treatment adherence will be given to the DOTS supporters. Working with managers and supervisors at the primary, secondary and tertiary level IPHC project will strengthen the referral system to ensure supportive referrals for clients.

ACTIVITY 3: Human Capacity Development

Human capacity development of professional and non-professional staff will be a focal

area to ensure professionals and non-professionals are kept up to date on recognizing and detecting drug interaction and improving record keeping of all TB clients. Since every TB client has to be tested for HIV, record keeping is critical in monitoring the status of each client. Training and on-site mentoring will be provided to facilitate rapid scaling-up of HIV CT of TB clients and also to encourage sustainability of these activities. The quality of the TB management will be monitored on an on-going basis to ensure that the clients continue with their TB treatment and are tested, and if positive, monitored so they can access ARVs.

Plus Up funding will be used to strengthern, expand and intensify TB/HIV assitstance in all Management Sciences for Health/Integrated Primary Health Care Project (IPHC) supported facilities in 8 districts in 5 provinces. IPHC staff will work with the health providers in 8 districts to ensure effective management of TB/HIV co-infection at the facility level. IPHC will provide supportive follow up to ensure that the health providers are implementing the TB/HIV infection control policy guildines. IPHC will also strengthern supervision of facilities through training and support of district and facility-level supervisors.

IPHC activities contribute to the PEPFAR goal of providing care to 10 million HIV-affected people. In addition, these IPHC activities will address the priority area of increased linkages between TB/HIV services and health systems networks from the USG Five-Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	300	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,500	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	320	☐

Indirect Targets

In addition to direct reach, IPHC will indirectly support the overall TB program in the health districts where they work by training health workers (lay and professionals). The project will also provide on-going mentoring and coaching to professionals at provincial level.

Target Populations:

Adults
Family planning clients
Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Pregnant women
Caregivers (of OVC and PLWHAs)
Other Health Care Worker

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.07: Activities by Funding Mechanism

Mechanism: RPM Plus 1
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7856
Planned Funds: $ 300,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This RPM Plus PMTCT activity relates to other RPM Plus activities in ARV Drugs and Services (#7558 and #7559) and TB/HIV (#7856). In addition, RPM Plus is a member of the Partnership for Supply Chain Management (#8107 and #7935).

SUMMARY:

Management Sciences for Health's (MSH) Rational Pharmaceutical Management Plus (RPM Plus) Program will strengthen the pharmaceutical component of the Prevention of Mother-to-Child Transmission (PMTCT) services at the facility level and the role of pharmacy personnel in promoting and supporting PMTCT services. Three activities have been identified: conduct focused provincial assessment of the pharmaceutical component of PMTCT services; assist with the review of National PMTCT standard treatment guidelines (STGs); and train primary healthcare pharmacy personnel to increase their role in supporting National Department of Health (NDOH) prevention efforts. The major emphasis area is needs assessment, and minor emphasis areas include human resources, linkages with other sectors, logistics and training. Target populations include women, infants, family planning clients, people living with HIV and AIDS (PLHIV), policy makers, national program staff, and public doctors, nurses, pharmacists, and other healthcare workers.

BACKGROUND:

In South Africa, the implementation of PMTCT services is one of the key HIV and AIDS interventions, as prevention remains the cornerstone of the country's response to HIV and AIDS. PMTCT services are available through hospitals, midwife obstetric units, community health centers and primary healthcare clinics. In 2003, RPM Plus received funds from the USAID Child Survival program to assist in strengthening the "pharmaceutical component" of the PMTCT program. An in-depth analysis of existing policies and practices was conducted and an assessment tool was developed in collaboration with the National and all nine Provincial Departments of Health. This tool is being field tested at pilot facilities in selected provinces. RPM Plus is also providing support to the National Department of Health Pharmaceutical Policy and Planning Cluster (NDOH-PPP) and the Medicines Control Council (MCC) of the Medicines Regulatory Authority (MRA) with the selection, review of the drug(s) and regimen of choice for PMTCT.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Needs Assessment

RPM Plus will assist provinces and local government in identifying strengths and limitations of the pharmacy components of PMTCT services at the facility level and also resolving issues related to coordination and collaboration between department/directorates at the provincial level. The assessments will examine: (1) The management of nevirapine donations (Free State, KwaZulu-Natal, and Northern Cape provinces); (2) The availability of cotrimoxazole, infant formula and rapid HIV test kits; (3) The use of nevirapine single-dose regimens and identification of women requiring immediate access to combination regimens (without going through the antiretroviral treatment (ART) readiness program); (4) The integration of PMTCT commodities in the provincial supply chain; and (5) The role of pharmacy personnel in supporting PMTCT and counseling and testing (CT) services.

The assessment will identify critical issues in the systems and policies that may facilitate expanded access to PMTCT commodities and provide recommendations for strengthening the role of national and provincial pharmaceutical services in supporting PMTCT services at all levels.

The recommended approach combines an indicator-based assessment with in-depth analysis of critical pharmaceutical and commodity management areas. Input from various partners, counterparts and stakeholders will be sought, including the National and Provincial PMTCT Directorates and Committees, Pharmaceutical Services, the Health Information Evaluation and Research Directorate and staff at service delivery facilities. The

findings and recommended options for strengthening pharmaceutical and commodity management for PMTCT services will be communicated to partners, counterparts and stakeholders. At the request of the NDOH, these assessments will be conducted in all nine provinces using FY 2007 PEPFAR funding.

ACTIVITY 2: Dissemination of findings

RPM Plus will conduct one national workshop for PMTCT program managers and nine provincial workshops for pharmacists, pharmacist assistants and nurses to address issues identified during the assessment of PMTCT services and will include an update to health staff on recommended ART regimen(s) for pregnant women and the associated clinical pharmacology (i.e., drug of choice, adverse-drug-event while on ART). The focus of the provincial workshops will be on training primary healthcare (PHC) level workers, as PHC sites constitute one of the primary sites for prevention, and also diagnosis, staging, referral and routine follow-up of HIV-infected patients. Quantification of PMTCT related medicines and commodities will also be addressed during the training.

ACTIVITY 3: Technical Assistance

RPM Plus will continue the ongoing support provided to the NDOH Essential Drugs List Committee in reviewing PMTCT drug(s) of choice and standard treatment guidelines (STGs), to the MCC on regulatory issues, and to the NDOH PMTCT Task Force in planning implementation of the strategy. This activity also includes the review and development of training modules to include new PMTCT STG's in the training conducted by RPM Plus (e.g., HIV and AIDS management and Pharmaceutical and Therapeutic Committee training).

These activities contribute to the PEPFAR 2-7-10 goals by improving the quality of the PMTCT services provided at the facility level.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	350	☐

Indirect Targets

By training 30-40 health workers (pharmacy personnel and nurses) to support TB/HIV services; RPM Plus will indirectly stregthen service delivery for the overall TB program in the provinces. In addition, RPM Plus will supporting the TB program on clinical pharmacology related to TB/HIV co-infection, and improving adherence monitoring, adverse drug-event reporting, medication errors and referral system(s) at selected government institutions (hospitals, community health centers, primary health care clinics).

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
National AIDS control program staff
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Pregnant women
Prisoners
Caregivers (of OVC and PLWHAs)
Widows/widowers
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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:	Absolute Return for Kids
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7882
Planned Funds:	$ 100,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to Absolute Return for Kids (ARK) activities in CT (#7883), OVC (#7886), and ARV Services (#7507).

SUMMARY:

As part of a comprehensive treatment program, ARK's focus is to improve and enhance TB screening and treatment services for HIV-infected patients and their families. ARK will train and place required human resources (medical and counseling staff) and develop performance monitoring systems to strengthen adherence monitoring. The primary emphasis area is human resources. The target population is people living with HIV and AIDS (PLHIV) and HIV-affected families.

BACKGROUND:

ARK is a charity organization whose mission is to facilitate and support delivery of accessible and sustainable comprehensive treatment, care and support services to children and their caregivers in communities affected by HIV and AIDS and poverty. In partnership with the KwaZulu-Natal (KZN) provincial government, ARK has established an HIV and AIDS treatment program in government primary health facilities and hospitals. To date, PEPFAR funding has enabled ARK to successfully put over 9,000 patients onto ARV treatment in KwaZulu-Natal.

Dual infection rates of TB with HIV are very high. The Medical Research Council reports the national rate at 58%. Many TB/HIV co-infected individuals are unaware of their dual infection, and CT services for co-infection are limited or non-existent. With FY 2007 funding, ARK will continue its work to enhance and improve its HIV and AIDS treatment program by strengthening TB screening, care and support services for HIV-infected patients and their families.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support to Provincial Government

ARK works with provincial government in developing the necessary processes and systems to manage the HIV care and treatment program and to ensure that the model created is scaleable, sustainable and replicable elsewhere. Specifically ARK has a mandate with provincial government to recruit and place human resources (doctors, nurses and pharmacists) in public clinics for a maximum of three years. ARK fully funds these positions, which will be taken over by provincial governments at the end of the period. The clinicians provide screening for TB, CT for HIV, and treatment management including patient consultations and treatment of opportunistic and sexually transmitted infection if necessary. ARK also provides training and mentorship to government community health workers (CHWs) to improve and enhance TB/HIV co-infected patient support. Community health workers provide care and support services including needs assessment and psychosocial support, and serve as a link, during and after TB treatment, and between the patient and the clinic to address patient needs. At government clinics, ARK strengthens data information systems to enable clinics to provide quarterly updates to provincial government to improve ongoing evaluation, data for outcomes computation and analysis.

ACTIVITY 2: Human Capacity Development

Formal and informal training and on-site mentorship is provided to all CHWs. ARK, together with the Centre for Social Science Research Unit, University of Cape Town, developed training modules for CHWs on HIV and AIDS care. The areas covered include: TB/HIV co-infection, TB treatment guidelines for adults and children, maternal and child care in the context of HIV and AIDS, and adherence to TB and ART treatment. ARK provides overall supervision of the program, ensuring ongoing mentorship of the trained CHWs.

ACTIVITY 3: Screening for TB with HIV-infected Patients

All HIV-infected individuals entering the program will be assessed for the presence of active TB. An inquiry about symptoms that would suggest active TB and any history of TB or known/likely exposure will be ascertained. For patients who report that they have received treatment of active TB or LTBI in the past, the adequacy of the treatment will be assessed. A physical examination that includes examination of extrapulmonary sites of disease, such as lymph nodes, and chest radiography will be performed.

ARK clinical and counseling staff will work with patients with infectious TB to identify their close contacts for screening and preventative treatment. ARK will also integrate TB screening into established PMTCT programs at ARK sites. HIV-infected infected patients who are candidates for, but who do not receive, TB preventive therapy will be assessed periodically for symptoms of active TB as part of ongoing management of HIV infection.

ACTIVITY 4: CT for DOTS Program

Patients with TB constitute an important "sentinel" population for HIV screening. The benefits of identifying previously unrecognized HIV infection are substantial in terms of both the opportunities for preventing future HIV transmission and the large potential benefits to the patient of antiretroviral therapy. Knowledge of the HIV serostatus of TB patients may also influence the treatment of their TB. ARK will work with established DOTS programs in its sites to promote the routine offering of CT for TB patients in order to increase the number of TB patients undergoing HIV CT. ARK will offer training to DOTS observers on HIV and AIDS and co-infection, and treatment and referral options. ARK will work with healthcare providers, administrators, and designated TB controllers to promote routine offering of CT and more coordinated care for patients with TB and HIV in government clinics through strengthening, and in some cases, establishing referral systems between the TB control programs and HIV and AIDS programs. Referrals and service use will be tracked to monitor the use of CT services among TB clients. ARK will also facilitate the sharing of information from the treatment program to the TB program and through the TB register.

For TB patients who test positive for HIV, ARK CHWs will ensure that patients who are awaiting ARV treatment are adequately informed about ART and are prepared to take treatment adherently. All patients who are pre-assessed undergo a treatment literacy program and are educated about "Positive Living." Patients are encouraged to motivate their partners/spouses to get tested.

ACTIVITY 5: Treatment, Care and Support

Individuals accessing ARK's services will be staged and entered into ARK's ARV treatment program. The program provides patient uptake, patient consultation, ongoing assessment and monitoring, CT and drug provision. HIV-infected patients, without active TB and not in-need of ARV treatment, will be offered isoniazid prophylaxis, monitoring, and ongoing counseling support for 6 months. At the end of the 6 months, these patients will be reassessed for further treatment. HIV-infected patients with active TB, will be linked with DOTS and ARK's community health workers will provide them with ongoing TB treatment management and support. Once the patient has been successfully treated for TB, ARK will enroll the patient onto ART.

Adherence support is a critical component, complementing clinical services. ARK utilizes a family centered approach for care and treatment. ARK-trained CHWs conduct pre-treatment home visits and provide ongoing psychosocial support to patients and their families. CHWs promote and support disclosure to partners and family, partner testing and facilitate treatment access. CHWs are required to facilitate support groups for their clients and ensure that all patients and their families have access to grants, spiritual support and psychological support and counseling where indicated. ARK will strive to identify children needing TB treatment and ART through ARK's OVC care and support, and CT programs.

This activity will contribute to PEPFAR's goals of 2-7-10 by providing care and treatment to many South Africans through ARK's TB/HIV program.

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

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	18	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,280	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	145	☐

Indirect Targets

At non-ARK supported sites, the local clinics manage TB. About 40 small clinics feed into the ARK supported sites in the 5 districts. Their TB load is conservatively estimated at about 100/year of new TB registered smear positive cases. There will be strong referral systems put in place to assist the ARK and non-ARK sites, stregthening the overall TB/HIV program in

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

KwaZulu-Natal

Table 3.3.07: Activities by Funding Mechanism

Mechanism: NEW APS 2006
Prime Partner: McCord Hospital
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7910
Planned Funds: $ 144,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to McCord/Zoe Life activities described in CT (#7907), Basic Health Care & Support (#7912), PMTCT (#7906), ARV Drugs (#7908) and ARV Services (#7909).

SUMMARY:

McCord/Zoe Life activities will build capacity in four municipal clinics, three non-government organizations (NGOs) and a corporate outreach program in Durban to provide proactive and integrated TB/HIV services within the framework of a primary health decentralized HIV care and treatment program. Emphasis areas include: development of referral systems between vertical HIV-related programs and other health services; local organization capacity development; and development of a workplace program.

BACKGROUND:

The prevalence of tuberculosis (TB) in KwaZulu-Natal (KZN) is high, with 60% of TB clients co-infected with HIV. Local TB programs are vertical programs that do not integrate HIV and TB care. An outbreak of multi-drug resistant tuberculosis (MDR-TB) along with poor treatment completion rates highlights the challenges of TB management in KZN. The tools used for diagnosis of TB where an estimated 75% of active TB is extrapulmonary and/or sputum negative pulmonary TB are limited to sputum microscopy for AFB. Chest x-rays (CXR) do help with diagnosis, but is not confirmatory, and the CXR picture of pulmonary TB in HIV is not the classic picture. Diagnosis is often complicated by other infections such as pneumocystis carinii pneumonia (PCP). The yield on sputum culture for TB is higher, especially with sputum negative on microscopy, and the yield of AFB on blood cultures in extrapulmonary and sputum negative TB is also fairly high. The best tool at this stage, however, is the clinician with a high index of suspicion for TB. Effective management of TB is one of the most important upcoming fields of care in South Africa. This new project will be implemented by the McCord/Zoe Life team and seeks to integrate HIV and TB care using National Department of Health (NDOH) guidelines and best practice models to provide a seamless continuum of care to clients co-infected with TB and HIV. Gender (key legislative issue) will be addressed by increasing access to TB screening in the workplace, increasing TB screening for women in PMTCT projects and in women's income generating projects run through the NGOs. The project will also provide TB/HIV care to refugees (key legislative issue).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

Counselors will be trained in provider-initiated CT, and this service will be offered to all TB-infected clients accessing care at the municipal clinics, and to TB patients accessing services at NGO sites. Counselors will be trained to enroll all HIV-infected clients into wellness/ARV services and to refer for CD4 screening. Counselors will be trained to screen for TB during any contact with an HIV-infected client and to refer appropriately. Nurses working in prevention of mother-to-child transmission (PMTCT) or sexually transmitted infections (STI) NGOs will be cross-trained to screen all HIV-infected clients at each contact and to refer appropriately for quick diagnosis, treatment and CD4 monitoring. They will be trained to provide focused wellness and adherence counseling to patients co-infected with TB and HIV. Staff working within clinic-based TB programs will be trained in integrated TB/HIV management and reporting, including provision of cotrimoxazole. Staff at NGOs will be trained to screen for TB in community settings and provide community-based wellness training, dual testing for TB/HIV, and household adherence support for TB/HIV.

ACTIVITY 2: Increase screening of TB in all HIV-related settings including community

This activity will provide technical support for counselors, community workers and nurses to routinely screen for TB in PMTCT, CT, palliative care and ARV services using a simple symptom-based screening tool. Additional funding will be sought to purchase laboratory equipment for more rapid microscopy and culture of sputum.

ACTIVITY 3: Mentorship and supervision of staff

Mentorship and supervision of staff will provide integrated active case management of TB/HIV with multidisciplinary service provision in palliative care and ARV services where required. Staff will be assisted to integrate all patients with TB/HIV into comprehensive HIV management services with contact tracing, screening and partner/family testing encouraged as standard of care. Sites will be assisted to provide cotrimoxazole to all TB/HIV clients.

ACTIVITY 4: Linkages and referrals

McCord/Zoe Life will assist in strengthening linkages and referrals to ensure full range of HIV care and treatment services (including extrapulmonary TB) are available without loss of continuity of care or patients lost to follow-up.

ACTIVITY 5: Development of workplace program and mobile clinic

Staff and employees participating in the HIV workplace program will be trained to understand the link between HIV and TB. Employees accessing the workplace CT services will be screened for TB by history and symptom screening. Occupational nurses will be trained to screen for TB per protocol in the management of HIV. Additional funding will be sought to equip a mobile clinic with a mobile X-ray machine and microscopy. This unit will be used to provide TB and HIV screening and diagnosis to all workers accessing the workplace wellness program. Funding will be sought through industry and international funding to purchase this equipment which is vital to managing TB in the workplace. Until this is a reality, linkages between workplace programs and referral centers for treatment will be established. Where possible, TB treatment will be initiated onsite and TB rates reported to the district TB program.

ACTIVITY 6: Development and strengthening of M&E system

An M&E system should have the capacity to track HIV-infected clients receiving TB treatment, to ensure tracking of visits, active case management and retrieval of TB patients. The system will require strengthening of linkages between the municipal clinics, the Durban TB clinic and the DOTS workers. A patient-held record for communication between health facilities will be used in conjunction with the pharmacies and providers at the health facilities to ensure continuity of care in all services.

ACTIVITY 7: Sharing best-practices

McCord/Zoe Life will engage with provincial and district TB coordinating bodies to share best-practices to improve services. This includes revisiting diagnostic algorithms, accessing funding to pilot better diagnostic testing algorithms and expanding treatment centers.

Sustainability is addressed through development of integrated services within existing public health facilities, establishment of linkages and referral pathways making access to diagnosis of TB easier, and through cost sharing in workplace programs.

Through integrated TB/HIV services, McCord Hospital/Zoe Life expects to increase provider-initiated HIV testing through the municipal TB services to all TB patients, expecting 40-60% of TB patients to be HIV infected. Any HIV-infected client on TB treatment will be offered the full spectrum of palliative care services and be referred to for ARV services according to provincial treatment guidelines. All HIV-infected clients will be screened for TB. It is expected that 20% of all HIV-infected clients will require TB treatment. In the NGO setting the goal is to increase community-based referral for TB screening, adherence support and strengthening of referral systems. In the workplace, the goal is to increase workplace screening, diagnosis and treatment of TB in the HIV workplace program through mobile onsite services.

The McCord Hospital activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by strengthening the public sector and expanding access to 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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	440	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Adults
Business community/private sector
Family planning clients
HIV/AIDS-affected families
Infants
Refugees/internally displaced persons
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Other

Coverage Areas

KwaZulu-Natal

Table 3.3.07: 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:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7913
Planned Funds:	$ 150,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Africa Centre's Hlabisa TB/HIV activities also relate to ART Services (#7275), Basic Health Care and Support (#7274), PMTCT (#7914), and CT (#7911).

SUMMARY:

The Hlabisa antiretroviral treatment (ART) program aims to deliver safe, effective, efficient, equitable and sustainable ART to all who need it in Hlabisa district, rural KwaZulu-Natal. The program emphasizes the integration of the government PMTCT and Care and Treatment Programs. An important part of the Care and Treatment Program is the diagnosis and management of TB. Co-infection rates are high and the Medical Research Council estimates that 58% of people with TB also have HIV. The target population is people affected by HIV and AIDS. The major emphasis area is Development of Network/Linkages/Referral Systems.

BACKGROUND:

The Africa Centre for Health and Population Studies (Hlabisa ART Programme) is a partnership between the KwaZulu-Natal (KZN) Department of Health (DOH) and the Africa Centre, a population research department of the University of KwaZulu-Natal . The DOH program is based in Hlabisa sub-District, a rural health district in northern KZN and provides healthcare to 220,000 people at one government district hospital and 13 fixed peripheral clinics. The comprehensive ART Program, that includes TB services, is embedded in the DOH antiretroviral therapy roll-out. TB/HIV services are considered part of the comprehensive ART roll-out. The Africa Centre and KZN DOH work to complement each others' abilities and resources in providing TB/HIV and related services. The Africa Centre has expertise in infectious diseases and management that is not available at the district DOH. In addition to clinical staff and infrastructure, the district DOH provides the necessary TB/HIV drugs and laboratory testing for effective roll-out.

With FY 2007 funds, the Africa Centre will continue to partner with the district DOH to improve and expand TB/HIV services by providing additional human resources and training. In addition, Africa Centre will continue to provide comprehensive and integrated services for TB/HIV, palliative care, PMTCT, CT and ART.

With FY 2007 funding the Africa Centre will improve TB and HIV screening and diagnosis for patients and their families. Specifically, Africa Centre involvement will strengthen the TB/HIV Program, palliative care, provision of ART and VCT. Increased attention will be given to address gender issues and to promote the TB and ART services among men and children.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Partnership with South African Government

Africa Centre will expand TB/HIV screening and diagnosis services in collaboration with the DOH DOTS program and will explore other options for TB screening (including CT and PMTCT). The Africa Centre will work closely with the DOH to ensure that all patients who enter the ART program are screened for TB and treated, if necessary. In addition, Africa Centre will provide training and mentorship to medical staff in order to strengthen the referral of people who receive DOTS for HIV testing.

ACTIVITY 2: Screening and Diagnosis

As part of general patient work-up for the ART program, Africa Centre-placed staff in close collaboration with DOH physicians and nurses will ensure that all patients in the ART program receive TB screening and diagnosis. For those individuals who are unable to produce sputum for TB diagnosis, Africa Centre and DOH staff in line with current SAG standard practice refer patients for chest X-rays. Currently, patients will either incur large transportation costs or pay for the chest X-ray out of their own pocket at private providers. In FY 2006 the ART program will contract private physicians in Mtubatuba sub-District to provide chest X-rays for free for patients in the ART program. This will

substantially reduce the expenses and time costs of a large proportion of ART patients in having chest X-rays. Contracting the services of more accessible service providers ensures increased access to the service for patients who need it.

ACTIVITY 3: Treatment

All individuals in the ART program who are diagnosed with TB are treated with DOTS in close collaboration with the existing DOH DOTS program. Africa Centre, in addition to initiating TB screening in all individuals who are enrolled in the ART program, monitors the completion of DOTS both in individuals in the monitoring cohort and before ART initiation.

In accordance with the South African national HIV and AIDS treatment guidelines, all HIV-infected patients who are also TB positive will receive a full course of TB medication independent of their HIV stage. In addition, before TB positive patients can receive ART, they will have been treated for TB (for two months if CD4 count >50, at least for two weeks if CD4 count <50). All patients who receive DOTS for TB will also receive cotrimoxazole prophylaxis. A family centered approach will be adopted. Given the contagious nature of TB, patients with TB will be encouraged to bring their families in to be screened. Africa Centre will use this approach to increase male participation.

ACTIVITY 4: Human capacity development

The mobile team initiative started in FY 2006 with the goal to provide ART in all 15 DOH clinics, instead of only in 3 DOH clinics as in FY 2005. In FY 2007, this concept will be extended to provide home-based palliative care, with a team consisting of nurses, counselors, social worker and the assistance of a physician when required. Home-based palliative care will include educating patients about the need to screen for TB and to treat TB, if necessary.

The target population for home-based care is non-ambulatory patients who cannot access treatment in clinics and ambulatory patients who request a home visit, for instance to involve their partners and other family members in their care. The team will be able to provide ART and symptom relief, including symptomatic management of pain. The social worker will provide social counseling and information to the household on how to access available government psycho-social services (food aid, social workers, and government grants).

The nurses and the social workers who form the palliative care mobile team will receive intensive training. A baseline course is based on the DOH curriculum and comprises of four sessions of three hours each, covering the basics of HIV and ART, follow up of patients, and practical issues (including blood taking for CD4 counts and viral loads). In addition, the mobile care team will be specifically trained in administering and managing palliative care in the family setting.

This training will be further supported with clinic visits from training officers, during which the officers will monitor counseling and provide individual mentoring. In addition, nurses and treatment counselors will be offered to participate in short courses covering, inter alia, the management of ART side effects, TB and HIV, and pediatric ART. Counselors and nurses will be trained to provide TB care with a focus on the family.

ACTIVITY 5: Referrals and linkages

Counselors will be trained on available government support structures to link PLHIV and their families to other government programs, like ART services, PMTCT clinics, food aid and social workers, who can assist the families with applying for government grants. All patients who have TB will be tested for HIV and referred to the ART clinic if tested positive.

Individuals presenting to the DOH DOTS program independently from the ART program, will be routinely referred to HIV VCT. In order to start this activity, DOTS staff will be systematically and repeatedly informed where to access VCT and how talk to patients about HIV.

These activities will contribute to the PEPFAR goals of 2-7-10 by contributing to the goal of 10 million people receiving care through PEPFAR assistance.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Health Care Financing	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	14	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,250	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	51	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Broadreach
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7939
Planned Funds:	$ 450,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The TB/HIV activity described here is one component of a comprehensive set of services detailed in Basic Health Care and Support (#7873), CT (#7513), ARV Drugs (#7512), and ARV Services (#7510).

SUMMARY:

BroadReach Healthcare's (BRHC) integrated TB/HIV care and treatment activities will take place within the context of a larger anti-retroviral therapy (ART) Treatment Program that includes doctor consultations, lab testing, patient counseling, remote decision support, training for health professionals, monitoring, and data management. The major emphasis area for TB/HIV is Training. BRHC support the South African Government (SAG) in terms of meeting equipment, infrastructure and human resource needs. Primary target populations include PLHIV and their families, public and private doctors, laboratory workers, nurses, pharmacists, and other health care workers, the business community/private sector, CBOs, FBOs, and NGOs.

BACKGROUND:

PEPFAR funds support BRHC initiatives which provide HIV and AIDS clinical management, care and support services to HIV-infected, uninsured individuals in areas where the SAG roll-out has not yet reached and supports service delivery in public sector facilities. The BRHC PEPFAR program began in May 2005 and now operates in 15 communities across five provinces. Today, BRHC is supporting approximately 3500 individuals directly with care and treatment and 15,000 indirectly. BRHC's mission is to tap into private sector health professionals to provide comprehensive care and treatment, fostering capacity building initiatives within the public health system, and partnering with and supporting community-based programs with sustainable impact on long-term patient care. BRHC leverages the community-based PLHIV support programs to identify and assist with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. In addition, BRHC works to build capacity in public health facilities, focusing its efforts on human capacity development (HCD) activities including clinical didactic training, clinical mentorships, patient training and operational assistance training. BRHC is expanding its provision of additional staff and infrastructure support to SAG facilities. Finally, BRHC is expanding its involvement in the design of scaleable down referral models in partnership with FBOs, CBOs, and as a partner in innovative public private partnerships (PPPs).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development (HCD)

This program aims to provide TB care and treatment for HIV infected patients by strengthening the TB skills of health professionals through didactic training and clinical mentorships focusing on TB, TB/HIV co-infection and systems integration. Health professionals will also receive decision support and training from the BRHC clinical expert panel and disease management system for difficult cases. This TB-focused HCD effort will take place within the broader context of comprehensive HIV and AIDS training for health professionals and support from the disease management system. At the local level, HCD efforts will target the communities in which the program operates by providing training and information, education, communication (IEC) to patients and support group facilitators on TB, as well as HIV and AIDS, ART, adherence, living positively, and accessing clinical psychosocial support and linkages to other sectors and initiatives in their communities.

ACTIVITY 2: Support to SAG

This program will support the SAG TB program to increase the capacity of facilities in the testing and identification of TB patients. This will be accomplished through general healthcare financing which could include commodity procurement such as screening equipment to salary support of TB-focused clinical staff. Salary support would be given in line with government facility rates along with transition plans for the government facility to

absorb the staff into their budget within a finite period. Alternatively staff would be financed on a contract basis while plans were implemented in government facilities to accommodate staffing needs, Further assistance could be given in assisting with health professional recruitment and developing retention strategies, as well as supporting BRHC network doctors who assist with TB/HIV care and treatment within government health facilities in their communities in order to increase treatment capacity. Training of these doctors assists with sustainability as it provides ongoing stable support to government facilities and allows government infrastructure to cope with fluctuating need through the provision of sessionals. Finally, BRHC will support SAG TB/HIV efforts through infrastructure upgrade by building and/or refurbishing hospital/clinic/lab space and purchasing equipment as needed, in order to support government clinic activities such as screening, diagnosis and closely supervised treatment. The approach would be to address the individual needs of each facility within areas where BroadReach provides assistance in the form of ARV treatment or CT services across the provinces. The scope in terms of providing this assistance is broad but would be limited to services BroadReach is able to provide. The focus therefore being on operational processes, training, staffing etc. The extent to which assistance may be rendered would be limited to financial constraints.

ACTIVITY 3: Referral Networks

Additional support to SAG will be provided in the form of systems strengthening around TB/HIV activities. This will include improvement of referral linkages between the private sector general practitioners (GPs) and public sector facilities that treat BRHC patients for TB infection in the BRHC Comprehensive Care model. In addition, BRHC may work with government sites to facilitate linkages between TB and HIV clinics, as well as creating capacity and linkages within communities to support BRHC patients with TB/HIV co-infection within the context of a BRHC supported private public partnership with Daimler Chrysler (PPP). These linkages will be established by implementing referral processes between care givers by holding workshops, creating referral material (referral forms that inform the receiving provider where the patient originated and the findings of the original provider), and informing various groups of activities in the area. Processes will specify whether HIV patients with TB are referred to HIV clinics or TB clinics or vice versa. The expected outcome is that patients are treated holistically and not in isolation by various providers. Since these diseases are closely linked it is important that the treating physician treats the patient for TB and HIV so that he is able to manage treatment regimes. Patients with TB should have access to HIV testing and should they require ARV therapy, they would need to be treated or referred to an ARV facility.

ACTIVITY 4: Quality Assurance/Quality Improvement

TB/HIV activities will benefit from the same level of oversight and quality control as all other aspects of the BRHC treatment program including regular internal data and systems audits, collection of patient level surveillance data, exception reports, doctor-specific feedback report, and doctor decision making support, and community-based modified (directly observed treatment) DOTS programs. TB/HIV quality assurance is further enhanced by the tracking of co-infected patients through screening, diagnosis and treatment through the use of improved clinical forms and referral forms. A clinical oversight committee provides any guidance to GPs regarding complicated cases presenting with TB/HIV co-infection.

BRHC TB/HIV activities will directly contribute to the 2-7-10 objectives by ensuring that co-infected patients remain in care and treatment thereby optimizing health outcomes.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	14	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	500	☐

Target Populations:

Business community/private sector
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7953
Planned Funds: $ 300,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Catholic Relief Services (CRS) provides a comprehensive service including activities described in Basic Health Care & Support (#7490), CT (#7488), ARV Drugs (#7489) and ARV Services (#7487).

SUMMARY:

Activities are implemented to support provision of TB diagnosis under the comprehensive antiretroviral treatment (ART) program carried out by Catholic Relief Services (CRS) in 25 field sites in 8 provinces in South Africa. The area of emphasis is on diagnosing patients with TB so that they can be referred to the South African Government TB program for treatment, and commence with ART while on TB treatment as soon as the doctor at the site sees this as being medically feasible. The field sites target those in need of these services, who live in the catchment area of the site, and who lack the financial means to access services elsewhere.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) received Track 1 funding in FY 2004 to rapidly scale up antiretroviral therapy in nine countries, including South Africa. In FY 2005 and FY 2006, Track 2 South Africa PEPFAR funding was received to supplement central funding, with continued funding applied for in FY 2007. 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).

All sites operate under the terms of a Memorandum of Understanding (MOU) with the provincial Department of Health (DOH) in which they operate, observing the national and provincial health protocols. There is a concerted effort at each site to ensure coordination with the South African Government (SAG) and sustainability by diagnosing TB in potential ART patients, referring them to nearby SAG TB treatment facilities, and commencing ART once the patients are ready.

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2007 AIDSRelief will continue implementing the activities in support of the South African national ARV rollout. Of the 25 existing field sites, activated in program year 1 (Mar '04 - Mar '05), two have transferred all their ART patients to SAG rollout facilities, and have ceased providing treatment. Three new field sites will have been activated in FY 2007 to enroll additional ART patients in support of the SAG rollout plan.

Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in the form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

All TB treatment in South Africa is provided for free by the SAG. Screening of TB patients is problematic in NGO sites, but this programmatic area is strengthened with CDC-Atlanta support and increased focus in FY 2007. AIDSRelief will screen all patients who present themselves to field sites for TB, and will perform laboratory smear microscopy and culture (if indicated according to NDOH algorithms) on those suspected of having TB. If laboratory tests are positive, they will be referred to the SAG TB program for treatment. This activity includes additional training and commodities for the vast network of home-based carers to implement a single TB screening algorithm.

As part of the home-based care training, all home-based carers have to complete a module in TB DOTS. Most of them were selected as ART adherence monitors in the first place because of the considerable experience they have gained over the years in implementing the TB DOTS program.

AIDS (in itself and its relation to TB/HIV) is stigmatized in many South African communities because of the association with death. This is because the perception exists that AIDS inevitably leads to death. As the number of patients on treatment has grown,

and as communities see that those on treatment are living normal, healthy lives, stigma is decreasing visibly and more and more patients are presenting themselves to be tested, either in VCT, or if they know that they are positive, to have their CD4 counts tested and see whether they qualify for treatment. This process has been accelerated by the way in which patients on treatment at each site are used as community peer educators and counselors.

As described earlier, all activities will be implemented in close collaboration with the South African Government's health authorities to ensure coordination and information sharing, thus directly contributing to the success of the SAG rollout and the goals of PEPFAR. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the SAG, thus ensuring long-term sustainability.

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
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,726	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.07: 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:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7962
Planned Funds:	$ 50,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The activities of the Eastern Cape Regional Training Center are integrated, and include activities in the following program areas: Basic Health Care and Support (#7961), TB/HIV (#7962), ARV Services (#7963) and Laboratory Support (#7965).

SUMMARY:

The Eastern Cape Regional Training Center (RTC) will use FY 2007 funds in the Eastern Cape to strengthen the capacity of health care workers (HCW), facility managers, social workers, doctors, nurses, lay counselors and community health workers (CHW), including DOT supporters, to deliver quality TB/HIV services. Three teams from RTC will each support a facility and its feeder clinics for a period of four months to initially evaluate the TB/HIV training needs and provide targeted didactic training, ongoing mentoring and coaching using standardized procedure manuals and tools. NGO facilitators will be trained to implement a level four comprehensive community health worker curriculum incorporating HIV and TB. The primary emphasis will be given to training, and minor emphasis to quality assurance and supportive supervision, and information, education and communication (IEC).

BACKGROUND:

RTC was established through a service agreement between the prime partner Eastern Cape Department of Health (ECDOH) and the Walter Sisulu University (WSU) to provide ongoing training for quality improvement in HIV and TB care programs.

The function of RTC has been to develop accredited training modules and care protocols for different categories of health workers based on National Department of Health guidelines. RTC has demonstrated and evaluated the HIV, TB and STI best practices continuum of prevention, care and treatment model in selected facilities, providing direct patient care and the opportunity for HCW to receive practical training. RTC provides technical assistance to the ECDOH regarding the expansion of its HIV intervention programs supporting Eastern Cape hospital/clinic site readiness for accreditation to provide comprehensive HIV care and treatment.

During the past three years ECDOH has introduced a comprehensive program for HIV care. From observations during RTC activities in clinics and communities, more than 70 percent of TB patients are HIV-infected and there seems to be a gap in screening all TB patients for HIV and early identification of TB in HIV patients who are presenting in facilities. Patients present late for care, already with severe complications. No clinical prophylaxis of TB is currently provided. There is limited awareness and skill among the communities to enable early entry into the care system. There are known drug-drug interactions in patients with co-treatment of ARV and TB drugs. There is an opportunity to combine follow-up of TB patients with patients on ARVs at community level.

RTC has been working with ECDOH managers in developing and disseminating care protocols and will be providing support and working closely with the district and facility managers to increase skills capacity to improve the quality of TB/HIV treatment and support services at facilities and community level.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007 RTC will continue to address the following areas: training; local organization capacity development; quality assurance; and supportive Supervision. Funding will be used to enhance the RTC strategy of training preparation of new provincial sites for accreditation as ARV sites and providing clinical mentoring to selected sites. RTC will continue supporting training administration and logistics of a comprehensive care training team allocated to provide dedicated support to three district hospital sites and at least five feeder clinics, for a period of four months, which will then move to the next three sites for the next four months, completing three cycles a year.

During this period the team will work with and support the facility managers to initially evaluate the TB/HIV palliative care services training needs, adapt standardized protocols

and procedures for local facilities, and provide targeted didactic training, ongoing mentoring and coaching using standardized protocols and operating procedure manuals. The activity will address the priority areas of human capacity development, improving skills of a care team including managers, doctors, social workers, health promoters, CHW, DOT supporters and nurses at a facility and its feeder clinics through targeted didactic, case discussions, mentoring and community follow-up of patients with facility staff while considering and reviewing relevant local system issues. Ongoing support will continue through telephone consultations after the 4 months. RTC will train and mentor 35 facilitators from 7 NGOs who will cascade the training of a comprehensive level four curriculum for community health workers who will be providing community awareness for TB/HIV symptoms and follow-up of both patients for HIV and TB treatment adherence.

RTC will hold three-monthly sessions with three local CBOs at each facility to articulate their role and function in TB treatment services and enhance their knowledge and skills required to function in that role.

The RTC team will develop simplified TB screening algorithms for HIV patients at clinics and support the improved provision of INH prophylaxis, early detection and better management of TB/HIV in clinics. RTC training and mentoring will address the establishment of wellness programs at each facility to encourage community follow-up, nutrition advice, referrals to clinics and social support at community level.

RTC training and mentoring will address data collection, maintaining accurate records, feedback and usage through quality improvement cycles to address early presentation, and follow-up of patients on TB treatment.

RTC is an ECDOH initiative based at the Walter Sisulu University and conducts training at public facilities. RTC has and will continue to provide technical assistance to the province through regular meetings and assignments from province managers as well as training for managers.

The PEPFAR funding is helping to establish the program on a firm footing where it can continue with ECDOH funding.

The primary objective of the project is sustainable targeted human capacity development for all health workers. RTC staff will also continue to improve their knowledge and skills by having weekly academic discussions, two internal workshops, attending relevant conferences and ongoing mentoring from another PEPFAR partner, I-TECH.

This activity contributes to the PEPFAR objective of 2-7-10 by increasing the number of people in care and strengthening the linkages between HIV and TB programs.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	162	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	405	☐

Indirect Targets

The RTC team will support human capacity development through mentoring of staff and strengthen down referral in 27 Hospital and 5 feeder clinic for each hospital. It is estimated there will be 15 new people per month in each of the 27 hospital who will be eligible for ARVs. It is estimated that 30% of the of the 4860 people eligible for ARVs will receive TB prophylaxis or treatment and some will be down referred to each of the 135 clinics for DOTS follow up, making an estimated indirect total of (27*15*12*30%=1458) individuals who will benefit.

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Non-governmental organizations/private voluntary organizations
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional healers
Other Health Care Workers

Coverage Areas

Eastern Cape

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7968
Planned Funds:	$ 500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The 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 PMTCT (#7969), ARV Services (#7653), ARV Drugs (#7655) and Basic Health Care & Support (#7654), and Track 1 activities in ARV Services (#7650).

SUMMARY:

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will support all of its care and treatment partners in addressing the barriers to increasing case detection and cure rates in TB co-infected HIV-infected patients. The program intends to strengthen collaboration between TB control initiatives and HIV and AIDS programs at EGPAF supported sites in KwaZulu-Natal. EGPAF receives both Track 1 and Track 2 (South Africa) PEPFAR funding. The primary emphasis areas for activities are human resources, with minor emphasis on the development of networks, infrastructure, policy and guidelines, and on strategic information and training. Primary populations to be targeted include infants, men and women, both pregnant and not, people living with HIV (PLHIV), and public and private healthcare providers.

BACKGROUND:

Tuberculosis (TB) poses a serious threat to the public health and economic well-being of South Africans and in the advent of HIV, affects the most productive segments of the population, as well as disproportionately affects the poor. The HIV and AIDS epidemic in South Africa has further complicated control and treatment of TB. Although the South Africa National TB Control Program (NTCP) has made significant progress over the past several years, it still faces challenges in increasing case detection and cure rates. Key barriers include a lack of community understanding about the disease, limited access to services, inadequate provider knowledge and compliance with DOTS, and patient adherence to treatment.

The program's key focus will be at the district, municipal, and community levels. EGPAF will:

1. Assist stakeholders and partners to strengthen local capacity to detect, treat, and prevent TB.

2. Develop community-based strategies to identify potential TB cases and ensure early referrals for diagnosis and treatment.

3. Assist sites to integrate TB services with HIV and other healthcare services.

4. Support and develop community-based approaches to ensure treatment adherence.

ACTIVITIES AND EXPECTED RESULTS:

EGPAF will strengthen linkages between healthcare centers and community DOT supporters to reduce treatment interruption rates and improve treatment adherence. EGPAF will establish mechanisms for collaboration between TB and HIV services by providing counseling and testing within TB services, and screening HIV-infected individuals for TB.

EGPAF will assist in strengthening the technical capacity at the sites where the comprehensive care management and treatment programs are being supported. The key activities will involve the integration of TB services, VCT services, and antiretroviral treatment (ART) services, at primary health care and hospital level. These activities will be included in the site TB control and evaluation plans.

Mechanisms for integration are:

1. Support the district/site TB/HIV coordinator to expand and improve the referral linkages between TB and VCT.

2. Assist in the development and implementation plan for TB/HIV at sites at which EGPAF will be providing comprehensive HIV and AIDS services.

3. Assist in monitoring and evaluation of referral systems for TB/HIV related activities.

4. For monitoring and evaluation, a core set of indicators, based on national guidelines for monitoring and evaluation of collaborative TB/HIV activities will be used to measure the success of the program.

EGPAF will support the following activities to reduce the burden of HIV in TB patients (adults and pediatrics):

1. HIV counseling and testing for all TB patients

2. Increased screening rates of TB for all HIV-infected patients within existing care and treatment sites and services.

3. Provision of cotrimoxazole preventive therapy to TB patients with HIV infection as part of the comprehensive care and treatment program.

4. Provision of antiretroviral therapy to eligible TB patients with HIV infection.

5. Provision of care and support services to TB patients with HIV infection.

6. Intensified TB case finding at all HIV and AIDS program sites and among higher risk groups, with a strong referral system between HIV and TB services.

7. Provision of isoniazid preventive therapy as part of the package of care for PLHIV when active TB is excluded.

EGPAF will assist the National TB Control Program to strengthen information systems, supervision, and program management. EGPAF will work with provincial, district, municipal, and community health systems to build or strengthen capacity to prevent, detect, and treat TB. The emphasis will on strengthening linkages with home-based care organizations and community healthcare workers to identify suspected TB cases, ensure early referrals for diagnosis and treatment, as well as support treatment adherence. EGPAF will provide human resources, training, and M&E support to the TB/HIV program.

By supporting HIV care and treatment services, EGPAF contributes to the 2-7-10 goals of PEPFAR and the USG South Africa Five-Year Strategic Plan.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Quality Assurance, Quality Improvement 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 service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	39	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,200	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	78	☐

Target Populations:

Adults
Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

KwaZulu-Natal

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Foundation for Professional Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7986
Planned Funds: $ 750,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is integrated with the Foundation for Professional Development (FPD) activities in ARV Services (#7593), ARV Drugs (#7985), CT (#7987) and SI (#7594).

SUMMARY:

The program supports the expansion of access to comprehensive HIV and AIDS care by focusing on service delivery and Human Capacity Development with a view to increasing the detection and treatment of patients with TB and HIV co-infection. The major emphasis area for these activities is human resources but several other emphasis areas (including commodity procurement, quality assurance and training) support the success of the overall effort. Target populations for these activities include people living with HIV and AIDS (PLHIV), their families and children, public and private health care doctors, nurses and other workers, and community-based organizations (CBOs), faith-based organizations (FBOs), and non-governmental organizations (NGOs). The activities also directly and indirectly target PLHIV and most at risk populations.

BACKGROUND:

The Foundation for Professional Development (FPD) is a South African Private Institution of Higher Education working exclusively in the health sector in Southern Africa. PEPFAR funding has allowed large scale training and antiretroviral treatment to take place over the past year. Although FPD has not previously received PEPFAR funding for TB/HIV activities, FPD supports ART sites that are in high TB incidence/prevalence areas with case rates ranging from 300-1500:100,000 and as such there has been a growing awareness that emphasis needs to be placed on the diagnosis and treatment of TB. In addition, in 2005, FPD provided training for over 600 clinicians and nurses on the management of TB/HIV. In FY 2006 a target was also introduced for identifying TB/HIV co-infected individuals at 10 of the ART sites supported by FPD. Treatment related activities are closely coordinated with provincial Departments of Health (DOH) through memorandums of understanding (MOUs) with provincial DOH and through close coordination with district TB programs. National Department of Health (NDOH) guidelines are also incorporated in all activities and training programs. A gender focus is built into all aspects of the project ranging from ensuring gender parity in uptake of testing and treatment, including gender in data collection, all counselors will be trained on aspects relating to male norms and behavior and equal access to training activities will be ensured. It is envisaged that FPD will be the main project implementer, however, sub-agreements with CBOs and FBOs may be used to increase community participation and to increase CT for TB and HIV. This project will place specific emphasis on gender issues in the context of the CT activities. All CT staff will be trained and provided with counseling tools in order to equip them to undertake couple counseling, identify counsel and refer victims of sexual abuse and violence, and stigma reduction.

This project will also address gender, and stigma and discrimination. Most of these activities will be aimed at strengthening the public healthcare system, promoting closer cooperation between the public sector and civil society institutions, and developing human capacity. Activities will offer sustainable and long-term benefits for the SA healthcare system.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support to South African Government

FY 2007 PEPFAR funds will be used for human resources at public sector ART sites and surrounding TB clinics. Funds will be utilized predominantly and in the form of salary support for FPD staff seconded to these sites. Sustainability will be ensured through strengthening systems and developing and supplementing capacity of existing government staff to increase identification of TB/HIV co-infected individuals, through promoting routine HIV CT for TB patients and routine TB screening of HIV patients at TB treatment sites. This will allow in time withdrawal of FPD seconded staff. Emphasis will also be placed on strengthening systems and developing and supplementing capacity to increase identification of TB/HIV co-infected individuals, through promoting routine HIV CT for TB

patients and routine TB screening of HIV patients at TB treatment sites. Dedicated and cross-trained TB/HIV counselors will be placed at all TB sites who will actively promote CT amongst TB patients. TB Nurses will be deployed to all ARV sites and tasked with increasing the diagnosis of TB, especially sputum-infected TB in patients receiving ART. TB screening will be done by nurses following a protocol of history taking, routine sputum specimens, and x-rays as needed, and suspected smear-negative TB will be referred to an infectious disease clinician. These dedicated nurses will also ensure a fast track for patients requiring TB therapy and will maintain contact with patients to ensure they are not lost to ART. Co-infected patients who are on ARV treatment and TB treatment simultaneously will receive additional clinical monitoring due to the 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. This activity plays an institutional strengthening role at TB sites with a view to such sites becoming ART down referral sites. PEPFAR funds will also be used to address minor infrastructure needs e.g. sputum rooms, nebulization apparatus and mobile x-ray facilities to improve the diagnosis and infection control of TB transmission. Funds will be utilized for culture and sensitivity tests where MDR-TB is suspected if government protocols or facility budgets do not make provision for such testing.

ACTIVITY 2: Outreach

Active TB case finding will be utilized at selected sites to increase uptake of TB and HIV testing amongst contacts of patients with TB and HIV co-infection. Dedicated staff (mentioned in Activity 1) will actively trace all contacts of TB patients on treatment to encourage the participation of these contacts in CT for both TB and HIV.

ACTIVITY 3: Human Capacity Development

This activity ensures a cadre of skilled healthcare practitioners, in predominantly government service, are able to provide care to PLHIV who are co-infected with TB. Healthcare workers will be trained on various subjects such as: clinical management of AIDS and TB, Management of CT, Palliative care, and Adherence and Workplace, using a proven short course training methodology that provides training close to participants work. PLHIV form part of the faculty to help with stigma reduction among participants and to articulate the needs of PLHIV. To maintain knowledge, an alumni program of newsletters and regular refresher sessions has been developed. Given the high risk that MDR-TB poses for immune compromised individuals, particular emphasis will be placed on training facility managers, facility designers and clinical managers on infection control.

ACTIVITY 4: Referral and linkages

The strengthening and expansion of referral networks and linkages with care and treatment services for clients identified TB/HIV co-infected will be a central focus of the project. Linkages with community mobilization and outreach activities will be initiated to promote the uptake of both TB and HIV CT services

PEPFAR funds may be utilized in the form of sub-awards for NGOs working in the field of DOTS support and community outreach.

FPD will contribute to the PEPFAR goals of 2-7-10 by developing the capacity of organizations to expand access to ART services for adults and children, building capacity for monitoring ART service delivery and reaching thousands of individuals with care and ART.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	30	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,000	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	500	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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:	New APS 2006/Desmond Tutu TB Centre
Prime Partner:	University of Stellenbosch, South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8183
Planned Funds:	$ 1,060,000.00

Activity Narrative: SUMMARY:

The Desmond Tutu TB Center (DTTC) has developed a project focused on integrating TB and HIV services by expanding access to HIV-related services to large numbers of TB-infected inhabitants of the Western Cape (WC). The major emphasis area is development of networks and linkages and minor areas will focus on information, education and communication, community mobilization and linkages with other sectors. The project addresses challenges of reducing HIV transmission in communities and minimizing the impact of HIV on individuals. This project will be implemented in close collaboration with the Western Cape Department of Health, Cape Town City Health Department and non-governmental organizations (NGOs).

BACKGROUND:

Due to the record breaking TB rates in the WC, and the prevalence of HIV, and because both TB and HIV are increasing in sub-Saharan Africa, health system are failing to cope with this dual epidemic. Therefore it is necessary to develop effective and feasible strategies that can be adopted by health services to increase access to voluntary counseling and testing (VCT), provider-initiated counseling and testing (DCT) and care for people co-affected with HIV and TB.

This project addresses access to VCT and DCT by using existing household and community activities and will be a pathfinder in developing services to address access to counseling and testing (CT) for TB clients. It will be nested in six WC communities that form part of the Zamstar project. Zamstar works to reduce the prevalence of TB by improving integration of HIV and TB services, and through these efforts, have established community advisory boards and stakeholder support. The PEPFAR funded project will benefit the Zamstar project by implementing complementary activities focused on HIV and TB, by establishing off-clinic flexi-time VCT centers, and improving access to and utilization of VCT services through social mobilization.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Outside-Health-Facility Flexi-Hour VCT Centers

Approximately 6-7% of the adult population of the WC access VCT through existing healthcare services. The majority of the population who access VCT are women who are exposed to VCT through PMTCT programs, and clients who are referred from health centers. Few people undergo VCT through self-referral. The establishment of outside-health-facility, flexi-hour CT centers will expand the reach of CT to settings outside health facilities, making CT more accessible to those who do not access routine health facility-based CT centers. Males are a target group, and this activity will address the gender inequality in access to CT.

Individuals found to be HIV-infected through the flexi-hour centers will be screened for TB signs and symptoms. Counselors will be trained to implement a simple screening tool. Individuals with symptoms will be referred for diagnostic evaluation in the PHC clinics. Project staff will monitor the referral process to ensure timely visits and back-referral. It is estimated that 15% of clients with newly detected HIV infection will have active TB disease. All clients testing positive in the flexi-hour centers will be screened. This outside-health-facility flexi-hour CT centers will be regarded as a "ward" of the established health facility. They will be linked to formal structures, ensuring appropriate patient referrals to treatment, care and support, and ultimately, helping to ensure sustainability.

ACTIVITY 2: Household and Couple Counseling

The DTTC will implement a household model for addressing TB/HIV. The DTTC will use a model that was developed in Zambia with proven results that demonstrate an increase in community's utilization of CT. The model could also help to reduce stigmatization of HIV and TB through exposure to counseling. Finally, the household TB model will identify higher risk households through the identification of index TB cases. Community members will be trained as counselors and specifically on household and couple counseling. This training will augment the number of skilled people in the communities and also add new

skills to communities. Counselors will visits homes of the index TB patients and will provide a package of counseling on HIV and TB, HIV testing, behavioral and psychosocial counseling, tuberculosis adherence support, active tuberculosis case-finding and linkage to care and support networks. Counselors should reach all the household contacts of TB patients. Furthermore, household members will be motivated to access prophylactic treatment for TB.

ACTIVITY 3: Raising Community Awareness of HIV and TB

Drama groups consisting of local youth will create and perform plays aimed a communities and schools. These dramas will be developed to deliver messages about HIV and TB through the life skills program. Street performances will also take place in areas such as taxi ranks, market places and other areas where people tend to congregate. This activity will evaluate alternative ways of preventing HIV transmission and increasing VCT by targeting the youth through drama groups, and by using simple, repetitive messages to create awareness of TB and HIV co-infection and HIV prevention. In addition to the drama performances in communities, all schools (primary and secondary schools) will be visited three times per year. Messages will be delivered in a modality coupled to activities appropriately linked to the culture and age group.

ACTIVITY 4: Promote Program Collaboration between HIV and TB Services

This activity will focus on improving health services and care of people infected and affected with HIV and TB. Providers will be trained to screen all persons offered HIV counseling for TB and that all TB patients are referred by providers for HIV testing. The activity will be promoted in established health facilities as well as in the outside-health-facility flexi-hour VCT centers. The number of HIV-infected people who are tested for TB will be monitored, and those who test positive for TB will be referred for appropriate treatment at TB clinics. The number of HIV-infected people on TB treatment and the number of TB patients tested for HIV will be monitored. TB services for persons living with HIV will be enhanced and monitored through a system of quality assessment and improvement based on enhancing management information. The project will use monitoring tools that have been developed by the Cape Town City Health Department, thus ensuring skills transfer and sustainability.

The transference of appropriate skills will empower people and build local capacity, and in turn, this will help sustainability after completion of the proposed project. The lay counselors will learn to counsel in an innovative manner, and will help alleviate time pressures on the nursing staff and allow them to concentrate on professional tasks. It is anticipated that this activity will result in improved job satisfaction among nurses and have a positive influence on the morale of staff thereby motivating nurses not to leave the services.

ACTIVITY 5: Assess current HIV screening and referral activities in community health care centers caring for pediatric (<15 yr) TB patients and improve proximity, availability, and accessibility of HIV counseling and testing facilities for pediatric TB patients. Earlier identification and treatment of HIV in children with TB leads to improved outcomes.

This project contributes to the PEPFAR goals by strengthening linkages between HIV and TB, by encouraging TB patients to undergo HIV testing, by identifying those who are co-infected and, by ensuring treatment, care and support. In addition, the project contributes to PEPFAR goals by providing messages on HIV transmission to schools and communities at large.

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

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	☐
Number of HIV-infected clients given TB preventive therapy	2,500	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,110	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	6	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Family planning clients
Nurses
Traditional healers
HIV/AIDS-affected families
Infants
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Pregnant women
Teachers
Children and youth (non-OVC)
Out-of-school youth
Religious leaders
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Western Cape

Table 3.3.07: Activities by Funding Mechanism

Mechanism: RHRU (Follow on)
Prime Partner: Reproductive Health Research Unit, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9444
Planned Funds: $ 805,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

FRP's TB/HIV activities are part of an integrated program that includes Other Prevention (#9449), CT (#9445), Basic Health Care & Support (#9448), and ARV Services (#9446).

SUMMARY:

The Reproductive Health and HIV Research Unit's (RHRU) PEPFAR-funded program, subsequently referred to as the "Follow-on to the RHRU Program" (FRP), will be re-competed through an Annual Program Statement for 2007.

This section describes the 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, FRP will support commencement of ARV services in two TB hospitals in KwaZulu-Natal (KZN). The major emphasis area is the development of network/linkages/referral systems, with additional emphasis in training and quality assurance and supportive supervision. Target populations for the TB/HIV work include men, women, PLHIV (adults) and public health doctors, nurses, and other health care workers.

BACKGROUND:

RHRU, which is affiliated with the University of the Witwatersrand in Johannesburg, currently provides technical support to the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa, which includes the national ARV roll-out. Under PEPFAR funding since FY 2004, RHRU has provided regular on-site support, direct treatment, training and quality improvement to DOH sites in 3 provinces. The FRP will continue these activities, and will initiate an inner city program focusing on providing support to a complete up and down treatment referral network. In addition, FRP will continue the provision of counseling and testing (CT), palliative care, and prevention services. FRP will seek to develop models of service delivery that can be replicated and expanded, and produces findings from lessons learned and targeted evaluations to disseminate and share with others.

It should be noted that the success of ARV treatment scale-up depends on the comprehensive approach detailed in this and other program areas. In particular, the strengthening of referral from other primary healthcare programs such as TB, family planning and STI treatment is critical. In FY 2007, FRP will continue to focus on further strengthening DOH adult and pediatric treatment, and to develop a family-based approach to TB/HIV care and treatment in the public sector. Furthermore, FRP will continue development of strategies to address underserved communities affected by HIV, such as couples, high risk groups such as young people, and gender-based interventions with women at risk, including pregnant women and 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 represents an untapped population requiring immediate access to ARVs. FRP will work with the local authority to provide TB clinical services and training, with the support of PEPFAR-funding. FRP will integrate TB screening and treatment into general palliative care training. In addition, FRP programs will assist in treating hundreds of HIV-infected people for TB. In FY 2007, FRP will train healthcare providers, and emphasize TB and HIV integration as part of on-site technical support to ARV treatment sites and primary healthcare clinics and their referral facilities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: TB Treatment Support, Integration, and Referral

TB treatment represents an ideal opportunity for entry into an ARV program. Patients being treated for TB have to deal with the public health system entry, daily adherence, drug toxicity, and regular follow-up evaluation, all of which are also key components of the ARV program. Helping healthcare workers understand that referral from TB sites

should be seamless, and encouraging patients to test for HIV through the DOH program, will ensure a constant stream of well-prepared co-infected patients entering the system.

FRP will work within the existing TB services in 3 provinces to expand CT, CD4 staging, initiation of opportunistic infection prophylaxis (cotrimoxazole) and preliminary ARV adherence advice. Counseling and Testing of TB Patients is covered in the CT narrative as well. FRP works in the Department of Health (DOH) facilities and its staff will facilitate direct referral of correctly staged patients into ARV treatment sites, and ensure that other patients accessing ARVs in FRP sites in the 3 provinces are referred for TB treatment where necessary. This will include programs such as ante-natal care/post-natal care (ANC/PNC), women at risk, and programs increasing male health seeking behaviors. Additionally, in the case of very immuno-compromised patients with TB who require ARVs relatively quickly, FRP staff will train DOH workers in terms of the national guidelines, to recognize this urgency and refer the patients to appropriate clinics, while working with accepting ARV sites to similarly treat these cases with urgency.

ACTIVITY 2: Human Capacity Development

FRP will develop and scale-up TB/HIV training programs for TB service providers operating at all levels of facilities in the provinces in which FRP works. The primary focus will be on increasing access to ARV services from TB services through continual training and engagement with TB managers. This approach will maintain a steady stream of patients into their ARV programs (see ARV Services section for more information).

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. Plus up funds will be used by the RHRU to improve referral systems that include the tracking of individual TB patients through counseling and testing, wellness services, and ART. The RHRU will work with the local authority to expand TB clinical services and training and will integrate TB screening and treatment into general palliative care training. TB treatment represents an ideal opportunity for entry into an ARV program. Patients being treated for TB have to deal with the public health system entry, daily adherence, drug toxicity, and regular follow-up evaluation, all of which are also key components of the ARV program. Helping healthcare workers understand that referral from TB sites should be seamless, and encouraging patients to test for HIV through the DOH program, will ensure a constant stream of well-prepared co-infected patients entering the system. In addition, the RHRU will expand treatment of TB for HIV infected patients.

This activity will contribute to both the vision outlined in South Africa's Five-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**
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	95	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,500	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1,290	☐

Indirect Targets

RHRU can not quantify any indirect targets, although significant support to the national HIV and AIDS care and treatment program is given via training. RHRU provides ARV, CT and Palliative Care trainings to public service health providers in 3 provinces.

Target Populations:

Doctors
Nurses
People living with HIV/AIDS
Other Health Care Worker

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	University of Washington/I-TECH
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12464
Planned Funds:	$ 350,000.00

Activity Narrative: This activity relates to I-TECH activities also described in Policy Analysis and Systems Strengthening (#7492). In addition, I-TECH has a close working relationship with another PEPFAR partner, the Eastern Cape Regional Training Center (RTC) and I-TECH supports their activities in Basic Health Care and Support (#7961), TB/HIV (#7962) and ARV Services (#7963).

SUMMARY: The International Training and Education Center on HIV (I-TECH) will carry out activities to support the expansion of HIV and AIDS, tuberculosis (TB) and sexually transmitted infection (STI) care and treatment in Mpumalanga through six clinical training and mentoring activities. The emphasis areas for these activities are training; minor emphasis is given to quality assurance, quality improvement and supportive supervision; local organization capacity development and development of network/linkages/referral systems. The primary target populations are doctors (public and private), pharmacists (public), and nurses (public).

BACKGROUND: I-TECH has been working in the EC since 2003 to develop the capacity of clinicians in the care and treatment of HIV and AIDS, TB and STI. Four of the activities described here were funded in FY 2006. The placement of two Fellows in-country for six months and hiring a mentorship coordinator will be initiated in FY 2007. This activity will be extended to Mpumalanga province for the management of TB/HIV co-infection. All activities will be implemented by I-TECH's subcontractor, the University of California at San Diego (UCSD) Owen Clinic, with the exception of hiring a mentorship coordinator, which will be implemented by the primary partner I-TECH.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training Needs Assessment: I-TECH will provide technical assistance to the Mpumalanga Regional Training Centre (MRTC) to conduct a needs assessment of HIV and TB training health care workers. The results of which will be utilized in assisting the MRTC to develop accredited TB and HIV including TB/HIV training courses for health care providers. I-TECH will build on its work with the Eastern Cape Regional Training Centre of utilizing mentors for the Owen Clinic to train and mentor hospital and clinic based staff on management of concomittant TB/HIV. The aim is to build the capacity of the MRTC in developing training for health care providers and at the same time developing capacity of health care providers in managing TB/HIV infections.

ACTIVITY 2: Human Capacity Building and Program Sustainability: In-country Intensive Mentoring of the Mpumalanga Regional Training Centre (MRTC) Clinical Team: This activity continues the work begun in FY 2005 to mentor the Eastern Cape RTC clinical team in-country. FY 2007 PEPFAR support will be used to intensively mentor clinical staff from the MRTC to develop their clinical skills in complex case management, rapidly emerging treatment complications, and evidence-based clinical decision-making. The MRTC medical team members will accompany Owen Clinic doctor/nurse consultant teams as they travel to sites in the province to provide onsite mentoring to Mpumalanga clinicians while seeing together up to 50 patients per week, and facilitate evidence-based clinical decision-making skills building classroom trainings. The intensive mentoring model includes effective mentoring skills, differential diagnosis and treatment discussions, case study presentations, providing educational resources and ongoing e-mail consultation with Owen Clinic HIV specialists (see Activity 5). FY 2007 PEPFAR funds will support UCSD Owen Clinic administrative staff time, and the salaries, travel, lodging and expenses for six two-person Owen Clinic consultation teams to travel to Mpumalanga during FY 2007 for one month stays.

ACTIVITY 3: Human Capacity Development: Educational support of Mpumalanga clinicians via short-term in-country training/mentoring and monitoring. This activity supports onsite training of public sector doctors, nurses and pharmacists at newly accredited and past-accredited EC district hospitals and clinics (i.e. referral clinics affiliated with larger hospital complexes - scheduled for phased accreditation as independent treatment centers) as well as private practice doctors and pharmacists serving in nearby areas. Mentoring includes UCSD consultants seeing patients with doctors and nurse clinicians to provide onsite consultation (but not involving direct medical care by U.S. mentors), conducting small group discussions onsite, distribution of training materials, and case-based trainings developed from the doctor-patient panels. FY 2007 funds will support

UCSD Owen Clinic administrative staff time and the salaries, travel, lodging and expenses of six two-person Owen Clinic teams (physician & nurse or pharmacist), to travel to the EC to provide onsite training/mentoring at 15 sites to 250 clinicians

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

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	250	☐

Target Populations:

Doctors
Nurses
Pharmacists
Public health care workers
Private health care workers
Doctors

Key Legislative Issues

Twinning

Coverage Areas

Mpumalanga

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	CDC GHAI
Prime Partner:	National Institute for Communicable Diseases
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12473
Planned Funds:	$ 900,000.00

Activity Narrative: SUMMARY
Activities will be carried out to strengthen the current TB laboratory infrastructure and capacity under the NHLS with direct support from NICD. With significant increases in MDR and XTR-TB cases within South Africa, and recognizing the limited laboratory capacity to capture and report cases within NHLS and the NTP, there is an immediate need to provide increased access of TB culture and referral services, investigations into creative approaches to increasing laboratory through-put of sputum specimens to meet increased demand, expansion and refinement of information management and dissemination methods of TB diagnostic results, as well as strengthening NHLS ability to improve MDR and XTR-TB reporting and surveillance activities.

BACKGROUND
NHLS is a public laboratory network that provides services within all 9 provinces. NHLS is composed of close to 300 laboratories located in both rural and urban settings, and provides diagnostic services to almost 85 percent of general population. NHLS is a parastatal organization, with NICD residing within the NHLS organizational structure.

Activity 1: Integrated HIV/TB technologist training program (co support in HLAB). Funds are requested to respond to technical assistance requests from NHLS to assist in the development of an integrated HIV/TB technologist training program. It is apparent that many of the rural NHLS laboratory staffing needs fall short of the human resource requirements needed to maintain and sustain viable HIV and TB diagnostic services. In light of this shortcoming, NICD/NHLS has proposed an integrated training program that would encompass the needs of understaffed testing sites. The objectives of the training curriculum would address technical HIV testing methodologies and practical hands on training to meet the increased technical demands of HIV testing services, as well as the need to improve TB smear microscopy and AFB culture techniques. The proposed 1 year training curriculum would include didactic sessions, but more importantly on-site laboratory practicums. Funding would be used to assist in curriculum development and technical content review, as well as training implementation and oversight. Efforts will be coordinated with SA Health Care Professionals Association to ensure course accreditation

Activity 2: Automated NALC decontamination
With the current number of sputum samples submitted for laboratory smear microscopy and culture already at an all time high and continuing to increase, it is recognized that one of the most significant rate determining factors directly impacting laboratory through-put is that of the NALC decontamination process, a labor intensive processes of sputum concentration and decontamination. In order to streamline this process and to increase overall laboratory through-put of sputum specimens to meet the increased demand and lack of available staff to process such specimens, alternate or automated measures should be investigated. Currently, NICD has vested time in investigating possible automated methods that could significantly reduce and provide standardized decontamination processes. The currently proposed funds would be used, in partnership and through co-funding with NHLS, for the development of automated NALC decontamination instrumentation and technologies.

Activity 3: Expansion and refinement of information management processes
Information management and dissemination of TB/HIV diagnostic results is a continuing issue that needs to be addressed. Current laboratory reporting mechanisms, as well as patient enrollment systems into DOTs treatment programs need IT support and information bridges that currently do not exist. Currently, NICD has vested time in investigating logistic support mechanism for strengthening the current system. A draft proposal has been submitted by LTS, an engineering firm within South Africa, to address this problem. The currently proposed system will utilize biometric enrollment systems as confirmation of patient identification and incorporates the existing NHLS data warehouse as a source of laboratory information that can be used to increase the efficacy and use of the existing systems for diagnostic and treatment purposes. CDC proposes a modular approach to address the overarching system needs. The currently proposed funds would be used, in partnership and through co-funding with NHLS, for the development of modular logistical and information management support systems as a means to address the current integration issues associated with the existing system.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect 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		☑
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 service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Public health care workers

Laboratory workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Tuberculosis Care Association
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12516
Planned Funds:	$ 1,500,000.00

Activity Narrative: SUMMARY

Activities are carried out to support care and treatment services at three hospital-based clinics and eight primary health clinics (PHC). Training and mentoring on topics to ensure provision of quality care will be provided: clinical care, social support, monitoring & evaluation, and health system support. Referral systems, including community adherence support and coordination of services between hospital and PHC, will be strengthened through human resource, capacity development and programmatic support. People infected and affected by HIV, including health care providers will be the beneficiaries of this PEPFAR-supported program.

BACKGROUND

TB Care Association has been providing community based counselling, emergency material relief, and support, and TB treatment support in the Western Cape since 1992. Support for HIV care and treatment services in the West Coast Winelands is a new initiative. Training and mentoring activities will be done through collaboration with the Department of Health (DOH). Support has been requested by Western Cape Province and all program activities will occur within public health facilities; essential drugs and ARVs will be procured through DOH, and laboratory services will be provided by NHLS, through DOH.

ACTIVITIES

Activity 1: Integration of services and quality assurance
The first activity is human capacity development, focusing on integration of the HIV program into primary health care services, including paediatrics. Under the guidance of the clinical coordinator, two TBCA-employed nurse mentors with extensive experience in HIV care and treatment will work closely with DOH to identify training/mentoring needs. DOH clinicians will be trained through didactic and mentoring sessions, on topics including identification and counselling of victims of abuse, reducing stigma, clinical management of patients, integration of services, etc. HIV testing, care and treatment will be strengthened through ensuring all clinicians involved in patient care (doctors, nurses, pharmacists) in all areas of patient care services (EPI, IMCI, minor ailments, TB, family planning, OPD, ANC) are clinically competent in managing HIV positive clients. A quality assurance program will be implemented through support of the DOH multi-disciplinary team meetings, provision of clinical updates & in-services, and introduction of a formal routine chart review, in collaboration with clinic managers. National and provincial standards of care and guidelines will be followed. TBCA will work closely with DOH to facilitate coordination of services between the 3 hospitals and their affiliated clinics, anticipating provision of ART at clinic level by end of FY08. Systems support will be provided as needs are identified (down-referral of drugs, strengthening of patient referrals, etc.) Ten percent of the budget will be spent on promoting paediatric services.

Activity 2: Community mobilization related to care and treatment
The second activity is to strengthen community involvement in HIV care and treatment services through outreach services provided by community health workers (CHW). In consultation with DOH, TBCA will employ one community team leader and ten CHWs for each clinical site supported. The province of the Western Cape has plans to expand CHW programs, therefore sustainability will be addressed. TBCA will train the CHWs on priority health issues so that they are multi-skilled to provide integrated community care. The role of the CHWs will be to promote IEC (information, education, communication) in the communities they serve, focusing on increasing awareness of comprehensive HIV services available, HIV prevention, including prevention with positives, to ensure family-cantered care through referrals of family members affected by HIV, and community-level follow-up of patients who have not returned for routine care (in collaboration with M&E). Existing community groups will be encouraged to become involved, and through collaboration with already-existing home-based care programs, community-based wellness programs will encourage patients to seek routine care. Peer counselling and education provided by the CHWs will target male behaviours. Links with social development programs, nutritional support programs, and other governmental and non-governmental services will be facilitated by the team leaders and TBCA-employed nurse mentors who supervise them.

Activity 3: Strengthening of clinical services through M&E support

The final activity is to assist with monitoring and evaluation of the national comprehensive HIV care and treatment program at supported sites. TBCA will employ a data capturer for each site to assist with all HIV/TB related reporting. Coordination of M&E with clinical services will ensure prompt follow-up of patients enrolled in care who do not return to clinic. Data collection will be facilitated through provision of computers to each clinic. Training needs related to capturing quality data will be identified and addressed. Gender equity in the HIV program will be revealed through collection of data showing breakdown of women and men receiving prevention, care and treatment services. The data capturers will liaise with Community Team Leaders to follow up patients referred from TBCA-supported VCT testing sites found to be HIV positive as well as those who have TB or STI symptoms.

These results contribute to the PEPFAR 2-7-10 goals by improving access to care and treatment services, thereby increasing the number of persons receiving ARV services, targeted at 500,000 individuals in South Africa by September 2008.

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
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect 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		☑
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 TB patients tested for HIV	500	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	11	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	100	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	25	☐

Target Populations:

Adults
Community-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Western Cape

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	PATH
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	19236
Planned Funds:	$ 800,000.00

Activity Narrative: SUMMARY:

PATH proposes to support prevention and control of MDR-TB and XDR-TB in the Southern African region and thus reduce the potential for accelerated mortality in HIV-infected individuals especially through activities targeting gaps in several specific areas of need: improved infection control practices, improved laboratory practices, and improved capacity for planning and implementing strategies to address MDR-TB and XDR-TB in the medium term.

BACKGROUND:

South Africa ranks seventh in the world in burden of tuberculosis and second in the burden of HIV. The recent emergence of extensively drug resistant TB (XDR-TB) outbreaks in South Africa with extremely high mortality among HIV-infected cases has made addressing the threat of MDR-TB and XDR-TB in this high-HIV setting a priority for South Africa and the international TB control community. The Global MDR-TB and XDR-TB Response Plan 2007-2008 ranks South Africa as fourth on the priority list of countries for action on MDR/XDR-TB, estimating a current burden of 10,348 MDR-TB cases among all cases, or 2.6% of total TB cases. WHO's Global TB Report in 2007cited better drug resistance surveillance, more effective patient support, and improved infection control as urgent responses to contain drug resistance and prevent development of new drug-resistant cases in South Africa. The Global MDR-TB and XDR-TB Response Plan supports these priorities. Objective 5 of the Plan is to "foster sound infection control measures to avoid MDR-TB and XDR-TB transmission to protect patients, health workers, others working in congregate settings, and the broader community, especially in high HIV prevalence settings."

ACTIVITIES AND EXPECTED RESULTS:

In recognition of the extensive work that is already underway or has been planned in the areas of infection control, laboratory capacity, and MDR-TB control planning in the region by a large number of organizations, PATH proposes to play a primarily catalytic role in moving MDR-TB control activities forward by working with the government of South Africa and all other stakeholders to craft coherent strategies that promote a unified approach to infection control, laboratory capacity-building, and MDR-TB response planning and that take advantage of each partner's strengths. In coordination with all partners, PATH will document best practices and lessons learned, identify areas that require further study, support country- and provincial-level action planning, and coordinate technical assistance as requested to strengthen the region's response to the dual epidemics of TB and HIV and the threat of MDR-TB/XDR-TB.

ACTIVITY 1: Support the government of South Africa to build capacity for the provision of standardized infection control

1) Establish a multi-sectoral network of key infection control stakeholders for a more strategic and coordinated response, to share best practices and lessons learned, leverage programmatic resources, and identify priority areas for operations research.
2) Engage all partners, including the South African Government in developing a training strategy and plan, adapting existing materials and resources to create standardized training materials that support the infection control policies and guidelines developed by the South African Government and the WHO.
3) Strengthen local capacity to implement a comprehensive infection control training program designed above.

ACTIVITY 2: Support the government of South Africa to build capacity to identify and effectively manage drug-resistant TB cases though support for laboratory strengthening and implementation of strategies to combat drug resistant TB.

1) In collaboration with in-country partners, pilot test the new MDR-TB/XDR-TB Country Assessment Tool being developed by PATH in conjunction with Stop TB, GLC, and others to inform action planning for MDR-TB control and identify additional technical assistance needs.

2) Organize a consultation to review, and adapt as needed, guidelines for management of drug-resistant TB and discuss next steps needed to manage mobile and cross-border TB cases effectively.
3) Establish a learning network that will focus on the management of drug-resistant TB to serve as a forum for peer exchange among SADC countries and will capture successful regional approaches and challenges that need to be addressed.

ACTIVITY 3: Provide technical assistance to Eastern Cape Province to strengthen their TB/HIV programs with a particular emphasis on data collection and utilization and monitoring and evaluation.

ACTIVITY 4: Coordinate an evaluation to assess implementation of enhanced diagnostic techniques for multidrug-resistant TB (MDR-TB) in HIV-infected TB patients. In selected high HIV-prevalence sites, all HIV-infected TB patients will undergo early culture and drug susceptibility testing at diagnosis to enable earlier detection of MDR-TB to shorten time to delivery of life-saving anti-TB and
antiretroviral medication.

There will be no direct targets associated with this activity as PATH will be supporting system strengthening at the national level.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Needs Assessment	10 - 50
Training	10 - 50

Target Populations:

Doctors
Nurses
National AIDS control program staff
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

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: $ 36,349,606.00

Program Area Context:

The South African HIV and AIDS epidemic has created an unprecedented number of children without adult protection, nurturing and financial support. About 3.3 million South African children—18% of all children aged 18 years or less—have lost one or both parents. Over 250,000 have lost both parents, and over 100,000 are estimated to be living in child-headed households (CHH). By 2015, nearly 5 million children under 18 years will have lost one biological parent, and 1 million will have lost both. About 10% of children starting school and 25% of all children will have lost their biological mother.

The AIDS epidemic is destroying children's lives and forcing them to assume the roles of caregivers and providers. Many orphans and vulnerable children (OVC) live with, and are cared for by, extended family and neighborhood networks that are already strained by the epidemic, while others are left to head households. Without adequate protection and care, OVC are more susceptible to child labor, and to sexual and other forms of exploitation that increase their risk of acquiring HIV. The epidemic disproportionately affects women and girls, owing to their subordinate role in society and traditional role as caregivers. A staggering 71% of households with orphans are female-headed. In addition, young girls often have the burden of caring for affected family members, limiting their ability to access formal education.

The South African Government (SAG) has provided a blueprint for the care of orphans and vulnerable children. Both the Policy Framework on OVC and the National Action Plan (NAP) provide a clear plan for addressing the social impact of HIV and AIDS and for reaching OVC. The NAP is based on six key strategies: strengthen the capacity of families to care for OVC; mobilize community-based responses for care, support and protection of OVC; ensure that legislation, policy, and programs are in place to protect the most vulnerable children; ensure access to essential services for OVC; increase awareness and advocacy regarding OVC issues; and expand business community involvement and support for OVC. In all instances, community care is prioritized, and institutional care, while recognized as necessary in some cases, is viewed as a last resort.

The USG has adopted a multi-pronged approach to addressing the complex needs of OVC, consistent with the SAG policy framework. The USG provides direct assistance to the DoSD, and also partners with diverse local and international organizations to scale up existing, effective OVC programs that complement and support the DoSD's efforts. As of March 2006, 22 PEPFAR partners had reached 45,688 children with direct services. In addition, 41,785 OVC were reached indirectly and 11,432 caregivers were trained.

In FY 2007, USG funding for OVC activities will meet the 10% budget requirement. In line with the UNAIDS Three Ones principle, the USG will continue support to the SAG to strengthen coordination of OVC programs. The USG will continue to support a full-time technical advisor at the DoSD to build capacity in national monitoring and evaluation systems, and to support development and maintenance of a national OVC database. The DoSD has also requested support to conduct a service availability mapping exercise, and to create a directory of OVC implementing organizations.

The USG will increase support to 28 new and existing partners who will support a range of core OVC services. To ensure quality, the USG has defined direct service provision as each child receiving a minimum of three services from a menu of eight services. These include: targeted, short-term food and nutritional support; shelter and care; child protection; assistance in accessing healthcare; psychosocial support; increased access to education and vocational training (including school fees, uniforms, tutoring etc.); assistance in accessing economic support (accessing social grants, income-generation projects, etc.); and community mobilization. The USG will continue to emphasize quality improvements in the delivery of OVC services.

USG partners will scale up interventions at the child, caregiver and family, and system levels that will vary in scope, scale and intensity. Some partners will address direct emergency humanitarian needs that

threaten the physical survival of OVC (nutrition, shelter, primary health care, referral for antiretroviral treatment (ART) and protection from abuse). Others will address longer term issues of early child development, education, and the spiritual, emotional and psychological well-being of OVC. USG partners will continue to integrate wrap-around programs into the delivery of OVC services for example through the provision of food and food parcels from both government and private sources, and ensuring continued access to education through exemptions from paying school fees, school uniforms, etc. Key priorities will be to strengthen referral networks to ensure adequate access to age-appropriate primary healthcare services and to ensure that HIV-infected OVC have access to pediatric treatment and palliative care services.

The USG is working to strengthen the capacity of OVC caregivers and the quality of care they provide. Support will continue to the National Association of Child Care Workers (NACCW) for the "Isidindi" (Creating Circles of Care) program. This community-based program trains unemployed community members in an accredited 14-module child and youth care curriculum. The training increases the capacity of skilled child and youth careworkers to provide integrated, community-level services to CCH and vulnerable families. Through home visits, caregivers monitor OVC, especially the very young children in households; identify and respond to children's needs; link them with local community resources; and encourage sick and dying parents to make wills and memory boxes and talk to their children about the future. This DoSD better practice model is now being scaled up.

USG OVC assistance addresses gender issues at all levels. The NACCW program seeks to expand the number of male caregivers, and to provide protection from abuse to households headed by women and female OVC. Other activities provide special assistance and coordinate support groups for "granny-headed" households. After-school care programs provide a place of safety for OVC for supervised homework support and also provide HIV prevention education. OVC support groups, dramas, storytelling and other psychosocial support interventions are run by OVC themselves and involve significant child participation. Stigma and discrimination experienced by OVC and their families are often addressed through culturally-appropriate dramas and songs. Most OVC partners provide HIV prevention messages especially for older OVC where appropriate, and efforts to reduce gender-based violence will continue to be central to OVC program planning in South Africa.

USG support for OVC programs in South Africa continues to reflect the priorities identified by the international community, namely building national and community capacity. All USG assistance aims to build sustainability, but especially noteworthy is the support to the DoSD to strengthen national monitoring and evaluation systems, program coordination and optimal use of available resources. Training and mentoring of local community-based partners and expansion of income-generating activities also strengthen capacity at the community and family level to sustain protection and care of OVC.

Other donors supporting OVC activities include UNICEF, Save the Children, JICA (Japan) and DfID/United Kingdom. The USG works especially closely with UNICEF and co-funds some activities. The USG program complements the efforts of the national Department of Social Development (DoSD) and other donors to leverage resources and to ensure that there is no duplication of effort.

Program Area Target:

Number of OVC served by OVC programs	418,481
Number of providers/caregivers trained in caring for OVC	28,403

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Africare
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7282
Planned Funds: $ 750,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Africare's OVC activities are linked to AB (# 7280), Other Prevention (#7920), Basic Health Care & Support (#7278), TB/HIV (#7281), CT (#7279) and ARV Services (#7277) and support the activities the project provides to the Eastern Cape Department of Health (ECDOH) and the Department of Education. For example, identifying orphans and their needs will link closely to palliative care by the community caregivers. Livelihood activities link with others under prevention and palliative care.

SUMMARY:

Africare's Injongo Yethu Project will establish the structures and processes that will facilitate service delivery and support to orphans and vulnerable children (OVC) in Lukhanji and Emalahleni Local Service Areas in the Eastern Cape. Child Forums, Kids Clubs, counseling, health care, social services coordination and livelihood will be linked together and to other Injongo Yethu Project activities to create an integral support system. Major emphasis is on community mobilization, with additional emphasis on human resource, training and local organizational development. Target populations include OVC and their caregivers.

BACKGROUND:

The OVC program was started in FY 2006, and will build on existing community caregiver services, the Service Corps Volunteers and Africare's programs with youth and faith-based organizations.

ACTIVITIES AND EXPECTED RESULTS:

Africare's activities in support of orphans and vulnerable children will be continued during this period, emphasizing the development of sound public sector and community responses to OVC needs.

ACTIVITY 1: Strengthen Communities to Meet the Needs of OVC Affected by HIV and AIDS

Fifteen new Service Corps Volunteers (SCVs) will be recruited to support OVC community-based activities. To support the identification and tracking of support to OVC, Africare will support the Eastern Cape Department of Social Development (DoSD) in designing and developing an OVC registration system and other tools for identifying vulnerable households. SCVs, health sector community care-givers and the newly established Child Care Forum (CCF) members will be trained to identify OVC and vulnerable households, and ongoing household needs assessments will be initiated and made routine.

A community stakeholders' meeting will be convened to sensitize community leaders, development partners and local leaders on the approach of the DoSD and Africare's support and role in the process as a catalyst. Child Care Forums will be developed for 15 wards to provide a venue and mechanism for coordinating resources to meet the children's needs. Small grants will be provided to the CCFs to enable them to meet and coordinate activities for OVC. A memorandum of understanding will be signed with each CCF, each will be assessed for its development and resource needs and each forum will meet quarterly. Africare support will be provided through a Service Corps Volunteer in establishing patterns of OVC needs identification, work planning and policy development, and the development of an OVC community service plan.

Kids' Clubs will be established with Africare support, designed in conjunction with the DoSD and their district committee for HIV and OVC. Workshops will be held to jointly establish roles, functions, and the service complement of Child Forums and Kids' Clubs. Under guidance from the DoSD district office (Chris Hani), support will first focus on the wards in the Whittlesea/Hewu area, followed by Queenstown, then Emalahleni. Child Care Forums, Kids Clubs, and community caregivers will link OVC and child heads of households to social services for necessary support.

ACTIVITY 2: Community-based Responses in Support of OVC and Their Households

Africare will provide technical assistance to community-based organization (CBO) members of Child Forums in grant writing, financial management and monitoring and evaluation. A limited number of grants will be awarded Africare FY 2007 PEPFAR funds. Grants will focus on enabling CBOs to provide care and support to OVC in their communities.

Both service CBOs and public sector health volunteers will be provided with tools and training to monitor health status and to promote child utilization of well-child health services and to be cared for when sick.

OVC households will be linked to ongoing and expanding food garden projects, soup kitchens and locally available food parcels distributed by the DoSD, churches and CBOs.

A local legal aid service will be engaged to train child forums and volunteers in basic legal aid support for OVC and families, such as wills, succession planning, identity documents, deferment of school fees, etc. The project will facilitate the development of a referral system between the community, DOSD and legal aid for common legal needs.

The South African Depression and Anxiety Group (SADAG) will be subcontracted to provide specific support in developing community-oriented psychosocial support training. They will initiate caregiver support groups, train the support group leaders, and produce information, education and communication (IEC) materials, such as their successful "talking books" for facilitating discussion and engaging children and youth. They will also establish a toll-free call line for support.

ACTIVITY 3: Direct Assistance to OVC

Africare will facilitate establishing effective referral patterns and access to social services and various benefits. SCVs and peer educator supervisors will be trained to assist Child Care Forums and train child headed households on home management, services and entitlements. To foster school compliance with the provincial no-fee policy in disadvantaged areas, minor repairs and rehabilitation or other school-wide benefits will be undertaken in exchange for waiving fees for OVC. Enrollment by OVC in school and routine attendance will be monitored. Africare will capacitate the community volunteers and child care forums to ensure that OVC in need of shelter get referred.

Monthly monitoring of access and utilization of a standardized package of services will be established.

Children and youth attending Kids' Clubs will be trained in Life Skills. Kids' Clubs leaders will be trained in HIV and AIDS and care and support of OVC.

Africare will provide small grants to Kids' Clubs to organize recreational activities. Africare will seek leveraged matching funds. Peer Educators (40) and Peer Counselors (40) will be trained to support children and youth attending Kids' Clubs and in the community.

Children heading households and older OVC will be targeted for training in vocational and livelihood skills through vocational training centers and training organizations. Local organizations will be trained to support the development of income generating activities (IGA), and OVC and caregivers will be assisted in securing funding for IGA activities.

ACTIVITY 4: Access to Healthcare

Home-based caregivers based at clinics will ensure that OVC under 2-year olds are weighed, immunized, and those that are HIV-exposed are screened for infections, receive their follow-up HIV test, and access care and treatment, when required. Older children encountered in the home will also be linked to clinic care and treatment services as needed. Schools and Kid's Clubs will be alert to children and youth, who need referrals for healthcare and HIV treatment, linking them through the structures above to ensure that clinic or hospital level care is provided.

Africare's activities focused on orphans and vulnerable children contribute to PEPFAR's goals of 10 million people in care, including OVC.

Continued Associated Activity Information

Activity ID:	6559
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Africare
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 500,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	1,000	☐
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	4,000	☐
Number of providers/caregivers trained in caring for OVC	4,000	☐

Indirect Targets

Children who receive one or two services only, will exceed those receiving three.

Target Populations:

Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Microfinance/Microcredit

Coverage Areas

Eastern Cape

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7292
Planned Funds:	$ 100,000.00

Activity Narrative: INTEGRATED ACTIVITY NARRATIVE:

This activity relates to activities to be carried out by Harvard School of Public Health (HSPH) in AB (#7295), Other Prevention (#7291) and Policy/System Strengthening (#7293). While no specific targets are set, the project also expects to reach significant numbers of OVC (#7292) as a result of peer-based AB programs.

SUMMARY:

Through the South Africa Center for the Study and Support of Peer Education (SACSSPE), the Harvard School of Public Health (HSPH) contributes to PEPFAR prevention (abstinence and being faithful (AB) and Other), orphans and vulnerable children (OVC), and system/capacity building goals by providing training, technical assistance, and materials development to government, NGOs, faith-based organizations (FBO), corporate, and other organizations using peer education strategies. SACSSPE is the first South African academic center devoted to development and continuing improvement of a sustainable national intersectoral peer education system. The major emphasis area for this activity is training with a minor focus on local organization capacity development and policy and guidelines. The target populations are OVC, their caregivers, primary and secondary school students, community and religious leaders, volunteers, teachers, CBOs, FBOs and NGOs.

BACKGROUND:

This project is an expansion and institutionalization of a five-year national consultative process developing consensus on goals, essential elements and standards of practice for peer education programs, and materials and tools in wide circulation to improve how peer education is conducted (Rutanang). Rutanang peer education is consistently defined and implemented as including, among other characteristics, multiple-dose small-group structured and facilitated discussions; informal influence; recognition and referral of those with further needs (e.g., voluntary counseling and testing (VCT), treatment, OVC); and advocacy.

ACTIVITIES AND EXPECTED RESULTS:

All SACSSPE OVC peer education activities and materials will explicitly and intensively address the following areas of legislative interest: male norms and behaviors, sexual violence and coercion, stigma reduction, and maintaining infected and affected children in school. Though focused on specific OVC needs, peer education activities also emphasize delay of sexual debut, secondary abstinence, and reduction in concurrent partners. Peer education to provide psychosocial support for OVC also seeks to promote advocacy to make environments safer.

NGOs and government departments addressing the urgent needs of South Africa's estimated one million OVC face a critical shortage of professional capacity. Beyond necessary survival resources, OVC require sustained psychosocial support, assistance with a variety of concrete coping skills, and effective education to prevent behaviors that put them at risk of HIV infection and other threats to health and safety. Many OVC do not understand these needs or seek this help, and will only receive it in environments that have their own appeal and are protected from stigma and shame. They also need what all young people need: Social activities that are fun and connect them with their peers, schools and churches, and communities. Structured, time-limited, highly interactive groups with clear sequential educational objectives can provide activities that get youth to laugh, and also help them acknowledge and express their grief and fears and recognize their strengths and assets. Focused mutual-help groups also enable participants to experience themselves as valued supporters for their peers while they are being helped themselves. Well-trained and carefully supervised peer educators can plan and facilitate these groups, serve as role models of resilience, and help OVC form a mutual support network to assist with maintaining school attendance and accessing critical services.

Building on its ongoing PEPFAR-funded work to promote a sustainable intersectoral system of rigorous peer education standards and practices, the Harvard School of Public Health will collaborate with six PEPFAR-funded OVC service providers to develop, implement, assess, refine and disseminate tools and materials, training and technical assistance packages, and monitoring and evaluation protocols for peer education strategies to help OVC apply their own considerable strengths to the creation of sustainable community-based supports. In late 2007 and in 2008, with materials field-tested and formative evaluation complete, HSPH will implement systematic training and technical assistance in the use of these materials to support OVC. We will also take advantage of national meetings and conferences to convene working groups of OVC-serving partners for periodic feedback on how the materials are being used, and on needed improvements and additions. Special attention will be paid to monitoring and evaluation processes, including the tracking of group participants over time to assess their degree of effective coping.

Materials and models developed through this project will constitute much-needed resources to expand the number of OVC for whom psychosocial support, with its positive effects on other OVC outcomes such as retention in school and access to health services, will be available.

This Harvard activity will contribute to the PEPFAR goal of providing care to 10 million people, including orphans and vulnerable children.

Continued Associated Activity Information

Activity ID: 2933
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Association of Schools of Public Health
Mechanism: ASPH Cooperative Agreement
Funding Source: GAP
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC	100	☐

Indirect Targets

Initial FY 2007 goals are to work with a limited number of PEPFAR partners to develop and implement, assess and refine a set of tools and materials and technical assistance training packages and monitoring and evaluation protocols for peer education in OVC settings. All contributing organizations will be PEPFAR partners. This initial phase of the project will entail working on new materials and activities with our partners through their work with OVC populations (6 organizations, 15 youth per organization = 90 youth or children). In FY 2008 we will provide intensive training and technical assistance to CBOs and FBOs in the use of the models and materials developed and tested in FY 2007. TA will primarily be directed towards PEPFAR partners, but agencies supported by the Department of Social Development may also benefit from HSPH materials and services. HSPH/SACSSPE will train a minimum of 60 staff members from 12-30 community- and faith-based PEPFAR partner OVC organizations. The estimates of #s of OVCs reached indirectly are highly conservative; they do not count individuals trained by HSPH/SACSSPE-trained colleagues, or individuals who use Rutanang materials without training.

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Teachers
Volunteers
Primary school students
Secondary school students
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Reducing violence and coercion

Stigma and discrimination

Addressing male norms and behaviors

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Western Cape

Free State

Limpopo (Northern)

Northern Cape

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: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7372
Planned Funds: $ 311,228.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to its Track 1 OVC activities referred to as Africa Network for Children Orphaned and at Risk (ANCHOR), HOPE worldwide also implements an AB track 1 program (#7371). Also HWSA is implementing AB (#7607), basic care and support (#7608), OVC (#7609), and CT (#7610) programs with PEPFAR funds from the South Africa Mission. The Track 1 OVC program is linked to the Mission-funded OVC program. Although the two programs compliment each other, sites, staff and reach are separate and efforts are not duplicated.

SUMMARY:

The ANCHOR partnership will continue to strengthen and develop community OVC support groups, facilitate kids clubs, strengthen Community Childcare Forums, train partner organizations and provide one sub-grant to a Community-Based Organization (CBO). ANCHOR partners will continue to build relationships with Rotary Clubs, local leaders, local and provincial government departments, health facilities and local NGOs and CBOs. The primary target populations include orphans and vulnerable children and families, youth, people affected by HIV and AIDS, and community and religious leaders, and SA-based volunteers. The program has reached over 2,200 OVC in 2006. The major emphasis area is community mobilization with additional efforts in the development of network systems, linkages with other sectors and initiatives, and training.

BACKGROUND:

ANCHOR is a regional OVC partnership initiative operating in six African countries (South Africa, Cote d'Ivoire, Kenya, Nigeria, Botswana and Zambia). ANCHOR comprises four organizations: HOPE worldwide, Rotarians For Fighting AIDS (RFFA), Coca-Cola/Africa (CC), and the Schools of Public Health and Nursing at Emory University. ANCHOR will contribute to the PEPFAR 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 and their families. ANCHOR will strengthen community capacity to scale-up OVC efforts at the community level. Through ANCHOR's participation in the National Action Committee for Children Affected by AIDS (NACCA) at the national Department of Social Development (DoSD) level, ANCHOR SA is making a contribution to achieving these goals.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: CARE AND SUPPORT

ANCHOR will continue to provide comprehensive integrated care and support to OVC, their caregivers and families. ANCHOR activities will include providing services such as assiting OVC to access education (waivers for school fees, school supplies and uniforms), assistance in securing government social security grants for OVC, access to health care, legal aid, nutritional and psychosocial support. ANCHOR will continue to work with Tiger Brands, a major food producer that provides OVC with food support. Nestle will provide training to OVC and their families on how to prepare meals with high content nutritional meals. ANCHOR will partner with OXFAM to assist with food security and to train volunteers to start food gardens and income generation activities. ANCHOR will continue to build linkages and spprot with local schools and clinics as key partners in providing educational and health services to OVC.

ACTIVITY 2: TRAINING AND CAPACITY BUILDING

In 2005, 62 participants were trained in psychosocial support (PSS) for OVC. ANCHOR will continue to train community members in PSS skills to support OVC. ANCHOR will develop user-friendly and outcome-based psychosocial support and basic counseling training manuals to be used by community workers. ANCHOR will use a 'Training of Trainers' (TOT) approach to scale up efforts and increase the number of OVC service providers that have been trained in PSS skills. HWSA's AB team in partnership with ANCHOR will continue to train the caregivers/families on parenting and leadership skills. The involvement of

caregivers and community groups will ensure that ANCHOR strategies relevant to the community and that they meet the best interests of the children. ANCHOR will provide training to address strategies on child protection, psychosocial support of OVC and strategies to reduce the abuse of women and children for community members.

ACTIVITY 3: SUPPORT GROUPS AND KIDS CLUBS

ANCHOR establishes and strengthens community OVC support groups and Kids Clubs. Psychosocial support (to build resilience and empowerment), educational support (including homework supervision), nutritional support and comprehensive referrals to other care and support services are key components of the support groups and Kids Clubs. The Kids Clubs have a strong emphasis on youth involvement and youth leadership, as well as child participation at all levels, developing lesson plans, role plays etc. Local Rotary Clubs will strengthen the kids clubs by providing educational and life skill materials, school supplies and refurbished containers in areas where there are no centers to house Kids Clubs.

ACTIVITY 4: CHILD CARE FORUMS

Community Child Care Forums (CCF) will be established in ANCHOR sites in the four provinces. 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 CCF to ensure children's educational issues are addressed. The functions of the CCF are to ensure that the needs of OVC are met in a sustainable structure. CCF manuals from the DoSD will be used to train CCF members.

ACTIVITY 5: SUB-GRANTEES

Boitsoko, an OVC-focused organization, has been identified as a sub-grantee for the Track 1 program. ANCHOR and its sub partner, Boitsoko will provide OVC support in education, nutrition, developing and supporting Kids Clubs, support groups and providing psychosocial support. ANCHOR will provide technical assistance to Boitsoko on organizational capacity development to improve implementation of the OVC program. Regular mentoring and feedback sessions will be held to review progress. Funds will be used to support staff, training, community mobilization and other program support needs. SIDA and Coca Cola Africa Foundation have been approached to fund organizational capacity development and staff development for all ANCHOR community partners. If this request for funding is successful it will strengthen sub-grantees and NGOs.

The ANCHOR South Africa activities contribute substantially to the PEPFAR's goal of providing care and services to 10 million HIV-affected people, including OVC. These activities specifically support the USG/South Africa Five Year Strategy by expanding the capacity of communities to respond to the needs of OVC, focusing on community participation.

Continued Associated Activity Information

Activity ID:	3301
USG Agency:	U.S. Agency for International Development
Prime Partner:	Hope Worldwide South Africa
Mechanism:	Track 1
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	7,000	☐
Number of providers/caregivers trained in caring for OVC	250	☐

Indirect Targets

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 two or less 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
HIV/AIDS-affected families
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Increasing women's access to income and productive resources

Coverage Areas

Eastern Cape

Gauteng

Table 3.3.08: Activities by Funding Mechanism

Mechanism: SACBC
Prime Partner: South African Catholic Bishops Conference AIDS Office
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7398
Planned Funds: $ 1,800,000.00

Activity Narrative: SUMMARY:
The Southern African Catholic Bishops' Conference AIDS Office (SACBC) provides comprehensive care for orphans and vulnerable children (OVC) to help them grow to be healthy, educated, and socially well-adjusted adults. SACBC supports community programs and projects, linking them to various sources of financial assistance, healthcare, legal aid and nutritional support. The major emphasis area of the SACBC program is community mobilization and participation, minor emphasis areas are local organization capacity development and food and nutrition support. Target populations are OVC, caregivers of OVC (including primary caregivers or guardians), HIV and AIDS affected families, community and religious leaders, volunteers and faith- and community-based organizations (FBO/CBOs) providing OVC services. OVC services will be provided in 21 sites in all nine provinces of rural South Africa within 17 dioceses of the SACBC Region. SACBC is a sub-partner through Catholic Relief Services for its HIV care (#7488) and treatment (#7487) programs.

BACKGROUND: Over the last five years, SACBC, in collaboration with Catholic Medical Mission Board (CMMB), has provided services to OVC through the 'Choose to Care' program. Under this program 5,390 community volunteers have been trained, 8,982 OVC have been served, and 40,403 people offered home-based care. This program first received PEPFAR funding in FY 2006. The SACBC will use FY 2007 PEPFAR funds to expand and scale up existing services to meet the increasing needs of OVC in South Africa.

The SACBC coordinates OVC services at 21 sites. Identification of the OVC sites was based on evaluations of previous programs. Six of the 21 OVC sites also provide antiretroviral (ARV) treatment to people living with HIV, including OVC. Many SACBC sites have a network of trained volunteers who still need specialized OVC training. Many volunteers are unemployed women, who volunteer in return for training and a monthly stipend. Many of these volunteers become auxiliary community home-based caregivers and continue to develop into specialized OVC caregivers. Some of the volunteer caregivers are so well-trained that they are able to move on to more sustainable jobs in other healthcare sectors. This creates a need for ongoing recruitment of new volunteers and training.

OVC at schools are highly stigmatized, and therefore the SACBC response includes stigma mitigation. OVC face many forms of differential treatment and human rights abuses, being denied access to schools and health care facilities. The OVC program will target gender sensitivity and awareness training at schools, and will focus on advocating for the rights of the girl-child, especially adolescent girls.

One of the key partners in this program is the Catholic Institute of Education, which focuses on the Education Access Project (EAP). The EAP aims to enable OVC in Catholic schools to continue their education and remain healthy. EAP's strategy is to provide resources to poor schools to assist selected learners orphaned by HIV and AIDS and made vulnerable by poverty with education expenses, including fees, uniforms, transport, sport, outings and a daily ration of food (depending on individual needs) and to motivate school communities to contribute to the care of those affected by HIV and AIDS.

SACBC is in partnership with the National Department of Social Development (DoSD) National Action Committee for Children Affected by HIV and AIDS (NACCA). The mandate for NACCA at national level is to coordinate action for children affected by HIV and AIDS. SACBC adheres to the DoSD's Policy Framework on Orphans and other Children made Vulnerable by HIV and AIDS. SACBC is also an active member of the various tasks teams that have been mandated by NACCA, including Food and Nutrition, Care and Support Task Teams. SACBC will encourage their sites to become active members of the provincial structures of NACCA as well as local districts structures.

Most of the selected OVC sites provide community care; only one (St. Philomena's Community Care Program) provides residential care. The family-centered developmental approach of the SACBC OVC program ensures that OVC are placed in families and communities of care. The community mobilization program ensures that members of the local community are in the best position to know which households need assistance and what assistance is required for OVC care.

ACTIVITIES AND EXPECTED RESULTS:

The main strategies used by SACBC with FY 2007 PEPFAR funds are:
ACTIVITY 1: Support to parents
SACBC will strengthen the capacity of families to protect and care for OVC by prolonging the lives of parents and providing economic, psychosocial and other support. This is currently carried out at some of centers and will be expanded to other sites with PEPFAR funds. Economic strengthening, such as income-generating activities play a key role in maintaining the livelihoods of OVC and their families. These income-generating activities include food gardens, sewing school uniforms, brick making training etc.

ACTIVITY 2: Community mobilization
SACBC will mobilize and support FBO/CBO community-based responses to OVC care by building community responses through local networks and advocacy initiatives. This includes establishing Child Care Forums at local level to reinforce the capacity of communities to respond to the needs of OVC. SACBC will also increase the capacity of FBOs/CBOs with training programs for OVC care and support, utilizing lessons learned and best practices from 'Choose to Care' to enhance training skills. SACBC will provide technical assistance to FBO/CBO projects as they respond to the needs of OVC and their families. Technical assistance will be provided to individual OVC projects, local FBOs/CBOs, for skills training and development and assistance to access the funding necessary to provide needed services.

ACTIVITY 3: Access to services
SACBC will ensure that OVC and their families access essential services including education, healthcare and other support. Existing services will be improved and expanded, including psychosocial counseling. Coping strategies will include life skills training to reduce vulnerability, as well as assistance for education costs (school uniforms and stationery) in line with South African government policies and programs. The SACBC project will also scale up educational, nutritional, social, medical assistance and psychosocial support for OVC at new sites within 17 dioceses. OVC caregivers, community leaders and volunteers will be trained. The components of the program will feature cross-cutting issues, child participation, gender issues and will address stigma and HIV prevention.

ACTIVITY 4: Gender, Stigma and HIV Prevention
Plus Up funding will support an Education for Life Programme. This is a behavior change skills building program geared towards young people, targeting OVCs aged 10 -15. The program is divided into 3 stages, whereby the participants are led through a process of self-introspection on their present reality to name and own behaviors that are life threatening and harmful to their dignity. Through ongoing questioning and various participative activities youth are led to choose and commit themselves to possible new behaviors that promote a positive and healthy lifestyle. The process will provide positive engagement and open discussion around sexuality, sexual behavior, teenage pregnancies and the role of women. It also addresses gender mainstreaming, and the SACBC will continue to develop sites on the promotion of the needs of the girl child, especially from age 10–16.

Continued Associated Activity Information

Activity ID:	6563
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	South African Catholic Bishops Conference AIDS Office
Mechanism:	SACBC
Funding Source:	GHAI
Planned Funds:	$ 1,000,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Food/Nutrition	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	8,000	☐
Number of providers/caregivers trained in caring for OVC	1,200	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.08: 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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7426
Planned Funds:	$ 50,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
The Nelson Mandela School of Medicine carries out integrated activities described in AB (#7422), Basic Health Care & Support (#7424), CT (#7425), Other Prevention (#7423) and OVC (#7426).

SUMMARY:
The Nelson Mandela School of Medicine will introduce additional training modules to explore developmental disability prevalence and interventions for orphans and vulnerable children (OVC) seeing Traditional Health Practitioners (THPs), either directly as patients or as family members of patients. The primary emphasis area will be training, with minor emphases in information, education and communication and needs assessment. The target populations are OVC, their caregivers and traditional healers.

BACKGROUND:
It is estimated that 6 to 11 percent of South African children under 15 years of age are orphaned due to loss of one or both parents due to HIV and AIDS. These children are particularly vulnerable to neglect within households, marginalization within communities, and are less likely to receive adequate, education, growth and nutrition, regular healthcare and social services. Many of these children may be infected with HIV themselves. This emphasizes the need to address the biopsychosocial problems facing this group of children in addition to access to antiretroviral drugs. Traditional healers may facilitate preventive care in these households and children.

ACTIVITIES AND EXPECTED RESULTS:
The traditional healer and the biomedical collaboration will facilitate the following specific activities:

1. Provide support for voluntary counseling and testing (VCT) of OVC, families and child caregivers, including HIV prevention and treatment education.

2. Provide psychosocial support to OVC, their caregivers and families by introducing coping strategies, mental health assistance, counseling and referral for problems that can be dealt with on the biomedical side.

3. Steps 1 and 2 will be included in one-day training modules for THPs (entire FY 2006 cohort) on a ten-question screen for pediatric developmental disabilities as well as for HIV that lay counselors can also use. This will be introduced and adapted to THP practice. OVC are especially at risk for developmental disabilities, delayed school entry, etc. Field evaluation will follow to validate negative or positive screens of OVC. Workers from the Department of Community Health at the Nelson Mandela School of Medicine (NMSM) will apply an inter-rater reliability test for sample THP groups.

4. Stigma and Discrimination:

a. Pilot workshop with smaller group of THPs from FY 2006 cohort to explore assistance and biomedical-traditional healing collaboration on managing stigma and discrimination problems for OVC. Advise on treatment availability and confidentiality.

b. Will explore joint strategies with THPs on disclosure of child's status and daily drug regimens.

5. Integrating child health and wellbeing into home-based care (HBC) for the sick. This will be done in collaboration with our current HBC training modules. THPs visiting patients and patient families can do rapid checks on kids when visiting homes or dealing with parents and determine if OVC are receiving government grants. This will be added to our monitoring and evaluation practices.

6. Improving utilization of public sector services - such as social welfare and health, including facilitating access to antiretrovirals. Ensure that all THPs in the program are fully aware of social security grants available and special facilities for kids, people in communities who receive special training to engage children in early education activities, before pre-school. The same is true for care dependency grants, foster care grants, disability grants. This training and collaboration will form part of training sessions

discussed in item 3 above. THPs could help direct children and their caregivers to social workers at community level instead of patients only meeting a social worker at the tertiary level and having to be referred back to the community level social worker (a common situation currently). Training and interaction with THPs will include discussion of advocacy on behalf of children on issues of guardianship, school attendance, legal issues.

7. Follow up sessions with THPs on these issues during the course of the year to explore implementation successes and failures and needs for modification of training.

The following parameters will be monitored to measure the impact of traditional healer involvement in improving the health and wellbeing of OVC:

1. Numbers of OVC and households in the care of traditional healers;

2. Description of the psychosocial context and needs of OVC and their extended families;

3. Changes in utilization public sector services;

4. Changes in school attendance;

5. Access to social and welfare grants;

6. Access to preventative and curative healthcare services, including antiretrovirals, immunization, growth and nutrition monitoring.

This project contributes PEPFAR's goal of providing care to 10 million people, including OVC by caring for OVC and their primary caregivers. It also contributes to the USG Five-Year Strategy by providing care for OVC through local communities and improving their capacity to deliver quality care for OVC in their communities.

Continued Associated Activity Information

Activity ID:	6421
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of KwaZulu-Natal, Nelson Mandela School of Medicine
Mechanism:	Traditional Healers Project
Funding Source:	GHAI
Planned Funds:	$ 90,000.00

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	300	☐
Number of providers/caregivers trained in caring for OVC	200	☐

Indirect Targets

The targets for this activity have been combined with the CARE USA Local Links Track I OVC program and will be reported in the Care Local Links COP FY2007.

Target Populations:

Traditional healers
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Traditional healers

Coverage Areas

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Masibambisane 1
Prime Partner: South African Military Health Service
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7441
Planned Funds: $ 150,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This South African Department of Defense Military Health Services (SA DOD) Orphans and Vulnerable Children (OVC) activity is related to Prevention/Other Prevention (#7569), Counseling and Testing (#7573), Basic Health Care and Support (#7570), and ARV Services (#7445) program areas and is an integral part of the SA DOD Plan for the Comprehensive Care, Management and Treatment of HIV and AIDS as a sub-component of the generic disease management process of Rehabilitation.

SUMMARY:
The SA DOD Orphans and Vulnerable Children (OVC) program is a relatively new development in the Masibambisane program with a focus on establishing a data base and referral system for OVC of military members. A needs assessment and pilot projects in four sites during FY 2006 will provide the direction for the future focus and strategy of this program to include support services for HIV-infected infants, children and caregivers in the military communities and capacity building of these services within the military through the assistance of NGOs near these communities. The major emphasis area is linkages with other sectors and initiatives and minor emphasis areas are infrastructure and community mobilization and participation. The target populations are OVC and their caregivers, HIV-infected infants and children, military personnel, volunteers and community leaders.

BACKGROUND:
The Masibambisane program initiated the OVC program in FY 2005 with an institutional focus in terms of establishing a database on military OVC and the initiation of projects at four sites as a pilot to determine the need and direction in terms of services to OVC. The underlying principle was to establish networks within communities to address the needs of OVC in general, address stigma and discrimination through access to comprehensive services and military OVC specifically through collaborative partnerships. Due to the extensive community involvement and leadership by the communities themselves, the four pilot projects have had varying levels of success during implementation in FY 2006. This has provided valuable information that will guide future strategies in this regard. Lessons learned at the pilot sites confirmed that the approach towards the management of OVC will differ from site to site and need to address activities that include training caregivers, increasing access to education, economic support, targeted food and nutrition support, legal aid, as well as psychosocial support and palliative care. Collaboration with local NGOs will be encouraged in all communities.

The OVC project is coordinated by the Directorate Social Work in the Military Health Service as a sub-program of Masibambisane and has been initiated at the four sites through a local coordinator and collaborative workgroups from the communities. The projects at the four sites will be expanded to other appropriate regions and integrated with terminal care activities where appropriate. The program will support the activities of a military site in Phalaborwa (Limpopo province) while local NGOs will be targeted for funding through USAID in the other three sites (KZN, EC, NW). This program will address beliefs and myths about HIV infection, prevention and treatment versus "cures". Self-help resources that include books about military separation and its affect on families will be provided.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: OVC Tracking System
The SA DOD will development of a tracking system to identify and monitor orphans of military members in order to provide these orphans with the healthcare services and support to which they are entitled.

ACTIVITY 2: OVC Service Site
The SA DOD will renovate a library at the Phalaborwa military site in Limpopo province to provide a place for children to learn and foster their education after school. This library will provide an educational atmosphere that emphasizes learning and a healthy lifestyle for OVC. References will address beliefs and myths about HIV infection, prevention, and treatment and will include myths about "cures". In addition information will be provided that deals with family separations and the stress that places on the family including age-appropriate strategies to address these concerns.

ACTIVITY 3: Sharing Information
The SA DOD will sharing information and experiences through attendance of PEPFAR OVC partner meetings, publications in military and peer reviewed magazines and journals and oral and poster presentations on effective and innovative programs at conferences and seminars. The SA DOD and other African countries will benefit from the information presented in peer-reviewed journal and at professional conferences.

All these activities will be monitored and evaluated with close supervision and support for quality assurance and the identification of best practices in this program area. Technical assistance will be provided to SANDF by the Naval Health Research Center/Naval Medical Center San Diego in order to continue the participatory project begun in 2004, to assist with selection of additional province to begin OVC military community mobilization and participatory action and to support the participatory process as it evolves.

These SA DOD OVC activities will contribute to the PEPFAR goal of providing 10 million people with care, including OVC.

Continued Associated Activity Information

Activity ID:	2980
USG Agency:	Department of Defense
Prime Partner:	South African Military Health Service
Mechanism:	Masibambisane 1
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Infrastructure	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	240	☐
Number of providers/caregivers trained in caring for OVC	160	☐

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
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Small Grants Fund
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7479
Planned Funds:	$ 900,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
In addition to these OVC activities, Small Grants Program activities are implemented in the Basic Health Care and Support program area (#3117).

SUMMARY:
The Ambassador's HIV/AIDS Small Grants Program will use FY 2007 PEPFAR 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 training and local organization capacity development. The target population for these activities are OVC, HIV infected infants and children, their families and caregivers, community volunteers, community-based organizations (CBOs), faith-based organizations (FBOs) and non-governmental organizations (NGOs).

BACKGROUND:
The Ambassador's HIV/AIDS Small Grants Program in South Africa has been implemented for the past two years. Out of over 550 applications, that USG PEPFAR Task Force has entered into agreement with 126 small community-based organizations (FY 2005 and FY 2006) in the areas of prevention, hospice care, home-based care, treatment support and care for orphans and vulnerable children. PEPFAR funded projects are located in all nine provinces of South Africa, primarily in rural disadvantaged areas. The average funding amount is under $10,000. All programs supported with PEPFAR Small Grants funding provide services that directly impacts communities and people affected by HIV and AIDS. The South Africa USG PEPFAR Task Force 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. The Small Grant Projects are supervised through each U.S. Embassy Consulate by the State Department small grants coordinators. Based on experience in FY 2005 and FY 2006, the South Africa USG PEPFAR Task Force anticipates that in FY 2007 funding will be allocated in the areas of care, particularly hospice and community-based care and orphans and vulnerable children (OVC).

ACTIVITIES AND EXPECTED RESULTS:
Based on the successful applications process to allocate FY 2006 funds, the USG PEPFAR Task Force will fund ninety small grant projects in FY 2007. These organizations are expected to reach 8,000 OVC with care and support services.

Examples of programs funded in FY 2006 include: Umvoti AIDS Center: This NGO is located in KwaZulu-Natal province. Umvoti AIDS Center uses home-based caregivers to reach OVC in their community. In the course of their work, the home-based caregivers have discovered a great need for children to be assisted with the trauma of nursing dying parents and dealing with the subsequent grief, mourning and loss that follows while often still caring for the remaining siblings. A small grant of $9,165 will support psychosocial support including bereavement training workshops for caregivers, some training equipment and stipends to support the caregivers to continue to provide home-based care. The caregivers will reach 660 OVC.

The Luvuyo Drop-in Center is a CBO located in the Northern Cape province that will feed 90 school-aged children and 35 toddlers daily. The small grant of $10,000 will be used to purchase kitchen equipment, dishes, pots and other utensils and will provide stipends for caregivers.

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 PEPFAR goals of providing care and service to 10 million HIV-affected individuals, including orphans and vulnerable children.

Continued Associated Activity Information

Activity ID: 3118
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: Small Grants Fund

Funding Source: GHAI
Planned Funds: $ 400,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	8,000	☐
Number of providers/caregivers trained in caring for OVC	100	☐

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7502
Planned Funds: $ 317,400.00

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 (#7501), AB (#7503) and CT (#7504). Peace Corps' key contribution under Basic Health Care and Support, CT and OVC program areas is the development of local, grassroots organizations, including supporting the development and use of improved monitoring and evaluation systems and practices.

SUMMARY:
PEPFAR funding will be utilized to strengthen the organizational and human capacity of indigenous South African organizations that provide care and support to orphans and vulnerable children (OVC) in the Northwest, Limpopo, Mpumalanga and KwaZulu/Natal provinces. FY 2007 funds will be used to place an additional 5 PEPFAR-funded Peace Corps Volunteers in these organizations. The major emphasis area for these activities is local organization capacity development, with additional emphasis on strategic information and the development of network/linkages/referral systems. Target populations for these interventions are CBOs, FBOs and NGOs, with programs that impact children and youth, including street and out of school youth, OVC, HIV infected families and their caregivers.

Funds requested in FY 2007 will cover the recruitment, training and in-country support costs incurred by PEPFAR-funded Volunteers who entered the program in FY 2005 (3 Volunteers, approximately 7 months of support), FY 2006 (4 Volunteers, approximately 18 months of support) and those who will be recruited and trained in FY 2007 (5 Volunteers, approximately 27 months of support, including recruitment costs). Funds requested in the FY 2007 COP will also support VAST activities.

BACKGROUND:
The proposed Peace Corps OVC activities will build on the accomplishments of Volunteers already in the field in FY 2005 and FY 2006, and the experience of PEPFAR-funded Volunteers recruited and supported as a result of FY 2005 (2 Volunteers) and FY 2006 (5 Volunteers) COP submissions. The PEPFAR-funded Volunteers that will be placed in the project in FY 2007 will be recruited and trained in FY 2007and will continue their work into FY 2008-2009.

ACTIVITIES AND EXPECTED RESULTS:
The activities below include the activities of both PEPAR-funded and Volunteers who are funded through other sources, and work more than 50% of their time on HIV and AIDS issues. Non-PEPFAR-funded Volunteers apply the lessons learned through PEFPAR-supported activities, in particular, monitoring and evaluation training, to their work with HIV and AIDS-focused non-governmental and community-based organizations that are supporting or providing services to orphans and vulnerable children.

ACTIVITY 1: Technical support
Peace Corps Volunteers (key legislative area) will provide on-going technical support that assists indigenous South African 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: Capacity development
In addition to in-depth, on-going capacity development of identified organizations, Peace Corps South Africa will provide financial and technical 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 support activities and

interventions that focus on reducing violence and coercion against women and children particularly female OVC and assuring that referrals are made to appropriate authorities.

Peace Corps South Africa will provide grants and technical assistance in this area which 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 OVC caregivers, counselors and the leaders of NGOs, CBOs and FBOs to ensure that OVC services are provided 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 health-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 hotline 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 Department of Social Development 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.

Through the addition of five 2-year PEPFAR-funded Volunteers and financial and technical support through VAST in FY 2007, new service outlets will be supported and the work at existing partners will be further developed and consolidated. As of March 2006, Peace Corps reported that Volunteers supported 14 OVC programs, and provided specific training to 133 care-givers. As a result of this effort, over 7,000 children were able to access one or more service areas from these programs.

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 PEPFAR 2-7-10 goals, with particular emphasis on building human and organizational capacity for the expansion of programs and the improvement of the quality of care provided to OVC by local organizations, which are critical components of both the SAG and US Mission's strategies.

Continued Associated Activity Information

Activity ID:	3107
USG Agency:	Peace Corps
Prime Partner:	US Peace Corps
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 145,031.00

Emphasis Areas	**% Of Effort**
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 OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC	50	☐

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
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Out-of-school youth
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Volunteers

Coverage Areas

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7534
Planned Funds:	$ 500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
The OVC activities described here are part of an integrated program also described in the AB (#7532), CT (#7535), ARV Services (#7536), and Other Prevention (#7533) program areas.

SUMMARY: The Johns Hopkins University/Center for Communication Programs Health Communication Partnership (HCP) working through its South African affiliate, Johns Hopkins Health and Education in South Africa, will implement an Orphan and Vulnerable Children (OVC) intervention that builds networks of support around OVC, their caregivers and educators. OVC will be assisted in accessing basic needs and psychosocial support. Proven psycho-social models for supporting OVC will be used to build the capacity of organizations working with OVC. The target populations for this program are OVC, HIV-infected 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, and linkages with other sectors/initiatives. Capacity building with all sub-partners and their intended audiences is a critical part of HCP's support in the area of OVC. Findings from the National HIV and AIDS Communication Survey, carried out in early 2006, will help focus on community perceptions of OVC, their perceived needs and the amount of social capital invested in providing assistance for them.

BACKGROUND:
This program, now entering its third year, focuses on using tools developed in past years to work with communities, caregivers and OVC to implement appropriate responses which address a range of OVC needs, including physical, social and emotional issues. Through the Caring Communities Project (CCP), DramAidE and The Valley Trust will work with schools, FBOs and CBOs to identify OVC, who will receive needed services. These services include access to food, proper household sanitation, adult supervision, and assistance in obtaining proper documentation for social security grant applications and school fees exemption.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Psychosocial Support to OVC
The Valley Trust (TVT) and DramAidE will work in KwaZulu-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 interventions. Children affected by HIV and AIDS are often subjected to physical, sexual and emotional abuse. Particular emphasis will therefore be placed on protection from abuse and exploitation of OVC. 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. DramAidE and TVT will work to strengthen the capacity of the communities to be able to respond to the needs of and to develop a culture of care, nurture and support for OVC. Communities need to be able to sustain OVC until they are able to look after themselves. Thus, they are working with and mobilizing sustainable community institutions, such as churches and schools which can continue with programs over a long time frame.

ACTIVITY 2: Technical Assistance (TA) for PEPFAR OVC Partners
DramAidE will also provide training and technical assistance to other PEPFAR OVC partners. Creative, interactive and culturally appropriate activities to reach OVC, such as drama, storytelling and workshops, will be used to equip and enhance existing PEPFAR OVC programs in responding to the psychosocial needs of OVC and will include HIV prevention messages for OVC which are age appropriate. Educators and caregivers will be trained and provided with on-going support in implementing these programs. The meaningful participation of affected children, OVC and youth is critical to the success and sustainability of any effective intervention targeting OVC. To this end, OVC will be consulted regarding their needs and will be involved in developing local support networks

ACTIVITY 3: Communication Training
HCP and PEPFAR partner Soul City will work together to provide communication training to

assist care givers in developing tools and skills which will enhance their ability to provide more effective and efficient services. The CDC caregivers tool kit which focuses on prevention for positives, will be adapted to South Africa for use in various communities throughout the country. Interpersonal communication skills training will be conducted, and a core set of materials adapted from media programs, along with facilitator guides, will also be produced and distributed as part of this activity. HCP's OVC program aims at bolstering other existing OVC initiatives so that that they can effectively respond to the needs of OVC in a sustainable manner.

Using FY 2007 plus-up funds, JHU will add additional activities targeting older OVC. Particular attention will be on psycho-social support needs, prevention interventions and identifying risk factors in their behaviors.
Activity 1: JHU sub-partner DramAidE will work in the Eastern Cape and the Western Cape 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 interventions. Children affected by HIV and AIDS are often subjected to physical, sexual and emotional abuse. Particular emphasis will therefore be placed on protection from abuse and exploitation of OVC. 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. DramAidE will work to strengthen the capacity of the communities to be able to respond to the needs of and to develop a culture of care, nurture and support for OVC. Communities need to be able to sustain OVC for the long term using institutions such as churches and schools.
Activity 2: DramAidE will also provide training and technical assistance to other PEPFAR OVC partners. Creative, interactive and culturally appropriate activities to reach OVC, such as drama, storytelling and workshops, will be used to equip and enhance existing PEPFAR OVC programs in responding to the psychosocial needs of OVC and will include HIV prevention messages for OVC which are age appropriate. Educators and caregivers will be trained and provided with on-going support in implementing these programs. The meaningful participation of affected children, OVC and youth is critical to the success and sustainability of any effective intervention targeting OVC. To this end, OVC will be consulted regarding their needs and will be involved in developing local support networks.

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 addition, HCP will increase OVC access to government support systems, and strengthen linkages and referral systems to other social services such as health, education and social welfare.

Continued Associated Activity Information

Activity ID:	2990
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 700,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	2,000	☐
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	7,500	☐
Number of providers/caregivers trained in caring for OVC	750	☐

Indirect Targets

Through the use of drama, story telling and workshops, DramAide will train other OVC PEPFAR partners in psychosocial support and prevention messaging. The psychosocial support activities will include communication and counseling, how to engage children who have been bereaved in dealing with loss and grief, building resilience and helping. Partners will in turn train their caregivers, educators and after-school care support staff. In this instance, DramAide will only be producing indirect targets.

Target Populations:

Community-based organizations
Faith-based organizations
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Teachers
Caregivers (of OVC and PLWHAs)
Out-of-school youth

Coverage Areas

KwaZulu-Natal

Eastern Cape

Western Cape

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: CARE USA
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7542
Planned Funds: $ 398,083.00

Activity Narrative: INTEGRATED ACTIVITY FLAG

This CARE USA Local Links Track 1 Orphans and Vulnerable Children (OVC) activity is linked to the CARE USA OVC Mission-funded PEPFAR (#7635) activity that will intensify and strengthen the Local Links OVC activity. Targets for these two activities will be combined in this COP entry.

SUMMARY:

CARE USA Local Links Project (CARE) provides support to OVC and strengthens families affected by HIV and AIDS. CARE works through South African locally-based sub-partners to stimulate and support the use of local resources (human, economic and knowledge systems) to promote the well-being and protection of OVC. Emphasis is on building the capacity of local organizations to strengthen direct service delivery to OVC and their caregivers, training and developing networks for linkages and referrals. Targeted populations are OVC, caregivers of OVC, people living with HIV (PLHIV), community leaders, community-based organizations, program managers, volunteers, and religious leaders.

BACKGROUND:

Local Links is part of the CARE USA OVC-focused Track 1 project implemented in South Africa and Kenya. FY 2007 is year three of a four-year project.

CARE Local Link's activities are: Strengthening economic coping mechanisms of households caring for OVC; Strengthening the capacity of sub-partners to provide a range of innovative services to OVC and their families; and Promotion of advocacy efforts that are sensitive to the needs and rights of OVC and PLHIV.

CARE implements activities in Motheo and Thabo Mofutsyane Districts in the Free State province, as well as Mopane and Sekhukhune in the Limpopo province. CARE works in partnership with eleven sub-partners. One new sub-partner will be added in the Free State in FY 2007 and six from the Waterberg and Capricorn Districts in Limpopo province in FY 2008. Scale-up will be done in consultation with the provincial Departments of Social Development (DoSD).

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Economic Strengthening - Voluntary Saving and Loans (VSL)

This activity is focused on increasing access to income and productive resources for women caring for OVC, through the VSL model and the provision of income generation training and mentoring activities. 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 at least six members who meet monthly for saving and internal lending. The loans are circulated among group members based on individual emergency needs, which are usually medication, transport to health service, school fees and uniforms for children, food, etc. VSL members use the group as a social safety net to help them cope with family stresses including death. In FY 2007 CARE will provide income generation training for VSL members. The survivalist income generation training will be scaled up; and more caregivers will have access to mentorship activities. Beneficiaries needing survivalist Income Generation Activities (IGAs) training tend to be grandmothers, who are caregivers. Those needing mentorship tend to be relatively young caregivers who would like to move their IGAs beyond survivalist levels. Economic security activities are contributing to improved wellbeing of OVC and caregivers; feedback indicates that VSL members have increased ability to buy food, pay school fees, pay for health services etc. CARE will strengthen the social support function of VSL and will facilitate training for grandmothers with a particular focus on communicating and caring for adolescent OVC.

A baseline study is underway to track the impact of VSL on the well being of OVC and their caregivers.

ACTIVITY 2: Strengthening and improving quality of OVC services

CARE will continue to support sub-partners to strengthen their OVC services by improving the quality, consistency and comprehensiveness of their services through a range of delivery mechanism like home-based care, support groups for OVC and PLHIV and boy and girl scouts camps. CARE will strengthen the psychosocial care and support (PSS) provided to OVC and their families with a focus on building internal coping mechanisms of families particularly female and child headed households. CARE will work with sub-partners to support women volunteers and caregivers who deliver services to OVC and their families.

CARE will facilitate improved service quality and improve the success rate for accessing essential South African Government (SAG) services through the following activities: a) Placing salaried social workers or auxiliary social workers within specific sub-partners who will provide technical support to other sub-partners; b) Strengthened collaboration with SAG departments at district and provincial level to ensure access to basic healthcare, and pediatric treatment, PMTCT, government social security grants, support to OVC to stay in school and volunteer stipends; c) Working through Early Childhood Development centers strengthen teachers and caregivers' capacity to access basic health services, PMTCT, nutrition, and early identification of HIV-infected children under 4 years for referral for pediatric treatment; d) Improved service delivery through training and support for staff, volunteers and caregivers to provide PSS, including counseling of OVC and their caregivers; and e) Contracting specialist to train and mentor volunteers and staff to improve the clinical component of home-based care.

In FY 2007 CARE will implement a participatory organizational development (OD) process with 3 sub-partners to identify capacity gaps, provide training and on site support to build capacity and improve the quality of their services. The OD support is aimed at organizational sustainability and improved quality of services delivered to OVC and their caregivers.

ACTIVITY 3: Participatory Educational Theatre (PET)

In FY 2005 CARE conducted a situational analysis focused on identifying gaps in the services offered to OVC in Sekhukune District in Limpopo province. Based on the results, CARE initiated training on PET techniques with sub-partners and OVC, to use PET as a vehicle to raise issues of stigma and discrimination, gender inequities and social protection from abuse. PET activities will include HIV prevention messages targeted to adolescent youth. CARE will continue to mobilize mainstream and traditional church leaders to use sermons to address issues of stigma and discrimination in their congregations and encourage support to HIV-affected households. CARE will also enlist their support in ministering to children caring for chronically ill caregivers.

CARE and its sub-partners will continue to strengthen linkages and partnerships with government service delivery departments to leverage OVC essential services including access to treatment for children and their caregivers. CARE participates in the National Plan of Action for OVC through the National Committee for Children affected by HIV and AIDS (NACCA); and in the sub-committee on food security at the national DoSD level. At provincial level, CARE works closely with the DoSD district offices to identify sub-partners and partners with district offices in disseminating information on government essential services. At a local level CARE and its sub-partners participate in Child Care Forums (CCF) as an advocacy mechanism to reach more OVC in the community.

CARE activities contribute to the USG/South Africa's Five-Year strategy by supporting service delivery through local and community-based organizations and the PEPFAR goal of providing care to 10 million people affected by HIV and AIDS, including OVC.

Continued Associated Activity Information

Activity ID: 3008
USG Agency: U.S. Agency for International Development
Prime Partner: CARE USA
Mechanism: N/A

Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	18,000	☐
Number of providers/caregivers trained in caring for OVC	6,694	☐

Indirect Targets

The indirect reached is children who have had less than three services. It is also children who have been reached through activities such as participatory education theater; campaigns; mobilizing activities etc.

Indirect reach is calculated through attendance registers for once off workshops. A head count is taken in the cases of campaigns in schools, in community or church meetings. Tools have been designed that are signed, for example, by the school principal, community or church leaders. The target is based on the original track 1 indirect targets. What has been done is to separate the indirect reach of children to the indirect reach of adults (NB: Track 1 original contract had combined indirect reach of OVC with indirect reach of adult caregivers).

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
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing women's access to income and productive resources

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7543
Planned Funds: $ 1,800,000.00

Activity Narrative: Note: Late in FY07 child welfare South Africa inherited the FY07 budget and the FY07 targets from the OVC portfolio of Kingdom Trust. This added $240,000 and 2,000 OVC reached plus 72 providers/caretakers trained in caring for OVC.

SUMMARY:

The Child Welfare South Africa (CWSA) Asibavikele (Lets Protect Them) program facilitates the recruitment and training of community volunteers who work in teams to identify and meet the needs of Orphans and Vulnerable Children (OVC) and HIV and AIDS affected households, and to uphold children's rights. The program emphasis areas include training, local organization capacity development, quality assurance and supportive supervision. Primary target populations are OVC, HIV and AIDS affected families and caregivers.

BACKGROUND:

CWSA is the umbrella, development, capacity building and coordinating body for 170 member organizations and 49 developing child welfare organizations. It is a not-for-profit organization that works closely with the South African Government (SAG) Department of Social Development (DoSD)in advocating the rights of children and developing programs to address children needs. In dealing with the HIV and AIDS pandemic, CWSA with PEPFAR assistance, has developed a national program, Asibavikele, implemented by Child Welfare member organizations throughout the country. The Asibavikele program now in its third year, was initially implemented in 21 pilot sites in 2005/2006 training more than 600 community volunteers and reaching over 7000 children directly within its first year. In FY 2007 the program will expand into an additional 20 sites, reaching more OVC.

Asibavikele is a nationally driven and coordinated program facilitating community-based care and support for OVC in disadvantaged communities via the comprehensive infrastructure and collective action of CWSA, its member organizations and trained community volunteers. The program involves communities in the identification and care of OVC, sensitizes communities to the rights of children and establishes foster care and safe homes. CWSA has succeeded in leveraging support for these safe homes through a public-private partnership with Thokomala Orphan Care.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Consultation and Mobilization of Child Welfare Affiliate members.

CWSA personnel together with member organizations will identify communities where there are high numbers of OVC due to HIV and AIDS. Project staff will consult with local leaders and other key role players to ensure buy-in and support for the program. Baseline studies and community profiles will be conducted to gain a deeper understanding of the community, its needs and resources. This activity lays the foundation for strong working relationships, fosters community participation and sets in motion M&E processes.

ACTIVITY 2: Human Capacity Development

CWSA personnel and member organization staff will attend a training workshop to equip them with necessary knowledge and skills to implement and oversee the program as well as to train and support community volunteers. These trainers will constitute the Project Teams at site level, and will recruit, screen and train community volunteers. Screening of volunteers is seen as a key task to ensure correct motivation, skills and ability of prospective volunteers to achieve the goals of Asibavikele. Lessons learned from program implementation will be used to revise and update the training manuals prior to training. Structured training sessions in accordance with the volunteer training manual will be conducted at each site preparing volunteers to provide services to OVC.

Set procedures and policies to guide project teams and community volunteers in implementing the Asibavikele program have been developed and will continue to be used together with a structured M&E plan. A National Steering Committee will be established to oversee the full implementation of the program and to focus on the CWSA national goals and targets. These mechanisms ensure that the program is implemented in a standardized manner and quality controls are in place.

ACTIVITY 3: Outreach Services

Volunteers will conduct door-to-door visits, introducing the program, identifying OVC and providing prevention messages to the community. Together with social workers, volunteers will draw up care plans for each OVC to address their specific needs. Volunteers will provide a range of assistance including: applications for birth certificates, other legal documents, SAG child support grants, school fee exemptions; provision of targeted short term emergency food, shelter and clothing; emotional support to children and their caregivers; referrals to relevant medical services, primary health care clinics, pediatric ART programs and linking OVC with social workers when foster care is needed. Focus will also be placed on aiding communities in developing food gardens to enhance food security. Volunteers will provide a comprehensive care package addressing the physical, educational and emotional needs of OVC. Social workers will primarily focus on protection of OVC through statutory placements and supervision of care.

ACTIVITY 4: Community Campaigns

Volunteers will develop and present bi-monthly HIV and AIDS prevention and awareness campaigns for their communities as a means to provide information and make them aware of the Asibavikele program, children rights, and gender issues. These campaigns are aimed at the general population including children of all ages and sex, adult men and women. CWSA will ensure that through such campaigns communities are aware of the rights of the girl child as well as changes to South African legislation affecting children and OVC.

ACTIVITY 5: Volunteer support and sustainability

Volunteers are central to the program and aid social workers in reaching OVC. Emphasis will be placed on sustaining volunteers with the support and guidance provided by social workers. Bi-weekly volunteer group supervision as well as monthly volunteer training sessions will be held to aid volunteers in their interventions with children and to enhance their skills. Social workers will also be available for individual consultations with volunteers as a means to mentor and support them. These mechanisms are aimed at ensuring a quality service to OVC as well as to prevent burnout and loss of volunteers. CWSA has established that this support plays an important role in sustaining the volunteer commitment to the program. This activity will require the employment of professional social workers or social auxiliary workers at each site dedicated to the Asibavikele program. Additional mechanisms of supporting volunteers will continue to be explored in FY 2007.

ACTIVITY 6: Referrals and Linkages

The Asibavikele program is a community-based response to OVC and requires strong networks within the community to ensure the needs of children are met. The CWSA program is consistent with the Department of Social Development's strategic framework on OVC. CWSA has developed a strong relationship with the Department of Social Development, which provides funding as well as support services to CWSA organizations on the ground. Further, at the onset of the program community profiles are developed highlighting role players within the community who will aid CWSA in providing a comprehensive service to children and their families. These will include hospice care, pediatric treatment programs, psychological counseling and material aid. Volunteers track referrals and make follow-ups to establish whether OVC received services.

These activities will contribute to PEPFAR's goal of providing care and support to 10 million HIV-affected individuals, including OVC.

Continued Associated Activity Information

Activity ID: 3060
USG Agency: U.S. Agency for International Development
Prime Partner: Child Welfare South Africa
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 860,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	14,000	☐
Number of providers/caregivers trained in caring for OVC	1,192	☐

Indirect Targets

Volunteers at pilot sites present one HIV/AIDS related awareness program/activities on a monthly basis. These include: delivering talks to groups of people - women's groups, schools, churches etc; meetings with parents/grandmothers/caregivers and who will partcipate in community campaigns; joining together with other organisations and creating awareness on what is happening to children in the pilot community; facilitating and coordinating a community program on World AIDS day; being part of community marches with handouts such as pamphlets and stickers etc.; local radio presentations; and any other activities, which are used to educate and inform the community.

It is estimated that each pilot site should reach a minimum of 1000 children and adults through these activities within a 12 month period. To obtain a realistic estimation of OVC reached through these activities, population indicators have been used. The UNICEF report "Childhood Under Threat, The State of the World's Children, 2005, estiamtes that 5.3 million adults and children are estimated to be living with HIV, while 1.1 million children have been orphaned. These figures reflect 7% of our target population could be infected/affected by HIV and AIDS. A rough estimate could therefore be made that 75 out of 1000 children and adults reached will be OVC related. In FY 2007 there will be 25 sites with an estimated target of 1900 OVC being reached, while in FY 2008 there will be 45 sites with an estimated rounded target of 4000.

Target Populations:

HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
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 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Salvation Army
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7552
Planned Funds: $ 550,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to OVC activities, the Salvation Army also implements activities in AB (#7550) and Basic Health Care and Support (#7551).

SUMMARY:

The Salvation Army will provide OVC with a comprehensive range of services through the establishment of OVC Support Centers, which will offer psychosocial support, access to government grants for eligible OVC, school fee exemption, and referrals to other service providers such as social workers. Through leveraging community resources, trained community members will also facilitate access to feeding schemes and educational support (including assistance with uniforms and school materials). The major and minor emphasis area for this activity is training and building the capacity of the volunteer caregivers to respond more effectively to the needs of the OVC, community mobilization/participation and the development of networks, linkages and referral systems. Key target populations are OVC, families affected by HIV and AIDS, caregivers and volunteers.

BACKGROUND:

The Salvation Army is an international Christian denomination with specific community programs to address all aspects of HIV and AIDS through community-based care and prevention programming including home-based care, psychosocial support for OVC, individualized pre- and post-test counseling, clinical care for opportunistic infections, community counseling, and youth mobilization. Salvation Army developed Matsoho A Thuso, a care and prevention model in November 2004 with PEPFAR funding. This model includes care and support activities for OVC in accordance with South African Government (SAG) OVC policy. Salvation Army works to capacitate communities to care for OVC through training volunteers, offering outreach services and mobilizing community resources. The project currently operates in 70 sites in eight of South Africa's nine provinces, many of which are in rural and underserved areas. In FY 2007 Salvation Army will intensify and enhance OVC care and support activities through training new caregivers as well as retraining existing caregivers on a range of care and support services for OVC and their families.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

To respond to the needs of OVC, The Salvation Army has developed a training course for its community networks to establish and strengthen services for OVC. Volunteers attend a 5-day training course based on a collection of resources used practically in the field to equip them with skills to employ child-friendly interactive methodologies to identify and support OVC and to set up OVC Support Centers in their communities, providing children with a range of support services. The collection of resources that will be used includes practical exercises which cover the following topics: defining and identifying OVC, practical skills for care and support, establishing and managing an OVC support center,

understanding and accessing the SAG social support system, and basic monitoring and evaluation. Community volunteers are identified and profiled from local congregations and return to serve their communities after training increasing community support for OVC. Community volunteers will be provided with ongoing, on-site support and mentorship by skilled program staff. In the period ending June 2006, 85 volunteers were trained as OVC caregivers. In FY 2007 the Salvation Army will train additional caregivers to expand service delivery and enhance the quality of care provided through intensive supervision.

ACTIVITY 2: Establishment of OVC Support Centers

This activity involves the establishment of OVC Support Centers in communities where The Salvation Army already has a presence. Through extensive outreach to churches, community leaders and networks, community volunteers will inform the community of the establishment of the OVC Support Center and its services. As a result of this outreach, OVC will come to the OVC Support Center where their needs will be assessed and documented. OVC will then be provided with a comprehensive range of services based on each child's individual needs that include, but are not limited to, psychosocial support (primarily through child-friendly participatory approaches), building resilience, life skills and assistance in accessing SAG social support systems (including HIV prevention advocacy on behalf of OVC and their families). Volunteers will also negotiate with schools to help OVC obtain school-fee exemptions to ensure OVC have access to education. In addition, OVC will be linked to existing community resources for the provision of food, school uniforms and supplies. All outreach activities will be sensitive to gender and will address gender issues that arise in the equity of access to services through the routine monitoring of service data. Any imbalances detected will be addressed. In the period ending June 2006, Salvation Army provided services to just over 2000 OVC. FY 2007 funding will be used to intensify and enhance OVC services. Salvation Army will facilitate the referral system to ensure that the OVC have access to health and treatment services.

ACTIVITY 3: Establishment of referral networks and linkages

When volunteers identify cases they are not equipped to deal with, referrals will be made to relevant service providers such as child protection services, health care providers and social workers. The Salvation Army will form linkages and partnerships with existing specialized service providers such as social workers, police, child protection units and child health systems to improve and/or increase access to such services as well as to public and private institutions providing pediatric ARV treatment and services for HIV-infected children. Through utilizing established networks (such as women's groups, study groups, and Sunday School programs) and private and public sector partnerships, the Salvation Army will be able to access other community resources to further enhance OVC outreach initiatives. Reports on activities and data will be routinely forwarded to the local Departments of Social Development to share data and information contributing to national statistics of the OVC profiles the country and leveraging more support and resources for the OVC. This will improve the quality of service delivery and the services rendered and ensure that the program is in line with SAG policy, guidelines and priorities.

This activity will contribute to PEPFAR's goal of providing care and support to ten million people affected by HIV and AIDS including OVC and their families.

Continued Associated Activity Information

Activity ID: 2994
USG Agency: U.S. Agency for International Development
Prime Partner: Salvation Army
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 250,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	2,100	☐
Number of providers/caregivers trained in caring for OVC	135	☐

Indirect Targets

According to the Salvation Army data, more than 2/3 of the kids attending the weekly kids clubs (OVC support centre) are OVC. The OVC will receive 1 service from being in the OVC support Centre. Based on service data a target of 3120 has been set. However, when OVC receive more than 3 services, they will be dropped from the Indirect target and entered into the Direct Target. Each of the 52 Sites will provide indirect services to 60 OVC in order to feed in the target.

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7555
Planned Funds: $ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This OVC activity relates to other activities implemented by Management Sciences for Health/Integrated Primary Health Care Project (IPHC) activities in PMTCT (#7557), TB/HIV (#7666), CT (#7556), ARV Services (#7553) and Basic Health Care and Support (#7554).

SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC), in collaboration with the National Department of Health (NDOH), will support the expansion of OVC program in 5 provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West). IPHC has provided small grants to seven South African non-governmental organizations (NGOs) namely; Inwanca Home-Based Care, Ikwezi Lomso Child and Welfare Organization, National Peace Accord/Khanyiselani Development Trust, Makhuduthamaga Home/Community-Based Care Umbrella NPO, Makotse Women's Club, Thibela Bolwetsi HIV and AIDS Project and Maluti Skills HIV and AIDS Intervention, to provide care and support to OVC in 8 districts in 5 provinces. The OVC activities supported aim to strengthen communities to meet the needs of OVC and their families; supporting community-based responses, helping children and adolescents to meet their own needs and creating a supportive social environment. The activities under this program aim to assist OVC with access to education, economic support, provision of food and or nutrition, legal assistance, healthcare, psychological support, and protection from abuse. The target populations for this activity are OVC and their caregivers, HIV and AIDS affected families, South African-based volunteers. Community-based organizations, Faith-based organization and Non-Governmental/Private voluntary organization will also be targeted. The major emphasis area is community mobilization and participation with minor emphasis on the development of networks, linkage and referrals; and local organization capacity development.

BACKGROUND:

The activity is on-going and continuing from activities initiated in FY 2006. IPHC will be working with NGOs and community-based organizations (CBOs) that are implementing activities aimed at improving the lives of OVC. All NGO/CBO activities are integrated into the plans of the Departments of Health and Social Development. With FY 2007 PEPFAR funding, the IPHC Project will also establish/strengthen the referral system between the NGOs/CBOs, health facilities and organizations, local municipality and health facilities to increase access to health services e.g. provision of childhood immunization, routine examination, health education, clinical monitoring and management and ARV therapy when necessary. IPHC and its sub-partners will strengthen collaboration between Department of Justice, The South African Police Services and Child Protection Units to report cases of abuse and rape especially in child headed households. IPHC will engage traditional leaders (amakhosi) to raise awareness and address the abuse of girl children in their communities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Mobilization and Participation

With FY 2007 funds, IPHC will increase the number of NGOs providing care and support to OVC in the 5 provinces. The aim is to increase the number of caregivers and OVC that receive support. IPHC will build the capacity of the NGOs and CBOs to effectively and efficiently implement integrated programs that are responsive to the needs of OVC at local level.

IPHC will facilitate an increase in the number of caregivers trained in psychosocial aspects of working with OVC understanding their particular developmental needs and support requirements. IPHC will also assist with the identification of accredited service providers to provide training for NGOs on technical aspect related to OVC care, working with CBO that have creches; and raise the knowledge related to children's needs and rights in line with the Department of Social Development's Early Childhood Development guidelines. This will take place through workshops and training that will be held at district level. IPHC will also provide mentoring and technical support to NGOs in the areas of administration, financial management, monitoring and evaluation.

ACTIVITY 2: Technical Support

With FY 2007 PEPFAR funding, IPHC will provide technical support to NGOs and CBOs to enable them to provide a comprehensive package of care and support to OVC. The package includes support to OVC to obtain birth certificates and identification documents, social security grants, legal aid to prevent social neglect and stigma, psychosocial support that includes trauma, bereavement and basic counseling, emotional and spiritual support, counseling and debriefing of caregivers to prevent burnout, referral to clinics and hospital for pediatric ARV treatment and adherence, immunization, prevention of HIV infection messages, support for child-headed households and protection from rape, land grabs and security of inheritance, access to education, child protection units and life skills education.

ACTIVITY 3: Linkages and Networks

IPHC will link NGOs and CBOs with other PEPFAR partners operating in the same geographical area to facilitate learning from one another and sharing experiences. The project will also link and encourage NGOs participation in the local coordinating structures such as District/Local Aids Councils (DACs/LACs), District Action Committee for Children affected by HIV and AIDS (DACCA). IPHC will also encourage and support NGOs to establish Child Care Forums to ensure that OVC receive appropriate services. IPHC will advocate for the inclusion of OVC care and support service into the Local Government's Integrated Development Plans (IDPs).

IPHC will assist PEPFAR to achieve its goal of caring for 10 million people, including OVC, by increasing OVC access to government support, expanding linkages and referral systems with other health and social services, and strengthening and expending OVC policies and guidelines.

Continued Associated Activity Information

Activity ID: 2950
USG Agency: U.S. Agency for International Development
Prime Partner: Management Sciences for Health

Mechanism: TASC2: Intergrated Primary Health Care Project
Funding Source: GHAI
Planned Funds: $ 225,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	15,000	☐
Number of providers/caregivers trained in caring for OVC	450	☐

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	CompreCare
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7563
Planned Funds:	$ 560,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is a part CompreCare's Coordinated HIV/AIDS Management Programs (CHAMPS) initiative in the City of Tshwane, Pretoria, South Africa and relates to CHAMPS AB Prevention program (#7561).

SUMMARY:
CompreCare, through its partnership with Child Welfare Tshwane (CWT), will identify and provide a holistic package of services to orphans and vulnerable children and their families. Program activities include psychosocial, educational, economic and healthcare support for OVC as well as outreach and HIV prevention education. Primary target populations are OVC, their caregivers HIV and AIDS affected families, volunteers and community-based organizations. Although the program's primary emphasis is training, the program will also focus on needs assessment and the development of network/linkages/referral systems.

BACKGROUND:
CompreCare is a South African non-governmental organization (NGO) implementing HIV and AIDS prevention and care activities under a multi-partner initiative called CHAMPS. The CHAMPS Initiative aims to reduce the impact of HIV and AIDS on OVC and their families in the Tshwane metropolitan area, specifically Mamelodi and Olievenhoutbosch, by raising awareness about HIV/AIDS preventative practices and through strengthening care and response networks for OVC.

In partnership with Child Welfare Tshwane, the largest service provider addressing the needs of OVC in the Tshwane metropolitan area, CompreCare recruits, trains and mentors caregivers and facilitates increased access to education and government services for OVC. To date, PEPFAR funding has enabled CompreCare to train 50 caregivers and serve 1250 children with care and support services. Child Welfare Tshwane is a member of the South African Government local Department of Social Development Forum. This forum to was created to strengthen linkages and networks between local government officials and NGO, CBO and FBO members in order to improve coordination between public and private service provider's programs. Child Welfare Tshwane has established a partnership with the Ford Motor Company which has donated a facility for their wellness center. The Wellness Center offers a range of services to OVC and their families including; psychosocial services, prevention education, nutritional counseling and support, and income generation activities.

ACTIVITIES AND EXPECTED RESULTS:
CompreCare's OVC care and support program will focus on the early identification of infected and affected children and families and ensure that their basic needs (food, health care and education) are met. The program will conduct household needs assessments and link OVC and their caregivers to the appropriate government and community services. Trained community caregivers residing in the target areas enable CompreCare and its implementing partner to provide comprehensive and holistic care for OVC.

ACTIVITY 1: Training
CompreCare, in collaboration with their implementing partner, Child Welfare Tshwane, will offer a standardized OVC training and service package/strategy to train and support volunteer community caregivers. The training is based on the Iso labantwana ("eye on the children") model that was originally developed by Child Welfare South Africa. Child Welfare Tshwane has adapted the model to address the needs of children infected and affected by HIV and AIDS and has a produced a manual for trained volunteers. The training is a 10 module course that emphasizes community-based approaches for the early identification and care and protection of vulnerable children. Caregivers are recruited from the communities, in which they reside and provided with training in the following; basic HIV and AIDS information, HIV prevention, accessing government social services, obtaining social grants, psychosocial support, referrals and nutrition counseling and support. CompreCare and Child Welfare Tshwane provide on site follow-up training and mentoring for all caregivers. In addition, Child Welfare provides group counseling sessions for caregivers to provide additional mentorship and support and to share best practices and lessons learned.

ACTIVITY 2: Care and Support Services

The program recruits volunteer caregivers from target communities to ensure that care and support services are readily available to OVC. As a result, the program, as a whole, benefits as the caregivers are often well-known and respected by community leaders. Caregivers are well positioned to easily access the services of other community groups and service providers including schools, churches, and community care forums. Each volunteer caregiver reports to and receives ongoing support from a Child Welfare Tshwane social worker. When a family is identified, the volunteer caregiver completes an initial assessment and develops a plan of action in collaboration with the social worker for each child and their family. The plan of action details the type of assistance required by the OVC which includes obtaining identity documents and government social grants, household budgeting, and distribution of food parcels and establishment of food gardens (made possible through public and private donations). Volunteer caregivers provide these services during weekly home visits. Additionally, volunteer caregivers provide educational and psychosocial support including school fee exemptions, homework supervision, care for ill parents/caregivers, succession planning and bereavement counseling for OVC and their family members. When circumstances exist that require advanced or intensive support, such as health related issues and child abuse, caregivers refer OVC to the appropriate service provider and follow-up to ensure that the relevant services are provided and that the continuum care continues for each child.

ACTIVITY 3: Community Wellness Center
In addition to providing home-based support services, Child Welfare Tshwane also manages a community wellness center that provides care services, five days a week, for OVC and their families. The center operates a 9-month intensive therapeutic program that includes individual and group support sessions to provide information on HIV and AIDS and build coping skills for OVC and their ill caregivers. A full-time social worker and a cadre of community volunteers provide OVC with psychosocial support, referrals to social services and training on income generation activities including beading and gardening. The program also offers life skills training for OVC tailored to the specific needs of the child. Life skills courses are provided through after-school activities, school holiday programs and group play therapy.

ACTIVITY 4: Linkages
CompreCare and its implementing partner, HospiVision, trains volunteer caregivers in value-based HIV prevention emphasizing abstinence and fidelity. The program focuses on six central spiritual values (respect, responsibility, integrity, fairness, love and service) and enhancing the life skills of: decision-making, assertiveness and negotiation. The training also addresses issues of stigma and discrimination and gender through role play. Skills learned in the program empower caregivers to further support OVC in with knowledge, skills and attitudes to make informed decisions about living healthy, productive lives.

CompreCare's OVC program activities will contribute towards PEPFAR's goals of providing 10 million people with care by improving the quality of life of OVC and infected and affected families.

Continued Associated Activity Information

Activity ID:	3294
USG Agency:	U.S. Agency for International Development
Prime Partner:	CompreCare
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 335,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	3,500	☐
Number of providers/caregivers trained in caring for OVC	20	☐

Indirect Targets

Indirect targets are envisaged to cover two categories of OVC.

First Category: OVC reached within the last three months of the program who might not have received the required number of services; and

Second Category: These can include abandoned infants (babies) who are identified and then referred to other instances for further treatment and care.

Target Populations:

Community-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)

Coverage Areas

Gauteng

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7564
Planned Funds:	$ 3,300,000.00

Activity Narrative: SUMMARY: The National Association of Childcare Workers (NACCW) provides accredited child and youth care training to community members in order to provide holistic services to OVC. Funding will be used in the emphasis area of training and community mobilization, developing referrals and linkages, and conducting needs assessments. Primary target populations are OVC, HIV-infected families and their caregivers, and community organizations.

BACKGROUND: NACCW is the only South African NGO focusing on provision of specialized, professional training in child and youth care. NACCW has developed a unique community-based child and youth care response to the HIV and AIDS crisis called the Isibindi Model. This program trains unemployed community members in an accredited child and youth care course and provides an integrated child and youth care service to child headed households and vulnerable families through partnerships between NACCW and community-based organizations. This project is part of a larger initiative of the NACCW to replicate the Isibindi Model nationally in partnership with the Department of Social Development (DoSD). Since 2004, PEPFAR has supported 14 of NACCW's 40 Isibindi projects, providing direct services to 3755 OVC and training for 209 child and youth care workers in 6 provinces in South Africa. The NACCW also offers this accredited training to other PEPFAR funded projects.

To promote the sustainability of the NACCW Isibindi childcare model, public-private partnerships will support the program in selected provinces. Partners include De Beers Fund, Anglo America Chairman's Fund, AngloGold, Royal Netherlands Embassy, UNICEF and the Impumelelo Innovations Award Trust.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Training and Mentorship. Accredited child and youth care training at South Africa's National Qualification Framework (NQF) level will be provided to child and youth care workers and selected volunteers in all sites. This training is the only accredited basic child and youth care course in the country in the profession of Child Care Work. This accredited training will allow workers to be registered as Auxiliary Child and Youth Care Workers with the South African Professional Board for Child and Youth Care Work. This registration promotes professional practice and ensures that workers function within a professional code of ethics. In FY 2007 expert consultants and mentors will be provided to all 17 Isibindi Projects to ensure development of the project staff and thus ensure provision of quality services.

ACTIVITY 2: OVC Outreach services. NACCW will ensure that all OVC are visited regularly and provided with services within a child rights framework. These services will include education on children's rights and assistance with access to education, facilitating access to legal documents, food parcels, social security grants, ARV treatment for children and health care, child protection, services for recreation and play, educational support and bereavement and grief work. Health Care services will include general health care, health care for HIV-infected OVC and preventive health care services. NACCW will ensure that OVC also receive child care services including counseling, grief-work, age-appropriate developmental programs and assessment in the context of ordinary daily events like bath-times, mealtimes, study times and playtimes. Lifespace work (using daily events and routines like meal preparation, meal times, study times, play times etc) will be offered in the community in homes, schools and drop-in centers to build resilience and empower OVC to take charge of their lives. To respond to large numbers of children requiring after school care services and less intensive support, the NACCW Isibindi projects will create safe parks - safe places where children can play with access to child and youth care workers. The safe park will provide homework supervision, health care assessments and discussions, organized sports fixtures, free play, group discussions, cultural activities and the opportunity for children to connect with adults in a safe environment.

ACTIVITY 3: Child Protection and Gender Equity. The NACCW program will focus on the identification, care, management and referral of children who are abused and neglected. This will be a focus area of the NACCW project in FY 2007. Expert training and support from other specialist organizations will ensure effective service from the child and youth care workers according to minimum standards and practice procedure. Care givers will be sensitized and trained to actively identify and address gender-based violence in vulnerable households, particularly households headed by young females. Children with disabilities

will benefit from focused developmental and support programs by trained child care workers including referrals and physical therapy. In addition, a gender program for the protection and promotion of the girl child will be developed in the 17 PEPFAR supported NACCW sites. This gender program will include women's development/leadership skills workshops for the child and youth workers so that gender sensitivity, women's rights and protection will be integrated into the ethos of daily activities and programs of the Isibindi project. A specific girl child program will be in place in all Isibindi sites including career camps and bursaries for girl children who have passed their final exams (grade 12) and are heading households, increasing economic security for the girl child and siblings in the home.

ACTIVITY 4: Advocacy. The Isibindi Model translates SAG policy for OVC into practice. By sharing better practices from the Isibindi model with national and provincial government departments, NACCW will help inform national policy on OVC. NACCW promotes the UN Children's Rights Charter, the South African National OVC policy and the South African Draft Children's Bill as well as other national policy and legislation for the protection and promotion of children rights and interests in the context of HIV and AIDS. In FY 2007 NACCW will continue to target key stakeholders such as magistrates, social workers, and officials in SAG departments such as Home Affairs (responsible for birth certificates) and Education, at provincial local level through meetings and other forums to ensure that government policy and legislation are implemented in the best interests of the child. In all Isibindi projects, children who have been refused admission to school (for lack of school uniforms or nonpayment of school fees) have all been successfully readmitted.

Plus-up finding will be used for:
a) Care and support for disabled orphans and vulnerable children. NACCW will conduct a needs assessment of each Isibindi site to identify OVC requiring care and support. CYCW will network with health care facilities and service providers in each site to foster access to specialised and disability services. A report for each site will document the number of children with special needs, describe the identified needs (both in individual children and as a group), outline existing local health/social service facilities, and articulate an action plan. NACCW mentors will meet with appropriate rehabilitation departments at local hospitals or clinics. CYCW will refer OVC for services and follow up to ensure services are received.
b) Gender program for adolescent OVC. In addition to NACCW's child protection and gender equity activities, NACCW will also implement interventions designed to meet the needs of adolescent OVC girls and boys. CYCW will be trained on the needs of adolescent girls and boys and activities will be mainstreamed into all household visits and at Safe Parks. Activities will include information and education on reproductive health and teenage pregnancy, gender based violence and gender roles.

Continued Associated Activity Information

Activity ID:	3128
USG Agency:	U.S. Agency for International Development
Prime Partner:	National Association of Childcare Workers
Mechanism:	USAID GHAI
Funding Source:	GHAI
Planned Funds:	$ 1,200,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	31,664	☐
Number of providers/caregivers trained in caring for OVC	604	☐

Indirect Targets

The established Safe Parks will continue to service more children from the community. 4 additional Safe Parks will be established. Child and youth caregivers will identify OVC attending safe parks and assess their need for services. This will include referral to specialised service providers and assistance with applications and advocacy for social grants.

In 17 sites 215 workers will provide at least 2580 referrals in a 12 month period.

We estimate that in 12 months, 2616 OVC will play in 6 Safe Parks. We further estimate that on average, 436 OVC a month will play in each of the 6 Safe Parks. In 2 Safe Park; of the 436, 69 will be new OVC. In 2 Safe Parks; of the 436, 20 will be new OVC.

Target Populations:

Disabled populations
HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Gauteng

Mpumalanga

Western Cape

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7580
Planned Funds: $ 382,895.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This FHI Track I Faith-Based Regional Initiative for Orphans and Vulnerable Children (FABRIC) activity is linked to the FHI OVC Mission-funded PEPFAR activity (#7984) that will use capacity building tools such as the Organizational Performance Capacity Assessment Tool (OPCAT) to improve NGO capacity for managing OVC programs.

SUMMARY:

FHI will continue to support the Southern African Catholic Bishops Conference (SACBC) and its sub-recipients (SRs) in OVC program design, implementation and direct OVC service provision through ongoing training, mentoring and support. FHI will continue to strengthen the monitoring and evaluation (M&E) system through quality assurance and improvement procedures and regular data verification checks. The emphasis areas for this program are local organization capacity building, community mobilization/participation, development of networks and linkages, quality assurance/improvement and training. The primary target populations are OVC and caregivers.

BACKGROUND:

FHI together with SACBC began implementing the Track 1 FABRIC program across 11 sites in South Africa in February 2006. In FY 2007, the SRs will reach OVC and their families with psychosocial support, educational support, nutritional support, economic support, health care, palliative care, legal support, pediatric treatment referrals and child protection services. The program will encourage home and community-based care referrals and will integrate age-appropriate HIV prevention messages in its key activities. The major components of this program are: 1) capacity building in OVC program design and implementation; 2) collaboration and coordination with government and other services/programs for the provision of quality care and support to OVC; 3) effective M&E; and 4) gender mainstreaming. These activities are directly aligned to the South Africa Department of Social Development (DoSD) strategic priorities for OVC in its national plan of action for OVC for 2006 to 2008. Strategy one seeks to strengthen the capacity of families to provide essential care and support for OVC. Strategy two seeks to mobilize communities to care for OVC. The remaining DSD strategies focus on creating an enabling environment in terms of policy, legislation, advocacy and coordination. FABRIC will ensure that each OVC gets at least 3 services, per the South Africa PEPFAR guidance.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (CAPACITY BUILDING)

FHI will provide further technical assistance to SACBC to strengthen their organizational capacity to support SRs using tools such as OPCAT. Both FHI and SACBC will continue to provide assistance in project and financial management and OVC technical areas to SRs to improve the quality of their OVC programs. This support will include training and ongoing supervision and mentoring. FHI will ensure that SACBC together with each SR have clear sustainability plans and will provide training and links to other providers for the establishment of creative income-generating activities (IGAs) to support OVC and their families. FHI will develop wrap-arounds with other partners for food and nutrition assistance to ensure more sustainable food and nutrition support. Public-private partnerships will be encouraged at the local level, for example soliciting support from local businesses such as bakeries.

ACTIVITY 2 (COLLABORATION AND COORDINATION)

In line with the DoSD policy framework for OVC, FHI and SACBC will jointly boost networks developed with government and with other USG partners. FHI and SACBC will work closely with DoSD through forums such as the National Action Committee for Children Affected by AIDS (NACCA) and the provincial and district committees to strengthen networks and linkages to improve care and support for OVC and also to link caregivers to other government programs. FHI will ensure that strong referral systems are in place at local level for the provision of essential services such as health care, educational support, food security and nutrition and legal assistance. FHI will continue to

support community mobilization and coordination. SRs will be encouraged to liaise with community leaders and community members to target the most vulnerable, identify local resources and develop linkages with other services. In FY 2007, FHI will emphasize pediatric treatment. SRs will be supported in conducting mapping exercises to identify the nearest treatment sites for pediatric referrals. SRs will be trained in basic pediatric HIV testing, treatment and care in order to provide essential information and support for pediatric treatment to OVC and their families. All referrals will be tracked closely to ensure the referral service has been provided and the feedback form has been completed and returned to the SR by the referral site. Age-appropriate prevention messages and life skills programs will be integrated into the after-school care program.

ACTIVITY 3 (MONITORING AND EVALUATION)

FHI will strengthen technical skills around M&E for SACBC and the SRs through ongoing training and mentoring. FHI will compile, integrate and analyze existing and new data and will participate in the documenting of the OVC model of care to be conducted by USG. FHI will participate and provide ongoing comments in the development of the national DoSD M&E system and will ensure that the indicators required for the national database are included and collected by the SRs. FHI and SACBC will implement information verification procedures as part of regular site visits and will ensure that the M&E forms are translated into local languages in low-literacy areas.

ACTIVITY 4 (MAINSTREAMING GENDER)

In FY 2007 gender will form an integral part of the FABRIC program's activities. FHI will ensure that girls and boys are receiving equitable support and access to essential OVC services, especially education. Partners will work with male groups in their dioceses to mobilize the involvement of men as caregivers. Female child-headed households will receive special attention to ensure that the burden of care on them is decreased and that they continue to access education and to receive adequate mentoring and support. Communities will be mobilized to enforce OVC protection from exploitation and abuse and to mitigate against stigma and discrimination. Advocacy initiatives will also be conducted at the congregational level to ensure that the church is supportive and promotes the same messages to address gender inequities. FHI will link gender to sustainability efforts by improving access to training and resources for female primary and secondary caregivers. FHI will set-up a tracking system to ensure that equitable access to care and support is enhanced and that activities addressing gender inequities and child protection are recorded and reported.

EXPECTED RESULTS:

Improve reach (# of OVC) and coverage (# of geographic regions) in 14 sites across 8 provinces;
Strengthen the capacity of SACBC and its SRs to effectively coordinate and sustain programs at the local level;
Enhance skills and knowledge of caregivers through training in OVC technical areas;
Improve the FABRIC M&E system and align with the DSD national system and indicators through quality assessment and improvement;
Equitable access to care and support and resources for male and female OVC;
Increase in the number of male caregivers trained and mentored to care for OVC;
Establish linkages to income generation service providers and training opportunities for SRs and families caring for OVC; and
Increased awareness and community mobilization against gender-based violence and child abuse.

Through these activities, FHI will assist PEPFAR to achieve its goal of caring for 10 million people, including OVC. By the end of the third quarter of FY 2006, FHI had directly reached over 2,915 OVC with a minimum of 3 services and a another 2,258 OVC indirectly.

Continued Associated Activity Information

Activity ID: 2922
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: N/A
Funding Source: N/A
Planned Funds: $ 0.00

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

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	4,000	☐
Number of providers/caregivers trained in caring for OVC	150	☐

Indirect Targets

Indirect OVC Support: Indirect recipients of support are OVC who are NOT individually monitored but who collectively benefit in some way from system strengthening or other interventions. For example:
Estimated number of OVCs benefiting from a policy change or improved system (e.g. birth registration, inheritance laws, educational system)
Estimated number of OVCs benefiting from the training of, or support for, caregivers.

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Food

Education

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Increasing women's access to income and productive resources

Microfinance/Microcredit

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Eastern Cape

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7581
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

PEPFAR funds allocated to OVC ($1,200,000) are for the Nelson Mandela Children's Fund (NMCF) to provide sub-grants and grant management support to its sub-partners. The aim of the NMCF program is to strengthen local organizations to support orphans and vulnerable children (OVC) and to strengthen the coping mechanisms of households and communities in supporting OVC. NMCF through its sub-partners will continue to implement the activities specified in the FY 2006 COP, which include assistance to facilitate OVC to access health, nutrition, education, social services (i.e. social grants etc.) psychosocial counseling and support. The OVC activities of NMCF and its sub- partners will be completed according to schedule in 2007 and the USG PEPFAR Task Force has decided to continue supporting three NMCF sub-partners directly, but not to continue support to NMCF. Therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID: 2961
USG Agency: U.S. Agency for International Development
Prime Partner: Nelson Mandela Children's Fund, South Africa
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,240,000.00

Emphasis Areas	% Of Effort
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	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs		☑
Number of providers/caregivers 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
Program managers
Teachers
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Increasing women's legal rights

Food

Microfinance/Microcredit

Education

Coverage Areas

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7589
Planned Funds: $ 1,850,000.00

Activity Narrative: SUMMARY:
Save the Children UK (SC), in partnership with The Centre for Positive Care (CPC), supports the South African local government (LG) and Departments of Social Development (DoSD), Education (DOE) and Health (DOH) in the Free State and Limpopo to create networks providing comprehensive care for OVC. Activities include building community capacity by establishing, training and mentoring Child Care Forums (CCFs) to identify OVC and their caregivers, refer OVC for services and visit homes, training home-based caregivers, helping schools to plan and implement care for OVC, working with selected CBOs and FBOs, and improving local, district, provincial and national coordination of OVC programming.

BACKGROUND: SC's OVC program in South Africa started in 2003 and has been supported by PEPFAR since 2004. SC works closely with LG to rapidly roll out CCFs at ward level. In FY 2005 SC and CPC were able to assist 10,582 OVC indicating that this is an effective model for reaching large numbers of OVC in remote, rural communities.

FY 2007 funding will strengthen the reach and quality of care provided to OVC at ward level by improving ward level networks of support, formed by CCFs, a home-based care (HBC) group and a school. SC actively seeks support of local business and FBOs for network activities such as community-based, multi-purpose drop-in centers. SC activities will be implemented in underserved areas in the Free State (in Thabo Mofutsanyana District, a South African presidential poverty area) and in Limpopo (in Vhembe district, a designated homeland during Apartheid).

The project is in line with South Africa's Policy Framework for OVC, the National Action Plan for OVC and the policies of the DoSD and DOE. SC participates in the development of national policy and guidelines and coordinates the national Caring Schools Network of NGOs and other organizations establishing OVC care through schools in South Africa.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Establishing and strengthening community structures. SC and CPC will establish and strengthen community-based, volunteer CCFs in two provinces.The mandate of CCFs is to identify OVC, ensure OVC and their caregivers access services, mobilize community support for OVC and their caregivers, and actively support community initiatives for OVC. In addition, CCFs monitor the well-being of OVC (taking account of needs according to age and gender) and their caregivers, and raise issues related to service delivery for OVC with relevant local authorities through the OVC Task Team. SC will enable schools to plan and implement programs to care for OVC and to establish children's groups. SC will establish and strengthen ward level networks of CCFs, HBC groups, schools, local business, faith-based and other groups. SC will review the impact of CCFs on OVC to facilitate improvements and document the model for roll out to other districts and provinces with SAG support.

ACTIVITY 2: Human Capacity Development. SC supports human capacity development in two provinces by training CCF members, school-based youth facilitators and community stakeholders in children's rights including child participation, HIV and AIDS, identifying and referring OVC for other essential services, psychosocial support and home visits, and child protection. HBC groups will be trained in health care for children in AIDS-affected households and support for children looking after ill adults. Organizational development and OVC program training will be given to CBOs, FBOs and partner NGOs.

Human Capacity Development will include training for CCF and HBC members on understanding adolescents; how to talk to and listen to them to help them to understand the changes in their bodies and how to initiate groups and activities that they will participate in. Specific training for school based youth facilitators will be implemented to initiate and support peer education activities for adolescent in school OVC. All activities will include a focus on gender and gender roles in adolescent sexuality. In addition, clinic staff will be offered training and support by SC in working with adolescents and responding to their health needs.

ACTIVITY 3: Care Services. With SC support, CCF members will identify OVC; refer them for birth registration, health care (including pediatric treatment) and HIV counseling and testing, social security grants, protection and monitor that services are delivered; make

home visits and initiate children's and caregiver's activities to enhance psychosocial well-being and provide or arrange for food assistance, school fee waivers, uniforms and transport to government services. Capacitating schools to provide services will result in improved food support, increased recreation, play and psychosocial support for children and their caregivers (both teachers and family caregivers); extracurricular activities that encourage children to excel in different fields and that teach children relevant skills; clothes and uniform banks; improved safety and protection for children; the provision of other government services at schools; and linkages with community programs that support OVC. SC will explore the role of gender and activities will respond to the needs of young girls and boys and all caregivers, including older women. Women will actively participate in decision-making while men and youth will play an active role in community care and support activities. SC data for specific indicators will be recorded and analyzed by gender and monitored to ensure gender-balanced outcomes.

Using FY 07 plus up funds, care Services for OVC will be expanded to include referring adolescent OVC to clinics for sexual and reproductive health services and ensuring that the clinics are responsive to adolescent OVC needs. In addition, SC will start support groups for adolescent OVC, in conjunction with resource centres in Vhembe district and target other places where children can be reached. Services will include support for peer-led activities and services offered by trained adult caregivers. OVC will be supported to discuss and find solutions to their problems, access information and services, and to interact socially with each other in a safe space supervised by trained adult caregivers. SC will expand the in-school youth peer education programme using existing best practice models, such as the RADS life skills programme developed with Rutanang, in the Free State and Vhembe.

ACTIVITY 4: Advocacy. SC will continue to advocate for improved service delivery to OVC. A key element of advocacy will be the collation and sharing of data on service delivery with SAG. SC will refine its database, decentralize to ward level and reorganize to generate reports on the status of service provision. These will be analyzed collaboratively with Local Government and Home Affairs, DoSD, DOE, and DOH to design more responsive services including child-oriented VCT. OVC Task Teams will be capacitated to monitor OVC service provision. Local Government will be encouraged to include children's issues in their integrated development plans.

ACTIVITY 5: Improved Coordination. SC will provide technical support to the OVC Task Teams to coordinate services for OVC at local level and move towards sustainability, including hosting meetings between service providers and strengthening links with CCFs, other ward structures and district level. SC will support exchange visits at local and district levels and promote participation of OVC in ward and local level decision making. Stakeholders at district and provincial levels will be encouraged to form appropriate Action Committees for Children at district and provincial level (DACCAs/PACCAs). SC will also support DoSD National Action Committees for Children (NACCA) at the national level to engage with the SAG's National AIDS Council, and local government bodies and provide guidance for improved OVC programs in South Africa.

Continued Associated Activity Information

Activity ID:	3054
USG Agency:	U.S. Agency for International Development
Prime Partner:	Save the Children UK
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,050,000.00

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

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	56,320	☐
Number of providers/caregivers trained in caring for OVC	1,016	☐

Indirect Targets

Assumes that each of

138 CCFs is responsible for an average of 200 indirectly served OVC = 27600

27 CBO/FBOs can indirectly serve 80 OVC = 2160

30 schools can indirectly serve 100 OVC = 3000

5 drop in centres will indirectly serve 100 OVC = 500

Total 33260

Target Populations:

Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Out-of-school youth

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Free State

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Starfish
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7590
Planned Funds: $ 1,000,000.00

Activity Narrative: In July 2007 Starfish decided to enhance the programmatic capacity of two of its sub-partners (Hands At Work and Heartbeat) by reprogramming $1,500,000 of its FY07 OVC budget. Each sub-partner will receive $750,000 and will inherit 30% of the Starfish OVC targets. Both Hands At Work and Heartbeat will be moved to the new FHI Umbrella Grant Management partner as of October 1, 2007.

SUMMARY:
In FY 2007 Starfish will use PEPFAR funds to provide a holistic package of basic services to OVC, including increased access to educational support and social services through community-based programs in eight provinces. Specific target populations include OVC, their families and caregivers, SA-based volunteers and community-based organizations. Major emphasis areas for the program are local organization capacity development, community mobilization and training.

BACKGROUND:
Starfish Greathearts Foundation (Starfish), a South Africa NGO, uses a multi-tiered capacity building model that focuses on partnerships, the ability to replicate or scale-up programs and sustainability to ensure necessary care and support services reach as many OVC as possible. Starfish acknowledges the invaluable role that community-based organizations and caregivers play in caring for OVC, and supports and capacitates NGOs and small CBOs through training and mentorship to provide direct OVC services to the OVC in their care. The Starfish program aligns with the South African National Plan of Action for Orphans and Other Children made vulnerable by HIV and AIDS and the Department of Social Development's (DoSD) Policy Framework.

Starfish partners with the following local NGOs:
Hands At Work in Africa (HAW) which equips volunteers and communities to support themselves through the provision of quality care for OVC and terminally and chronically ill patients; provides care to OVC; and provides school dropouts and OVC that have completed high school the opportunity to learn vocational skills.
Heartbeat (HB) aims to alleviate the suffering of OVC by facilitating change in communities through volunteerism, advocacy, community support, emergency relief and children's empowerment. Their model is based on 4 principles: children's rights, community-based care, holistic service delivery, and partnerships.
Ikagang Itireleng Aids Ministry (Ikageng) focuses on providing OVC with comprehensive care (physical, emotional, social, economic and spiritual) in Soweto with a specific focus on children heading households.

To date, PEPFAR funding has enabled Starfish along with HAW, HB and Ikageng to deliver care and support services to 9,829 OVC and over 2,200 caregivers.
With FY 2007 funding Starfish will continue to support these three NGOs, capacitate care workers/givers, and provide care and support services for OVCs.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Local Organization Capacity Development
Central to Starfish's scale-up strategy is a sustainable CBO training and mentoring program. Partner CBOs are trained and mentored for an 18-month period in OVC care and support and developing and improving organizational capacity. As the number of CBOs that are capacitated increases nationally, more OVCs can be reached more cost effectively and brought into a safety net of care in a sustainable manner. CBOs are provided with the skills to access and implement services provided by the Departments of Education, Home Affairs and Social Development. For example; how to secure school fee exemption, rather than trying to raise funds for fees; how to apply for and access legal documents and secure social grants; rather than directly paying monthly household expenses for OVC etc. Starfish also assists CBOs with the development and use of data collection tools, methods and monitoring of implementation plans. Starfish, through participatory workshops with CBOs, will develop tools and methods to collect good quality OVC data that will add value to the CBO's work. This will build the capacity of CBOs and attract other funding sources.
ACTIVITY 2: Human Capacity Development
Starfish will train and mentor care workers in organizational functions, e.g. bookkeeping, proposal and report writing, conflict mediation, forming linkages and partnerships, and establishing relationships with local government departments and local service providers (including ART treatment sites). OVC care and support topics that will be covered in the

CBO training include basic child care, the role of the childcare worker, establishing OVC selection criteria and community care forums, minimizing discrimination and stigma, HIV and AIDS education, and promoting gender equality and child protection. Caregivers will be trained to identify OVC who are vulnerable, abused, ill, HIV-infected and will be given mechanisms for referral. Basic parenting skills, nutrition and food gardening, health and hygiene all form part of the curriculum. Children heading households will also receive training in stress management, bereavement and grief counseling, and sexuality and HIV prevention messages. Granny support groups will create a network of caregivers who will support each other, mitigating their individual burden of care and providing a forum for sharing information. Support groups are led by trained caregivers.
ACTIVITY 3: Psychosocial Support (PSS)
HAW and HB have networks of care workers who regularly visit OVC at their homes. The care workers serve as points of contact for OVC and ensure that linkages and referrals are made to provide OVC with the necessary services. Age-appropriate PSS programs that will be provided include puppet shows, youth camps and youth support groups. These focus on core themes such as life skills, gender stereotypes held particularly by boys with the view of establishing gender equality, child protection with the view of reducing violence and sexual coercion, sexual and reproductive health especially for adolescent OVC. The youth development plan, Survive Your Life, targets high school OVC and focuses on abstinence and faithfulness messages. Starfish will monitor these interventions and ensure each OVC will receive at least 3 services per the South Africa PEPFAR guidance.
ACTIVITY 4: Educational Support
School uniforms and stationery are funded by Starfish and supplied to HAW, HB and Ikageng as part of Starfish's larger educational program. This intervention reduces stigma and discrimination and encourages school attendance. Using PEPFAR funds, Starfish will support homework tutoring and extra classes at HAW and HB which will be facilitated by qualified teachers and volunteers. HB runs regular child participation workshops where OVC are encouraged to raise issues of concern. Feedback from these workshops informs program design and response.
ACTIVITY 5: Legal Assistance and Economic Support
Starfish will support a birth certificate and identity document drive. HAW, HB and Ikageng will employ social workers to apply for government social security grants for OVC who qualify. This will assist the DoSD to fulfill their mandate as stipulated in the DoSD's Strategic Framework.
ACTIVITY 6: Nutritional Support
Survival food gardens at HAW and HB provide fresh produce to supplement monthly food parcels from companies and faith-based groups. These fresh vegetables also contribute to meals at soup kitchens that HAW, HB and Ikageng operate to provide daily meals to pre- and school-going OVCs at care centers. Starfish has brokered and maintains relationships with private companies who provide fish and maize donations for monthly food parcels. HAW distributes soya porridge to severely malnourished OVCs as part of an emergency feeding scheme. Nutritional education training given to OVC heading households and caregivers, many of whom are grannies heading households, will assist to improve OVC nutritional status by covering topics such as healthy food choices, food preparation and storage.

Continued Associated Activity Information

Activity ID:	3061
USG Agency:	U.S. Agency for International Development
Prime Partner:	Starfish
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 2,020,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	10,412	☐
Number of providers/caregivers trained in caring for OVC	1,480	☐

Indirect Targets

The indirect target of 3000 is made up as follows:

1300 children from Ikageng Iterlileng (sub-partner) will be recorded as indirect beneficiaries until such time as it can be demonstrated that a child receives three or more services, at which time such a child will move to being directly reached. All of the 1300 OVC will at least receive one intervention in the form of a monthly food parcel and/or regular soup kitchen meals. Some of these children will also receive psychosocial support and economic and legal assistance. Ikageng is a new sub-partner, and 1300 represents the number of OVC currently within their reach.

A further 1700 OVC will be indirectly reached by Heartbeat (sub-partner). This is the estimate of the number of OVC who, although not officially part of the program, attend schools and creches which are OVC sites. These children will be included in PSS and nutritional support interventions (to eliminate discrimination or stigma issues), and will also benefit from the birth certificate and identity document drive.

Target Populations:

Community-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
Widows/widowers

Coverage Areas

Free State

Gauteng

Limpopo (Northern)

Mpumalanga

North-West

Eastern Cape

KwaZulu-Natal

Western Cape

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7591
Planned Funds: $ 2,060,000.00

Activity Narrative: SUMMARY:

Nurturing Orphans of AIDS for Humanity (NOAH) mobilizes communities to help motivated individuals form networks of care called "Arks", which provide the following services to Orphans and Vulnerable Children (OVC): nutritious meals; educational activities including HIV prevention messages; regular home visits; assistance in birth registration and accessing government social security grants; psychosocial support and training in the establishment of food gardens. Through effective implementation of the NOAH model, with continued emphasis on sustainability and capacity building NOAH plans to capacitate communities' OVC programs (Arks) to become self-governing and to eventually graduate into independent local CBOs.

Major emphasis areas for are community mobilization/participation. Minor emphasis areas are quality assurance and supportive supervision and training.

The target populations for NOAH activities are OVC, and their caregivers, community and religious leaders, volunteers, CBOs, FBOs and NGOs.

BACKGROUND:

NOAH was established in 2000, and has received PEPFAR funding since 2004 in support of OVC. With PEPFAR support, NOAH has registered over 13000 children and provided over 8000 children with direct, comprehensive care throughout Gauteng, one community in the North West, and KwaZulu-Natal. NOAH is currently active in 82 communities nationally, of which 42 are supported by PEPFAR.

In the interests of gender equality, NOAH actively monitors the number of girls and boys receiving services and wherever discrepancies are noted, NOAH makes every effort to addresses them immediately. In addition, NOAH volunteers and staff identify sick children and caregivers and provides referrals to the nearest hospital or clinic for HIV counseling and testing and ART treatment. Public Private Partnerships (PPPs) are actively encouraged with companies such as Investec and the Johannesburg Stock Exchange (JSE) which provide material support in the form of school uniforms and/or food. With FY 2907 funding, NOAH will implement and expand the NOAH model, including the training of committees, volunteers and resource centre staff, and the operational costs of resource centers and NOAH staff.

ACTIVITY 1: Community Mobilization

NOAH focuses on community mobilization and participation to develop community networks, or Arks, to support HIV and AIDS affected families and their OVC. Mobilization occurs through an interactive process which allows communities to self-identify and self-evaluate themselves to determine whether the NOAH model will work for them. Subsequently, through the establishment and training of NOAH committees (which target all major stakeholders in the community: private sector, community, religious and local government leaders) and a group of volunteers, OVC are identified and provided with services. The committee oversees the activities of the volunteers and is involved in

fundraising and building relationships with local government offices and surrounding schools. In many Arks the committee has successfully secured material and monetary donations from local businesses, in other Arks schools have donated classrooms, resources and teacher-time. Often the Arks are located on school grounds. All Arks are encouraged to build relationships with the local Department of Social Development (DoSD). With FY2007 funding, NOAH will continue to support community mobilization in existing NOAH sites and mobilize additional communities in three provinces.

ACTIVITY 2: Human Capacity Development

NOAH training builds volunteers and committee members' skills to identify OVC, register them and conduct home visits to monitor their progress and link them to appropriate government social services (e.g. Department of Home Affairs for issuing of birth certificates). The training provided for volunteers includes Bereavement Counseling; technical training in how to access social welfare benefits for children; Financial Management and leadership training for Committee members as well as Nutritional counseling, ECD (Early Childhood Development) and training from the National Association of Child Care Workers (a PEPFAR partner) for staff members at resource centers. NOAH will continue to provide psychosocial support to OVC through training volunteers in Play Therapy and counseling techniques. Food security and nutritional support of OVC and volunteers is achieved through permaculture training and the subsequent establishment and maintenance of vegetable gardens. NOAH will continue to implement a pilot project aimed at improving the economic coping ability of caregivers and volunteers through a partnership with Heifer (an NGO which supports income generation through livestock farming), a non-PEPFAR funded initiative. If these projects succeed in improving economic conditions for volunteers we will roll out the program to all NOAH Arks.

Quality Assurance and supportive supervision is delivered through monthly meetings with NOAH staff in each region. This allows NOAH Ark Managers and community leaders to share successes and challenges and come up with innovative solutions to solve the problems specific to their communities. M&E systems at community level are strengthened through ongoing training and data quality is improved through immediate verification of all numbers reported.

ACTIVITY 3: Resource Centers

In some cases, through community, school and other donor-support, NOAH establishes, staffs and supports resource centers, satellite offices and satellite feeding schemes. NOAH Resource centers, apart from being safe havens where children can interact with each other and with adults in a supportive environment, also provide daily nutritious meals, access to educational support, computer rooms and libraries. Wherever possible the NOAH Resource Centres are situated within school grounds with the support of the School Governing Body. Parents, volunteers, children and teachers are actively involved in the maintenance and day to day activities of the centre. PEPFAR supports the day-to-day costs of the resource centres but does not fund any construction of new Arks.

ACTIVITY 4: Partnership with Government

Relationships with the South African Government (SAG) have been developed at the local,

provincial and national levels. NOAH partners with the Department of Social Development (DoSD) and Education (DoE), to capacitate communities to access government funds and assistance. Local government representatives are active members of Ark committees. Close relationships with local social workers are fostered and encouraged. Seven Noah centers are currently funded by the Department of Social Development with further funding provisionally allocated to more Arks. NOAH has partnered with the DoE in KwaZulu-Natal to provide long term sustainable support by integrating the Ark model into schools. NOAH advocates for stipends for volunteers through the Department's Expanded Public Works Program (EPWP) which aims to advance rural communities both socially and economically by involving them in government-run programs.

NOAH activities contribute to supporting the PEPFAR goal of providing care and support to 10 million individuals affected by HIV and AIDS by increasing access to quality, comprehensive care to OVCs.

Continued Associated Activity Information

Activity ID:	3052
USG Agency:	U.S. Agency for International Development
Prime Partner:	Nurturing Orphans of AIDS for Humanity, South Africa
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,560,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	12,000	☐
Number of providers/caregivers trained in caring for OVC	600	☐

Indirect Targets

The indirect target is calculated by subtracting the number of children directly served from the total number of children registered. These children have only received 1 service (identification and registration through community mobilization) and are thus indirectly served. We are already reaching more than 2500 children indirectly but we expect this number to decrease as direct service provision increases. Even so, we expect that need will always exceed supply and in all likelihood we will have more children registered than we can reasonably expect to provide 3 services to - the indirect number is derived from these children who are registered but not yet provided with services. As with the direct targets, each Ark contributes a certain number of children toward the total target set.

The emphasis at all Arks is on direct service provision to as many OVC as possible, through the provision of 3 services. As such, each Ark understands that OVC should only be registered where it is possible to provide additional services to those OVC. Consequently, we calculate the number of OVC indirectly served on the assumption that the number will either stay constant, or decrease over time because of the emphasis on deepening service provision as opposed to widening it.

Target Populations:

Community leaders
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7609
Planned Funds:	$ 1,860,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG: This OVC activity relates to other activities implemented by HOPE worldwide South Africa (HWSA) in Basic Health Care and Support (#7608), AB (#7607), and Counseling and Testing (#7610). It is also linked to the track one OVC program (#7372) as they share models, approaches and draw lessons from each other, as well as the Track 1 ABY (#7317) program. Synergy is encouraged in all HWSA programs to ensure comprehensive approach to care and support. USAID/South Africa supported prevention efforts are linked to HWSA's Track 1 OVC (ANCHOR) (#7372) program. Although the two programs complement each other, sites, staff and reach are separate and efforts are not duplicated.

SUMMARY: HWSA will continue to strengthen and develop community OVC support groups, facilitate kids clubs, strengthen community child care forums, train partner organizations and provide small sub-grants to community-based organizations (CBOs). Primary target populations reached include children and youth, people affected by HIV and AIDS, OVC families and community members. The major emphasis area for the program is community mobilization with additional focus on linkages with other sectors and initiatives, and training.

BACKGROUND: The OVC program is one of the four HWSA focus areas funded by PEPFAR 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 2004 and will be further strengthened and scaled-up with FY 2007 PEPFAR funding. HWSA has begun a new Private Public Partnership with Coca Cola which is a new initiative that is to be pioneered by Coca Cola. HWSA aims to increase care and support of OVC and their families as outlined in the South African Government (SAG) OVC National Plan of Action. HWSA is an active member of the National Action Committee for Children affected by Aids (NACCA) implemented through Department of Social Development (DoSD) in collaboration with other departments and private sector to address the OVC National Plan of Action. In FY 2006, HWSA reached almost 14,000 OVC through various activities across the 4 provinces

ACTIVITY 1: Training and Capacity Building
HWSA will continue to provide training to NGOs, CBOs and FBOs in OVC Psychosocial Support, Kids Clubs, Community Child Care Forums, one-on-one counseling and support groups to partner organizations. Through collaboration with ANCHOR and the Regional Psychosocial Initiative (REPSSI), new standardized Psychosocial Support, Kids Club and Basic Counseling manuals have been designed for community workers and volunteers. HWSA continues to emphasize the importance of youth participation in all its activities, and a key component of the Kids Clubs is that the discussions are led by the children themselves.

Caregiver and family members will be trained on succession planning, stigma and discrimination, children's rights, child participation and child protection. The Children Commission, in collaboration with HWSA and local police, conduct annual campaigns on Children's Rights and Child Protection. These campaigns will be held in schools and community centers and will educate OVC on their rights and responsibilities and help them identify and address physical and sexual abuse issues.

The HWSA AB program will train Kids club leaders on leadership skills and will conduct parenting workshops for care givers. Linkages, collaboration and synergy within the HWSA programs of AB, VCT, and Care and Support will continue to be encouraged.

ACTIVITY 2: Comprehensive OVC support
The OVC program will continue to provide comprehensive care and support to OVC and their families. These will include providing services such as access to education, social security grants, health care, legal aid, targeted food, nutrition and psychosocial support. Through a referral system, OVC will receive ART treatment and adherence support at the closest SAG accredited treatment site. In the Soweto area abused children will be supported and referred for special treatment to Harriet Shezi Clinic in Soweto, where they will receive psychosocial support and ART treatment. In addition, as part of the HWSA wrap around efforts, OVC will receive food from Tiger Brands, local markets, churches and schools. Various other services will be provided in partnership with the local schools,

women's groups, community and youth centers, clinics and government departments. For example, ABSA a major South African banking group, is supporting Kids Clubs with educational and life skills material. Through the kids clubs and support groups, the programs will continue to conduct life skill activities, organize leadership camps, and provide one-on-one and group counseling to children with special needs. A case management approach to monitor the provision of these services will be introduced.

ACTIVITY 3: Sub-grants
NGOs such as VUKA, LAMLA, Emthonjeni and CHAIN will assist in scaling-up OVC activities in the areas where they operate. The objective is to expand programs in rural areas of Eastern and Western Cape provinces. Sub-grants will be awarded for OVC support to provide additional nutritional, psychosocial and material support. Technical assistance will be provided on organizational capacity development where necessary to improve the care and support of OVC. In addition, regular mentoring and feedback sessions will be held to review progress. The sub-grants will be used for human resource, training, community mobilization, program support and travel.

ACTIVITY 4: Private Public Partnership with Coca Cola
HWSA will pioneer a Vendor Employment Model for orphans and vulnerable children in South Africa. Through a Private Public Partnership with Coca Cola, HWSA will explore a vendor economic support activity for OVC/child headed families and granny support groups. The OVC program is currently supporting the granny support groups. Using income generation activities, older caregivers use these funds to buy food, pay school fees and buy clothes for OVC. Models of economic empowerment will be explored to draw lessons for this new initiative. OVC will be trained on basic business skills, marketing and budgeting.

Activity 5: Plus up funds will be used a)To strengthen adolescent OVC program to focus on HIV Prevention activities includiong reproductive helath education. OVC face pressures to engage in risky sexual behaviour like any other adolescents, but their situation is magnified due to their increased vulnerability because of lack adequate parental guidance. Hope Worldwide SA already has prevention activities whcih would be that adolescent OVC can benefit from to enhance their knowledge, skills and capacity to prevent HIV infection. b) To integrate gender issues within the OVC program: While Care givers and Adolescent OVC (especially those in Child Headed Households) are facing serious challenges due to illnesses and bereavement, the realities of gender inequalities and social norms contributes to their vulnerability. HWSA will use already existing program to include gender messages as part of activities for OVC program to benefit Caregivers and adolescent OVC.

These Hope worldwide South Africa OVC support activities will contribute to PEPFAR's goal of providing care and support to ten million people affected by HIV and AIDS including OVC and their families.

Continued Associated Activity Information

Activity ID:	3304
USG Agency:	U.S. Agency for International Development
Prime Partner:	Hope Worldwide South Africa
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,260,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	20,000	☐
Number of providers/caregivers trained in caring for OVC	620	☐

Indirect Targets

Indirect reach will include children that have been serviced with 2 or less services or reached by organizations trained by HWSA. This will be achieved by training 20 organizations with approximately 50 OVC in their care.

Target Populations:

Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Teachers
Widows/widowers
Other Health Care Worker
HIV positive children (5 - 14 years)

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Eastern 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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7622
Planned Funds: $ 1,300,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is linked to the SI activities being implemented by MEASURE Evaluation (# 7621) linked to all PEPFAR/South Africa OVC partners and the Department of Social Development (DoSD).

SUMMARY:
This activity aims to improve OVC information gathering and reporting systems for both the DoSD and PEPFAR OVC implementing partners. In addition, the activity aims to improve OVC service delivery and assess program effectiveness by generating information about OVC programs through a targeted evaluation. The major emphasis area for this activity is strategic information. Minor emphasis areas are targeted evaluation, local organizational capacity development, and training. The primary target populations are orphans and vulnerable children, host country government staff, specifically the staff of the DoSD at the national and provincial levels, USG in-country staff, and all PEPFAR funded OVC groups including community-based organizations, faith-based organizations, and non-governmental/private voluntary organizations.

BACKGROUND:
This activity was initiated in the second half of FY 2005 and will continue through FY 2006 and FY 2007 with PEPFAR funding. This activity is being implemented by MEASURE Evaluation/Tulane University with additional assistance from other MEASURE Evaluation partners as needed, as well as South African sub-partners. In FY 2005 PEPFAR funds were used to work with the DoSD to recruit a resident advisor (RA) who was placed within the DoSD under the direction of Chief Director of the HIV and AIDS Unit. The RA is supporting the DoSD by developing the M&E component of the National Plan of Action for OVC and the DoSD's policy framework for OVC made vulnerable by HIV and AIDS, as well as developing an operational plan. In FY 2006 the M&E Advisor will provide program management support to the organization selected to develop a management information system (MIS) to track OVC. In addition, the RA will work to build the capacity of DoSD staff in M&E to ensure sustainability of the M&E systems that will be developed. In FY 2006, the USG PEPFAR Task Force has also requested that MEASURE adapt the global OVC TE protocol to the South Africa context.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: M&E Strategy
The PEPFAR funded M&E RA to the DoSD will assist them to implement an M&E strategy that is being developed in FY 2006. A key component of the DoSD M&E system in South Africa will be the MIS for OVC co-funded by PEPFAR and the DoSD. The M&E RA will serve as the liaison between DoSD, 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 in the following areas: guidance on database design issues relevant to DoSD's M&E strategy and operational plan to ensure key objectives of DoSD are met with the system; oversight on functionality and user interface; ensure that data quality and integrity is maintained; and coordinate training needs of the users at local and provincial level once the MIS system is fully developed. The expected result of this activity is a functional national MIS system for OVC programs.

ACTIVITY 2: M&E Capacity Development
The M&E RA will continue to develop the M&E capacity of staff within the DoSD and local partners. A designated staff member within DoSD will eventually take over the M&E responsibilities thus ensuring the sustainability of the DoSD M&E system. The M&E RA will coordinate M&E training needs within the DoSD 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 RA will evaluate and modify data utilization and flow within DoSD. The expected result of this activity is a sustainable M&E unit within the DoSD.

ACTIVITY 3: OVC Targeted Evaluation
MEASURE Evaluation will adapt and implement the OVC Targeted Evaluation (TE) protocol that is currently under development for the global OVC TE with PEPFAR South Africa funds. Specifically this activity will involve conducting outcome evaluations of five OVC programs. Five programs will be selected that are implementing distinct models of care in

order to assess the relative impact of the diversity service delivery models. These models will be selected based on the case studies of all 25 PEPFAR/South Africa OVC partners that will be implemented in FY 2006. The TE will be implemented through a sub-agreement with a South African research group with technical support and guidance from MEASURE Evaluation. The expected result of this activity is to document the effectiveness of the OVC programs funded through the South Africa PEPFAR program and to provide information to the OVC partners that will help them improve the services they provide.

These activities will contribute to tracking the success of achieving the PEPFAR objective of 10 million people in care at both a local and global levels by providing valuable information for decision making.

Continued Associated Activity Information

Activity ID:	3277
USG Agency:	U.S. Agency for International Development
Prime Partner:	University of North Carolina
Mechanism:	MEASURE Evaluation
Funding Source:	GHAI
Planned Funds:	$ 1,075,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC		☑

Indirect Targets

This activity will assist with the overall OVC program of the South Africa Department of Social Development (DSD)at both the national and provincial levels as well PEPFAR OVC partners. Specifically, the activities proposed aim to improve the quality and utilization of data from all PEPFAR OVC partners and provided information through the TE to improve service delivery.

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	World Vision
Prime Partner:	World Vision South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7634
Planned Funds:	$ 1,200,000.00

Activity Narrative: ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Human Capacity Development. WVSA will conduct workshops utilizing the CABSA CoH curriculum for community leaders, FBOs and CBOs. A two-day Leaders Workshop will be held with leaders of all faiths from the targeted areas. The workshop will help religious leaders understand the urgency of the HIV and AIDS crisis, to address negative and discriminatory attitudes towards PLHIV and OVC and to work towards a compassionate and effective response to OVC care in their congregations and communities. These leaders will return to their congregations to identify members who will attend a four-day workshop focusing on best practice models for HIV prevention messages, care for OVC, home-based care, voluntary counseling and testing and advocacy for OVC issues at the local government level. WVSA will work with each FBO to develop an action plan to address OVC issues in their congregation and promote gender-sensitive attitudes in their communities. Trained congregation and FBO members will form Hope Teams. WVSA will support Hope Teams to implement action plans to protect and care for OVC and their families. Hope Teams will work closely with the CCC and the Department of Social Development (DoSD) at the provincial and district level.
ACTIVITY 2: Community Mobilization/Participation. With FY 2007 funding, WVSA will assist targeted communities to establish structures to care for and support OVC. One element of an enabling environment for OVC support is the sustainability of CBO such as community care committees (CCCs). To this end WVSA has developed and will implement an organizational capacity building guide that includes self-assessment, training based on the assessment and follow-up support for CBOs. WVSA will support the provision of a package of services for OVC in the targeted communities, including educational, nutritional and psychosocial support. Following the DoSD model, WVSA will work with CCCs to mobilize an array of community stakeholders. A two-day community workshop will review activities already underway in the community, identify gaps, and select the appropriate CCC structure. WVSA will then train and support CCCs to carry out assessments to identify OVC according to the DoSD National Plan of Action and Policy Framework for OVC. WVSA and CCCs will recruit new Home Visitors (HV) who will identify OVC in their catchment area and visit them in their homes to assess their needs. CCCs will be encouraged to participate within the District Action Committee for Children Affected by HIV/AIDS (DACCA). Together with the CCC the HV will receive training on further modules that include Child Rights and Protection, health and nutrition, HIV prevention messages, life skills, psychosocial support and succession planning over a five day period. With WVSA support each identified OVC will receive a basic minimum package of services and support from HV ranging from direct material provision to greater livelihood security.
ACTIVITY 3: Care and Support. Following the workshops for CCCs and HVs, each OVC will receive a basic minimum package of services, including child monitoring, child protection, psychosocial support, facilitating access to education and health care, basic nutrition training, HIV prevention messages, facilitating care for chronically ill adults and children (including pediatric treatment referrals), succession planning and supervised recreation. Direct support to OVC will include assistance to waive primary school fees, vocational training, school uniforms including shoes, books and supplies, facilitation with transport for age appropriate primary health care checkups and training of caregivers in food garden techniques.
ACTIVITY 4: Local Organizational Capacity Development. WVSA has developed an Organizational Capacity Building (OCB) guide. The OCB process, to be introduced with PEPFAR funds, is an iterative one that begins with organizational self-assessment, followed by selected training based on the result of the assessment, and supplemented with additional follow-up support and mentoring. The training menu may include organization purpose and planning, structures and procedures, group dynamics, monitoring, evaluation and reporting, finance, and resource mobilization. WVSA will build the capacity of local organizations to effectively provide protection and care to OVCs and their families.
ACTIVITY 5: Referrals and linkages. WVSA works closely with the Departments of Social Development, Health, Education as well as various NGOs, FBOs and CBOs. These linkages will be nurtured and expanded to ensure that OVC are continuously reached with a full package of care (education, age appropriate health care services, etc.) and referred when needed for appropriate ART treatment and care services.

Plus Up funds will be used to provide services to 1,000 additional OVC, specifically OVC adolescents. In addition to establishing a program of 'community conversations', the project will integrate a gender component and advocacy into all programming activities. The aim of these new activities will be to build stronger, more gender-equitable

relationships with better communication between partners utilizing participatory learning to improve the health, well-being and economic resilience of adolescent OVC (Boys and Girls). Options to delay sexual activity will be emphasized. The following activities will be added:
Activity 6: Community conversations. Facilitated community conversations will focus on raising awareness of social-economic and cultural inequalities that put women at a disadvantage and how this contributes to the spread of HIV/AIDS. Specifically, discussions will focus on how to strengthen the negotiating powers of women and girls in sexual relationships and on raising the awareness of men about the role they play in sexual relationships. This gender equality dialogue will emphasize the positive aspects of changing behaviors that increase the risk of becoming HIV-positive and utilize the most recent best practices. WVSA will benefit from participatory research conducted by WV that has demonstrated that these open and frank but sensitive "community conversations" will help cement new positive attitudes among youth and reduce gender-biased stereotypes. The majority of care workers (Home visitors/HV) in OVC programs are women (over 70%). WVSA will work to increase the involvement of men in care-giving of OVC. As part of the CCC (Community Care Coalition) trainings, HV's will engage men by focusing on such topics as family violence, anger management, fathering and parenting skills. Training materials will include discussion of power relations between girls and boys, women and men, and will give girls skills in refusal and negotiation. CoH training will also emphasize addressing gender from a standpoint of context and attitudes.
Activity 7: Peer-support groups and Youth AIDS clubs. Using a participatory process, the OVC will identify role models (including positive deviants) to serve as the peer support leaders. The adolescents will form peer-education groups and these groups will form the critical catalysts for the community social discourse on healthy norms and avoidance of risk behavior. The anticipated outcome of this social discourse process is a re-emergence of AB as community norms and a reduction in the practice of harmful behaviors such as cross-generational sex, transactional sex, multiple casual sex partnerships, sexual coercion and violence, etc.
Existing training materials and tools will be utilized drawing from the WV's experience in Uganda, Mozambique and Zambia. Partnerships with existing organisations with experience in adolescent programming will be explored and local organisations will be utelised where possible. Networking with key community stakeholders will be ensured by working through the already established CCC networks.

Continued Associated Activity Information

Activity ID:	6561
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Vision South Africa
Mechanism:	World Vision
Funding Source:	GHAI
Planned Funds:	$ 550,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	11,000	☐
Number of providers/caregivers trained in caring for OVC	3,750	☐

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
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Gender

Addressing male norms and behaviors

Coverage Areas

Eastern Cape

Free State

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1 buy in
Prime Partner: CARE USA
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7635
Planned Funds: $ 700,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This in-country funded CARE USA Local Links activity is linked to the CARE USA Track I PEPFAR activity (#7542) that will intensify and strengthen the CARE USA Local Links OVC activity. Targets for these two activities will be combined.

SUMMARY:

CARE USA Local Links Project (CARE) provides support to OVC and strengthens families affected by HIV and AIDS. CARE works through South African locally-based sub-partners to stimulate and support the use of local resources (human, economic and knowledge systems) to promote the well-being and protection of OVC. Emphasis is on building the capacity of local organizations to strengthen direct service delivery to OVC and their caregivers, training and developing networks for linkages and referrals. Targeted populations are OVC, caregivers of OVC, people living with HIV (PLHIV), community leaders, community-based organizations, program managers, South Africa-based volunteers, and religious leaders.

BACKGROUND:

Local Links is part of the CARE USA OVC Track 1 Project is implemented in South Africa and Kenya. CARE Local Link's activities are: Strengthening economic coping mechanisms of households caring for OVC; Strengthening the capacity of sub-partners to provide a range of innovative services to OVC and their families; and Promotion of advocacy efforts that are sensitive to the needs and rights of OVC and PLHIV.

CARE implements activities in Motheo and Thabo Mofutsyane districts in the Free State province and Mopane and Sekhukhune in the Limpopo province. Presently CARE works in partnership with eleven sub-partners. Care plans to scale-up this program by adding seven new partners. One new sub-partner will be added in the Free State in FY 2007 and six from the Waterberg and Capricorn districts in Limpopo province in FY 2008. The scale-up will be done in consultation with the provincial Departments of Social Development (DoSD).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Voluntary Savings and Loans (VSL)

This activity is focused on increasing access to income and productive resources for women caring for OVC through the Voluntary Savings and Loans (VSL) model and provision of income generation training and mentoring activities. Increased income and productive resources in vulnerable households has created a demand for income generation training. The survivalist income generation training will be scaled up; and more caregivers will have access to mentorship activities. Beneficiaries needing survivalist Income Generation Activities (IGAs) training tend to be grandmothers, who are caregivers.

Those needing mentorship tend to be relatively young caregivers who would like to move their IGAs beyond survivalist levels. Economic security activities are contributing to improved well-being of OVC and caregivers. Feedback indicates that VSL members have increased ability to buy food, pay school fees, pay for health services, etc. VSL groups become a social network for beneficiaries and their households. Some VSL groups meet twice a month. The first meeting is for income and productive purposes. The second meetings are usually informal and members discuss issues affecting them such as health, problems related to caring for OVC, coping with death, dealing with adolescent OVC, etc. A high percentage of VSL members are grandmothers who are caregivers. CARE will strengthen the social support function of VSL and will facilitate training for grandmothers with a focus on communicating and caring for adolescent OVC.

ACTIVITY 2: Strengthening OVC Services

CARE will continue to support sub-partners to strengthen their OVC services through improving the quality, consistency and comprehensiveness of their services through a range of delivery mechanisms like home-based care, support groups for OVC and PLHIV, scouts camps, and drop-in centers. CARE will strengthen the psychosocial care and support (PSS) to OVC and their families and will focus on building internal coping mechanisms of families particularly female and child-headed households. CARE will work with sub-partners to support women volunteers who deliver services to the OVC and their families. CARE will facilitate improved service quality and improve the success rate for accessing essential SAG services through the following activities: a) Placing salaried or auxiliary social workers within specific sub-partners who will provide technical support to other sub-partners; b) Strengthened collaboration with government departments at district and provincial level to ensure access to basic health care, pediatric treatment, PMTCT, legal documentation, government social security grants and volunteer stipends; c) Working through Early Childhood Development centers, to strengthen teachers and caregivers' capacity to access basic health services, PMTCT, nutrition, and early identification of HIV-infected children under 4 years and referral for pediatric treatment; d) Improved service delivery through training of staff' volunteers and caregivers to provide PSS, including counseling of OVC and their caregivers; e) Contracting specialists to train and mentor volunteers and staff to improve the clinical component of home-based care; social protection of OVC and follow through in cases of OVC or their caregivers being abused (through referrals, or developing selective sub-partner's capacity to offer a court chaperone service); and f) Support for caregivers to deal with burn-out and strengthening their capacity to facilitate support groups for OVC and PLHIV.

Capacity building and organizational support for sub-partners will be implemented through organizational development training and on-site mentoring based on identified needs and gaps. One of the major activities for FY 2008 will be to provide technical support to sub-partners to ensure sustainability and improved quality of services delivered to OVC and their caregivers.

ACTIVITY 3: Participatory Education Theatre (PET)

CARE works in communities where the numbers of OVC are high with a high ratio of OVC absorbed into extended families. The PET techniques will address OVC social protection from abuse and stigma and discrimination. It will also be used as a vehicle for HIV prevention messages targeting adolescents. PET encourages child and youth participation in the development of storylines, acting roles and developing key messages.

CARE will continue with the work initiated with mainstream and traditional church leaders in addressing issues of stigma and discrimination in their congregations; and encouraging them to provide support to children living in households directly affected by HIV and AIDS. CARE and its sub-partners will continue to strengthen linkages and partnerships with government service delivery departments to leverage essential services for OVC and their caregivers, including access to ARV treatment for children and their mothers. CARE participates in the National DoSD Plan of Action for OVC through the National Committee for Children affected by HIV and AIDS (NACCA). At the provincial level, CARE works closely with the DoSD district offices to identify sub-partners; and partners with district offices in the dissemination of information on government essential services. At the local district level CARE sub-partners participate in Child Care Forums (CCF) as an advocacy mechanism, and to share information and experience.

CARE activities support the USG/South Africa Five-Year strategy by supporting service delivery to OVC through local and community-based organizations, and PEPFAR's goal of providing care to 10 million people affected by HIV/AIDS, including OVC.

Continued Associated Activity Information

Activity ID: 3008
USG Agency: U.S. Agency for International Development
Prime Partner: CARE USA
Mechanism: N/A
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs		☑
Number of providers/caregivers 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
Caregivers (of OVC and PLWHAs)
Religious leaders
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing women's access to income and productive resources

Coverage Areas

Free State

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Absolute Return for Kids
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7886
Planned Funds:	$ 560,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity relates to Absolute Return for Kids (ARK) activities in CT (#7883), TB/HIV (#7882) and ARV Services (#7507).

SUMMARY:
ARK's activities are aimed at improving the lives of orphans and other children made vulnerable by HIV and AIDS through strengthening school communities to meet the needs of orphans and vulnerable children (OVC); identifying OVC and assisting them to access government social grants, community support as well as appropriate referral to health facilities; and nutritional support through establishing sustainable food gardens in the schools. The primary emphasis areas for these activities are community mobilization, training, local organization capacity development and development of network/linkages/referral systems. Specific target populations include OVC and caregivers.

BACKGROUND:
ARK is a charity organization whose mission is to facilitate and support delivery of accessible and sustainable comprehensive treatment, care and support services to children and their caregivers in communities affected by HIV and AIDS and poverty.

In partnership with the KwaZulu-Natal (KZN) provincial government, ARK has established a comprehensive antiretroviral HIV and AIDS treatment program in government primary health centers and hospitals. Specifically, ARK works with the provincial government to identify sites and areas for capacity building including human resources, human capacity development, and modest infrastructure. Last year with other donor funds, the ARK Child Services program piloted its interventions through schools and community care workers to identify and assist OVC to access government grants; improve access to health facilities; access counseling; and providing a seven-day school-based feeding and sustainable food gardens. To date 5,000 children from 12 schools in rural KZN are fed daily; 327 children have been assisted to access grants; 61 children referred to health facilities; 700 received the services of social workers; and 50 destitute families were provided with monthly food parcels. With FY 2007 PEPFAR funding, ARK will expand its child services program in KZN communities.

ARK's activities will be implemented in partnership with the provincial government of KZN, specifically with Departments of Education, Health and Social Development. The KZN Departments of Education and Social Development support expansion of this project.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support to Provincial Government
ARK will work with provincial government to develop the necessary processes and systems to manage the OVC program and to ensure that the model created is scaleable, sustainable and replicable. ARK will employ social workers and nursing staff to work with the local government schools in linking sick children to primary healthcare facilities at which ARK's ARV treatment program is in place.

ACTIVITY 2: Community Mobilization
This activity will mobilize and empower school communities to meet the needs of OVC. Schools will form clusters (4 - 8 schools per cluster) around primary healthcare facilities at which ARK's ARV program is in place. These schools will be empowered with knowledge, skills and strategies to plan, execute and monitor interventions that respond to the needs of orphans and vulnerable children attending their schools. This activity will provide a strong base in the community by utilizing available resources (schools and educators) to ensure that vulnerable children are cared for. This activity is in line with one of the key strategies of the government to mobilize and strengthen community-based responses for the care, support and protection of orphans and other children made vulnerable by HIV and AIDS. ARK will develop a tool which accurately and reliably identifies children who fit the profile of the target population including those in need of grants who have not accessed one.

ACTIVITY 3: Healthcare Support
Each cluster of schools will be allocated at least one registered community health nurse who will visit the schools to assist with the identification of sick children needing ARV

treatment and other health services. ARK will develop a tool which accurately and reliably identifies children who fit the profile of ARK's target population; HIV-infected children and those in need of ARV treatment. Each cluster of schools will have a social worker who will oversee home visits, conduct needs assessments and refer sick siblings to the relevant healthcare facility.

ACTIVITY 3: Economic and Social Support
Community care workers (CCW) will be recruited to assist orphans and vulnerable children in accessing suitable social and health facilities. These community workers (3-4 community workers per school) will be trained to identify OVC, follow-up through home visits, conduct needs assessments, and assist with access to birth certificates and government grants. Each cluster of schools will have a social worker who will be responsible for supervising the community workers and following up the more serious cases. The CCW will co-ordinate the referral system between teachers and community workers and will ensure appropriate case management. The community workers will also be trained to facilitate support groups for the children especially groups for child-headed households and will focus on special needs of girls.

ACTIVITY 4: Food Security
ARK will provide nutrition support through the establishment of food gardens in the cluster of schools. Schools will work with the community workers to initiate food gardens. ARK will partner with KZN provincial government, specifically the Department of Agriculture's extension officers, and other NGOs that provide training for the development of food gardens and ongoing agricultural support. ARK will provide the resources such as gardening equipment, services of an agricultural organization to train and mentor the schools for the sustainability of the food gardens.

ACTIVITY 5: Capacity development
ARK will provide both formal and informal training per cluster for two social workers, 18 - 24 community care workers, as well as 80 educators and institutional management teams in the schools. ARK will utilize existing and will develop specialized training modules where needed, that will address topics such as: the developmental stages of the child (male and female); grant access; child protection, special needs of the girl child, and minimizing stigma. Training of community workers will be conducted in collaboration with accredited service providers such as the National Association of Child Care Workers (NACCW). The Valley Trust will provide training in establishing food gardens. ARK will provide overall support and supervision to the project, ensuring ongoing mentorship of the trained groups, as well as liaison with other partners for knowledge sharing and identifying opportunities for growth. Through home visits, Child Care workers (CCW) will be able to train and support caregivers to better care for their children.

ACTIVITY 6: Referrals and Linkages
ARK works in partnership with other NGOs, local government and government departments. ARK has had extensive consultations with the Departments of Education, Health and Social Development to ensure support of this program. Other local service providers, NGOs, CBOs and FBOs will be identified for referrals to and from ARK services.

The Department of Social Development has acknowledged the significant contributions from ARK in the policy development processes for OVC and this will continue. ARK participates in the National Action Committee for Children Affected by HIV and AIDS (NACCA).

ARK's OVC activities directly contribute to PEPFAR's goal of 2-7-10 by providing care to 10 million people, including OVC.

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

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	4,000	☐
Number of providers/caregivers trained in caring for OVC	106	☐

Indirect Targets

The indirect target is 2750 vulnerable children from the schools in the most affected communities. It is anticipated that these children will receive less than 3 of the prescribed services, largely drawing on school based services. If any of these children receive 3 or more services they will be considered as direct.

Target Populations:

Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Coverage Areas

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	African Medical and Research Foundation
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7915
Planned Funds:	$ 1,750,000.00

Activity Narrative: SUMMARY:
The African Medical and Research Foundation (AMREF) will strengthen capacity of South African district government departments, Child Care Forums (CCFs), NGOs and CBOs, and service providers to provide quality and accessible care and support for OVC, through training, mentoring, awareness-raising and advocacy for children's rights. AMREF has seven local partners providing services to OVC located in sites in two districts in KwaZulu-Natal and Limpopo provinces where intervention will continue with FY 2007 PEPFAR funding. Emphasis areas for this program are training, development of networks, linkages and referral systems and local organization capacity development. Target groups include OVC, caregivers of OVC, community and public sector health and social service workers, civil society groups and government departments.
BACKGROUND:
AMREF, an international NGO, worked in Mpumalanga province from 2001 to 2004 strengthening community care-giving infrastructures for OVC. Building on this initiative, AMREF has formed partnerships with key government and civil society stakeholders in Sekhukhune District in Limpopo province, and Umkhanyakude District in KwaZulu-Natal (KZN). In these two districts, AMREF has identified need for a comprehensive program to address OVC by strengthening collaboration between, and capacity of, local service providers, government and civil society groups. The districts are priority areas for the South African Government (SAG). AMREF activities are aligned with the Department of Social Development's (DoSD) National Plan of Action for OVC.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Human Capacity Development
With FY 2007 PEPFAR funding AMREF will provide training, mentoring and on-site support to strengthen care and support systems for OVC in the two districts. AMREF train on identification, referral, support and monitoring of OVC, tailored for the needs of specific groups including Traditional Health Practitioners, Home-Based Carers, Community Health Workers and Community Child-Care workers. AMREF will provide training on life skills facilitation for school officials and drop in centre staff using materials including HIV and gender-based violence (GBV) prevention messages. Local partners are trained as mentors to provide support life skills sessions.

AMREF will engage CCFs members to provide ongoing assistance and mentor trainees. CCFs are community-based structures focusing on OVC in the community and ensuring that their needs (physical, emotional, social, economic and spiritual) are met. AMREF will work with community and government structures to establish, strengthen and support CCFs. AMREF will train CCFs in identification, referral, support and monitoring of OVC, and facilitation skills for meetings; and strengthen program planning and engage CCFs in advocacy for increased support for OVC. CCFs will be linked to AMREF's local partners for support and referral of OVC to essential services. CCFs will assist in the development and implementation of referral systems linking OVC to necessary services. AMREF will work with CCFs to strengthen data collection and monitoring systems while ensuring sustainability.

ACTIVITY 2: Care and Support Services
AMREF-trained community care workers and service providers will provide a service package which includes: access to primary healthcare (e.g. immunization), school fee exemption, psychosocial counseling, birth registration and social security grants, nutrition programs, life skills, HIV prevention messages and interventions to reduce gender-based violence (GBV). This service package is provided directly to OVC by the Children's Drop in Centers, CCFs, CBOs and NGOs including home-based care organizations. AMREF strengthens service provision through sub-granting, training and providing on-going support to these organizations and committees and public sector service providers including (teachers, health workers, and social workers). Trained service providers will identify OVC and conduct needs assessments, home-visits, psychosocial support, life skills support and homework supervision and provide assistance with SAG social security grant applications, succession planning and birth registration as well as on-going monitoring and follow-up of other services to OVC. This includes timely and effective referral to appropriate services (e.g. child protection services and referral for pediatric AIDS treatment as well as participation in advocacy for school fee exemption).

ACTIVITY 3: Strengthening district and civil society capacity and coordination

To ensure sustainability of support for OVC, AMREF will provide training in program design, planning and implementation, monitoring and evaluation as well as technical support for government at district and municipality levels (including Local/District AIDS Council and SAG). AMREF will facilitate improved collaboration between departments and integration of services by organizing and facilitating regular inter-agency/ departmental meetings and forums. AMREF will provide organizational strengthening training and systems development, support and follow-up for CBOs/NGOs engaged in OVC service delivery, including financial and program management skills, leadership and resource mobilization training. AMREF will train selected NGO workers and community care workers in psychosocial support and counseling for OVC.

ACTIVITY 4: Community-level Advocacy
With FY 2007 funding AMREF will conduct consultations with civil society and government stakeholders to determine community level advocacy issues. In response, AMREF will train youth, caregivers, service providers on advocacy skills and planning and assist to develop strategies to advocate for changes to SAG policy and practice concerning OVC, identify and work to eliminate bottlenecks in service provision and mobilize resources. AMREF will facilitate and support advocacy meetings with traditional leaders, local and district government. AMREF will also continue to support CCFs in their advocacy role at community level on behalf of OVC. Specifically, AMREF will provide CCF members with training to support advocacy against GBV, especially against female OVC.

ACTIVITY 5: Strengthening linkages and referrals
AMREF will continue to strengthen collaboration between government departments, civil society groups and service providers. AMREF will establish and support local Project Steering Committees in the two districts consisting of key stakeholders to promote linkages between public sectors and community.

Activity 6: Gender Mainstreaming
AMREF will use Plus funds to train community care workers, sub partners and other stakeholders (e.g. traditional leaders, teachers, health workers, social workers) on mainstreaming gender into the delivery of a comprehensive service package for OVC. AMREF will work with OVC service providers and statekolders to develop and implement gender-based violence awareness campaigns with specific focus on vulnerable populations such as female OVC. In addtion, AMREF will work to sensitise parents and teachers to mainstream gender issues in lifeskills training. Gender mainstreaming will include training on gender roles, gender based violence recognition and prevention, male/female norms and behaviours in OVC identification, referral, care and support. and will be linked with previous OVC rights workshops and HIV. AMREF will also mobilise and educate community leaders around the gender and gender based violence issues affecting OVC (children and adolescents).

AMREF, by providing care for OVC through the expansion of local communities' capacity to deliver quality care for OVC, will contribute towards the PEPFAR goal of providing 10 million people with care by improving the quality of life of OVC and HIV-infected and affected families.

Continued Associated Activity Information

Activity ID:	6562
USG Agency:	U.S. Agency for International Development
Prime Partner:	African Medical and Research Foundation
Mechanism:	AMREF
Funding Source:	GHAI
Planned Funds:	$ 1,000,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	13,500	☐
Number of providers/caregivers trained in caring for OVC	700	☐

Indirect Targets

AMREF will reach fewer OVC indirectly (6500 in FY 07). This represents 33% of the total OVC targeted. Each partner will support the training of 100 service providers/CCF members and caregivers and each service provider trained will work with 9 children. This figure is based on those children who may only be able to access 1 or 2 of the services outlined here in the project period and may relate to children who come into the programme in the later stages of implementation.

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Reducing violence and coercion

Coverage Areas

KwaZulu-Natal

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Kingdom Trust
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7936
Planned Funds:	$ 0.00

Activity Narrative: SUMMARY:

Kingdom Trust is a faith-based organization that facilitates increased access to economic and educational support for orphans and vulnerable children (OVC) such as the South African Government social security grants, exemption from school fees, and provision of school uniforms. Kingdom Trust is a South African grassroots organization, based in Limpopo, which strengthens the capacity of families and communities to protect and care for orphans and vulnerable children in their communities. Kingdom Trust also provides psychosocial support training and HIV prevention education for OVC and facilitates training child care forums (CCFs). CCFs are community-based structures focusing on the needs of OVC.

The main emphasis areas are community mobilization and participation, development of networks, linkages and referral systems, and training. The primary target population is orphans and vulnerable children up to the age of 17 years old, HIV and AIDS affected families, caregivers, religious leaders, and volunteers.

BACKGROUND:

Established in 1992, Kingdom Trust is based in the Tubatse Municipality of Limpopo province, South Africa, which is one of the poorest, with an HIV prevalence rate of 21.5 percent. Kingdom Trust was a sub-partner of the Nelson Mandela Children's Fund program which ended in FY 2006.

Kingdom Trust has 72 trained OVC caregivers that identify OVC through home visits with the aim of providing the necessary support to improve their livelihoods. As part of its wrap around activities, Kingdom Trust mobilizes food parcels for OVC from the local business community, farmers, and supermarkets to provide emergency food support for OVC who have no access to food. Kingdom Trust OVC caregivers assist OVC with registration for education and exemption from paying school fees. Other services provided by this cadre of 72 Kingdom Trust caregivers include psychosocial support and training in HIV prevention and care and support.

ACTIVITIES AND EXPECTED RESULTS:

Kingdom Trust has linkages and partnerships with the South African Departments of Health, Social Development, Education and the local municipality. With FY 2007 funds, Kingdom Trust will increase the number of community members trained as part of CCFs and will focus on providing psychosocial support especially directed to the girl child as well as increased facilitation of economic assistance for OVC and their families. Using its strong relationships in the faith-based community of the Tubatse Municipality in Limpopo, Kingdom Trust will mobilize participation and collaboration in advocating on behalf of OVC at the community level.

The Kingdom Trust OVC caregivers will provide the following services to OVC:

ACTIVITY 1: Facilitating Access to Economic Support

Kingdom Trust assists OVC to access social grants from the Department of Social Development (DoSD). The childcare volunteers from Kingdom Trust complete the basic child assessments and identify children that are eligible for social security grants and other services. The volunteers then facilitate a process which includes assistance with information on how to access the social security grants, the actual grant application and the assessment of the OVC by DoSD social workers. The childcare volunteer remains involved throughout the process and once the grant has been received, the childcare volunteer will mentor households on how the grant should be used. The budgeting skills taught to households are important in ensuring that the social security grant is used for its intended purpose.

ACTIVITY 2: Facilitating Access to Education

Kingdom Trust advocates for school fee exemption for OVC by working closely with the Department of Education, and school authorities in the Tubatse Municipality of Limpopo province. Kingdom Trust OVC caregivers and their childcare volunteers will facilitate school attendance by identifying OVC who are unable to buy school uniforms and linking them with women's groups, FBO, churches etc. that conduct income generating activities. Kingdom Trust will work with FBOs, churches and community groups to provide assistance to the OVCs to ensure that they stay in school. This assistance will include purchasing school uniforms, shoes and school stationery. During OVC home visits, the Kingdom Trust OVC caregivers and childcare volunteers will assist OVC with homework to ensure that the child is able to progress at school. Specific attention is paid to the girl child during these home visits to ensure that she has the support to remain in school.

ACTIVITY 3: Psychosocial Support

Kingdom Trust OVC caregivers run OVC support groups in the villages of their municipality. Support groups are run separately for boys and girls between the ages of 13 to 18 years old on a weekly basis. The support group for girls focuses on topics such as the labor burden facing the girl child, gender-based violence and reproductive health with a focus on delaying their first sexual encounter. The support groups for boys focus on reducing gender-based violence, providing information on sexuality and promoting abstinence. Other topics that are also covered are grief counseling and coping mechanisms to increase children's resilience. The participation of the child during these OVC support groups is vital with OVC being encouraged to lead the groups and also to mentor new OVC who join the support groups.

ACTIVITY 4: Capacity Development for Child Care Forums (CCFs)

Kingdom Trust works with the village leadership in the Municipality to strengthen the CCFs through training and mentorship. The purpose of the CCF is to ensure the identification of OVC in the community, to be aware of initiatives involving child care and support, to create awareness of OVC issues, to assess the needs of OVC, to liaise with other community-driven initiatives focused on children and to become advocates for OVC in the community. By strengthening CCFs, Kingdom Trust will increase community mobilization

and participation in resolving OVC issues at the community level. Kingdom Trust will facilitate monthly CCF meetings in collaboration with the Department of Education, Social Development (DoSD), local municipalities and business leaders. Kingdom Trust serves as a secretariat for the CCF. Kingdom Trust partners with Department of Health and DoSD to conduct the training for the CCF and to encourage information sharing, collaboration and advocacy for the OVC issues. The DoSD provides the training and the materials and are directly aligned to the South Africa DoSD strategic priorities in OVC Framework and National Plan of Action. The topics covered during CCF training include; mapping or drawing up a community profile, costing and fundraising, monitoring and evaluation for the performance of CCFs, how to set up community safety nets and how to support and refer abused and traumatized children.

The Kingdom Trust OVC activities in Limpopo will contribute to the PEPFAR goal of providing care and support to 10 million HIV-affected individuals, including OVC.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	0	☐
Number of providers/caregivers trained in caring for OVC	0	☐

Indirect Targets

Although 2000 children will recieve 3 or more services directly, there are a number of children who will benefit from 1 or 2 services especially as Kingdom Trust actively mobilises the community through its linkages with the churches, schools and the child care forums. With Kingdom Trust being the secretariat for the child care forums, the programme activities are well publicised within the community enabling them to indirectly serve more OVC.

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Coverage Areas

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	CINDI
Prime Partner:	Children in Distress
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7958
Planned Funds:	$ 500,000.00

Activity Narrative: SUMMARY:
Activities are carried out by Children in Distress (CINDI) in KwaZulu-Natal, to support expansion of services aimed at improving the lives of orphans and vulnerable children (OVC) and families affected by HIV and AIDS through providing comprehensive services and to strengthen communities and ensure that the needs of OVC are met. The primary emphasis is the development of networks/linkages/referral systems to support OVC and the minor emphasis areas are community mobilization and participation and training. Specific target populations include orphans and vulnerable children in schools, HIV-infected families, caregivers, teachers, community leaders, religious leaders and community-based organizations (CBOs) and faith-based organizations (FBOs).

BACKGROUND:
CINDI, founded in July 1996, consists of over 100 member organizations (NGOs, CBOs, FBOs) that collaborate to reduce the impact of HIV and AIDS on children in KwaZulu-Natal. This project is part of a larger initiative implemented by CINDI members. FY 2007 funding will be the first year of PEPFAR support to CINDI. Four member organizations are implementing the project for CINDI - Project Gateway, Sinani, LifeLine and Youth for Christ/ KwaZulu-Natal (YFC/KZN). Both LifeLine and Youth for Christ receive PEPFAR funds in other program areas and have no OVC activities that overlap under this CINDI project. CINDI activities are supported by the South African Government (SAG) through the Department of Education, with whom CINDI liaises in selecting the targeted schools; LifeLine and Project Gateway have both received accreditations from the provincial Department of Health as counseling and testing (CT) sites. CINDI will address gender issues through increasing access to services for girls/women; will encourage the participation of males as facilitators and caregivers wherever possible (since they are mostly female); will prioritize gender issues within targeted schools.

ACTIVITIES & EXPECTED RESULTS:
CINDI will carry out the following activities:

ACTIVITY 1: Life skills training
This training for OVC will provide life skills, peer education training and promote learner access to CT (and encourage access to pediatric ARV therapy) in 14 targeted primary and high schools in FY 2007. Lifeline and Project Gateway have both been accredited as CT sites and have mechanisms in place for formal referral systems for children identified. Children identified will be followed up with care and support activities aimed at orphans and vulnerable children and their families. The 14 targeted primary and high schools will be provided with training for learner peer educators and selected teachers. All learners will participate in a creatively-designed school-based presentation which will increase their knowledge and information on HIV and AIDS and related issues such as stigmatization and discrimination, gender issues, CT and age appropriate sexuality training to motivate for abstinence and encourage behavior change. Learners will also participate in a 4-day HIV and AIDS intensive workshop which will increase their knowledge on safe healthy sexual behavior, HIV messages, personal development and gender issues and skills in accessing grants, fees exemption from schools, skills in heading up child-headed households, which will facilitate positive behavior change. In addition, all learners voluntarily participating in CT will be able to communicate what they have learned about voluntary testing in their communities and be encouraged to live their lives responsibly. Learners participating in CT will be assisted in dealing with previous and/or current sexual abuse and serious sexual offenses will be taken up through the legal system. Life skills in accessing grants, etc. will assist the learners in schools to be aware of their rights, build resilience and individual empowerment. Youth workers in schools will assist, provide support, and refer the child to the necessary sub-partner who will ensure that their needs are met. FY 2007 funding will support staff and youth workers to provide these services in the targeted schools. Sustainability of these activities is built in through the training of interested and committed teachers within each school who will support the activities into the future, and the trained learner peer educators will be enabled to continue with the activities. Youth workers and peer educators will have first contact with OVC and provide necessary support and care before referring. Schools will also be linked directly with organizations and government departments who can provide ongoing services.

ACTIVITY 2: OVC and Family Support
CINDI will identify OVC in the 14 target schools, and OVC will be provided services to

improve the quality of life of vulnerable children, and HIV-infected individuals and their families. The families and caregivers will be supported through capacity-building activities to provide better care for their households; the stability and sustainability of families will be increased through access to shelter, food (in conjunction with the DoSD), economic support, education, psychosocial support and health care. Identified families will have at least one child who attends one of the 14 target schools. FY 2007 funding will support CINDI staff and trained volunteers working with the families to deliver the required services. Sustainability of these activities and services is provided through training of caregivers, linking families with relevant government departments and organizations who provide ongoing services, and through capacity-building provided to household providers/caregivers.

ACTIVITY 3: Psychosocial Support
CINDI will provide good quality comprehensive and compassionate care for children orphaned by AIDS and other vulnerable children to help ensure they grow up to be healthy, educated and socially well-adjusted adults, through all CINDI sub-partners. The identified children will come from targeted primary schools. OVC will participate in a Structured Group Therapy Program which effectively reduces distress and builds resilience, with the aim of decreasing depression while increasing children's access to social support. The duration of therapeutic sessions will vary according to the child's or group's needs. Youth and adult community leaders and members will be sensitized to the needs of OVC which will result in an increase in community- awareness of the needs of OVC in communities. This activity is facilitated by Senani, one of the CINDI members specializing on psychosocial support with a counseling psychologist to transfer skills to trained facilitators and volunteers.

All the four CINDI members will ensure that each OVC counted is provided with at least a minimum of three services which include access to education, health care, psychosocial support, pediatric HIV and AIDS treatment, legal assistance, etc.

The CINDI OVC activities will contribute to PEPFAR's 2-7-10 goals by improving access to care for 10 million people, including OVC.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	5,000	☐
Number of providers/caregivers trained in caring for OVC	870	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Teachers
Caregivers (of OVC and PLWHAs)
Religious leaders

Coverage Areas

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechanism

Mechanism: FHI Country buy in to track 1
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7984
Planned Funds: $ 100,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This FHI OVC South Africa in-country funded PEPFAR activity is linked to the FHI Track 1 (#7580) Faith-Based Regional Initiative for Orphans and Vulnerable Children (FABRIC) that will use capacity building tools such as the Organizational Performance Capacity Assessment Tool (OPCAT) to improve NGO capacity for managing OVC programs.

SUMMARY:

Family Health International (FHI) will provide technical assistance to selected USG-funded local partners implementing OVC programs in organizational capacity assessment and improvement. The major emphasis area is local organization capacity building. The primary target populations are local non-governmental organizations (NGOs), faith-based organizations (FBOs) and community-based Organizations (CBOs).

BACKGROUND:

The USG PEPFAR Task Force has identified a need for an improved and systematic means of assessing and building the capacity of its local NGO, FBO and CBO partners. The USG PEPFAR TAsk Force has requested FHI to provide technical assistance to approximately 50 PEPFAR funded organizations doing OVC work in FY 2007 for capacity assessment and improvement. This will be informed by the results of a pilot process to be conducted during the FY 2006 period. The pilot will involve adapting FHI's capacity building tools to suit the local environment and testing them with a number of local organizations. The pilot process will also inform the costing of the main project in FY 2007. The technical assistance in FY 2007 will involve participatory organizational capacity assessments facilitated by FHI that will lead to capacity development plans and the implementation of capacity improvement assessments. FHI has developed a set of tools for this purpose. The first tool, the Technical and Organizational Capacity Assessment tool (TOCAT) assesses organizational capacity at the OVC implementing agency (IA) level through a series of modules which include, technical staffing, organizational structure and systems, management practices, sub-recipient involvement, service delivery and quality of care standards. The second tool, the organizational performance capacity assessment tool (OPCAT) is aimed at assessing organizations at the sub-recipient (SR) level in terms of their technical and organizational capacity. The assessment covers key areas in organizational mission, vision and values, leadership, standards, coordination and planning, administrative management structure, monitoring and evaluation systems, information systems and sustainability. During these assessments there should be at least four members of the organization executive committee available for the assessment. These tools will be implemented as a baseline with a follow-up after 6 months to assess progress in capacity building of the local partners.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Capacity building

FHI will provide technical assistance to selected local NGO, FBO and CBO partners to

strengthen their organizational and financial management capacity as well as their capacity in the OVC technical area. The implementation of the tool is participatory and FHI together with the organizations will jointly assess the organizations, outline strengths and weaknesses and develop an action plan for improvement. FHI will follow-up and monitor regularly to ensure that the action items agreed upon are completed in a timely fashion.

EXPECTED RESULTS:

This process is expected to strengthen the capacity of selected organizations and their sub-partners in administrative, financial and OVC technical areas through support for implementation of the organizational capacity development plans. In addition, organizations and sub-partners will improve capacity to develop, implement and monitor organizational capacity development plans.

This project will assist in strengthening the organizational and technical capacity of organizations supporting OVC and will thus contribute indirectly to the PEPFAR goals of caring for 10 million people infected and affected by HIV and AIDS through improved management and better quality of care for OVC.

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

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC		☑

Indirect Targets

This activity does not have direct targets, however, it will strengthen the capacity of PEPFAR partners to reach more OVC with better quality services. It will have a large indirect impact on the overall PEPFAR program.

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Anglican Church of the Province of Southern Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8182
Planned Funds:	$ 1,000,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is linked to the Fresh Ministries Track 1 AB activity (#7601), also being implemented by the Anglican Church of Southern Africa (ACSA).

SUMMARY:
The program aims to support Orphans and Vulnerable Children (OVC) by meeting basic and immediate needs while simultaneously building capacity in families, leaders and communities to develop sustainable solutions to needs identified by children and their caregivers in their communities. The primary emphasis area for this activity is training of caregivers; minor emphasis area will be in the development of network. linkages and referral system. Specific target populations are orphaned and vulnerable children (boys and girls ages 0-18 years), HIV and AIDS affected families, caregivers community and religious leaders, teachers, community and faith-based organizations (CBOs and FBOs) and non-governmental organizations (NGOs).

BACKGROUND:
The Anglican Church of Southern Africa (ACSA) Care for Orphaned and Vulnerable Children program builds on a successful OVC model piloted under the ACSA Isiseko Sokomeleza (Building a Foundation) Program in partnership with Heartbeat Center for Community Development, the Barnabas Trust and the Mothers Union (MU), in the 4 Eastern Cape Dioceses of Grahamstown, Port Elizabeth, Umzimvubu and Mthatha. All activities are implemented directly by the Anglican Mothers Unions, an important women's group of the Anglican Church. Partner organizations provide mentoring and technical assistance to groups of trained caregivers. This model encourages community participation and traditional community life while strengthening mutual assistance and social responsibility. This ACSA model ensures that communities understand the needs, rights of children and protection from abuse.

The ACSA model will be scaled-up and expanded in the following geographical areas of South Africa: Eastern Cape, Western Cape, Limpopo, KwaZulu-Natal and Northern Cape provinces. A preliminary needs analysis of the 19 Dioceses in South Africa revealed 10 Dioceses that requested and would benefit from coordinated support in implementing programs that care for OVC. The ACSA's approach to caring for children builds on the 6 strategies in the policy framework of National Plan of Action of the South African Government's Department of Social Development (DoSD). The South African constitution guarantees all children the right to comprehensive healthcare and basic health services. In addition, ACSA will give special consideration to HIV-infected OVC to ensure that they are referred to pediatric treatment.

The ACSA program seeks to mitigate the socio-economic and psychosocial impact of HIV and AIDS on boys and girls, families and communities throughout South Africa. To assist girls to understand the risk of early sexual activity, the ACSA program will provide age-appropriate, culturally sensitive educational) interventions (including empowerment skills for comprehensive HIV and AIDS, reproductive and sexual health and life skills at kids clubs, schools and in communities. Gender inequalities affect girls' access to and interaction with health services, including those for HIV prevention and AIDS care. The ACSA program will emphasize keeping girls in schools and promoting girls' access to health services. Teachers are ideally placed to track the well-being and change in children and identify OVC. Age-appropriate sex education including HIV prevention messages and empowerment activities combined with caregiver training will help mitigate this trend and protect young girls.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Building community capacity to care for OVC
Volunteers will be trained to provide care and support of OVC. The trained volunteers will in return recruit and train community caregivers to increase the local capacity of their communities. The training will focus on the process of planning and implementing OVC projects in community parishes. Upon completion volunteers will have a better understanding of how to deal with OVC in order to provide comprehensive, integrated and quality responses such as psychosocial support, accessing child support grants, healthcare, nutrition and other life sustaining services.

ACTIVITY 2: Community engagement workshops
These workshops will serve to influence norms on acceptable treatment of OVC thus confronting stigma and discrimination. The workshops will provide platforms for ACSA partners to network and share lessons learned on how to best intervene on behalf of OVC, create gender awareness and eliminate stigma and denial. Joint action and initiatives will be implemented, especially the annual mass events: International Children's Day, Child Protection Day, Women's Day, 16 Day of No Violence Against Women and Children, the Special Day of Prayer for Orphans and The School is Cool Campaign with special emphasis on involving young people in the planning and delivery of these events.

ACTIVITY 3: Partnerships
Partnerships with organizations that have developed programs and material on abstinence, sexuality, choices, etc. will be continued. The content of these programs will be discussed with coordinators to implement in Parishes and communities. It expected that new partnerships be developed and child care workers will be trained in ABY prevention, reproductive/ sexual health and life skills.

ACTIVITY 4: Care and counseling of caregivers and parents
Care and counseling will be provided on the bereavement needs of OVC and facilitating the mourning processes of adults who care for OVC. The bereavement workshops will be held quarterly to assist parents and caregivers. Four retreats will be held semi-annually for caregivers to facilitate debriefing and sharing experiences.

ACTIVITY 5: Linkages with FBOs and CBOs
This activity will develop effective linkages with FBOs and CBOs to share resources, information on best practices and increase capacity of FBOs and CBOs to support OVC in their communities. ACSA will provide advice and training to other faith leaders, traditional leaders and NGOs and community leaders to collaborate to respond to OVC needs.

ACTIVITY 6: Capacity building
This activity will focus on building caregiver capacity (within ACSA and externally) to advocate on behalf of OVC. This will be done by establishing linkages with government departments, municipalities and other service providers to facilitate the provision of wrap-around services and support such as accessing child support grants, health, registration of birth certificates, legal aid, advice and support to establish food gardens, etc.

The sustainability of the project will be ensured by empowering local communities with the knowledge and experience of working with OVC, partner organizations and the Anglican Church. Continued support from the church and expanded linkages will ensure the long-term viability of the project. ACSA will focus on expanding partnerships with governmental agencies, FBOs, and the private sector to increase its funding base. Indigenous partnerships will be expanded to other faith- and community-based organizations and NGOs in an effort to expand the network of care and resources. The development of relationships with corporate and private partners who can contribute funding and in-kind resources to the project will be initiated.

The ACSA OVC activities will contribute to PEPFAR's 2-7-10 goals by improving access to quality care to 10 million people, including OVC.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	10,000	☐
Number of providers/caregivers trained in caring for OVC	1,250	☐

Indirect Targets

The OVC reached indirectly will benefit from less than 3 interventions.

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Teachers
Caregivers (of OVC and PLWHAs)
Religious leaders
Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Northern Cape

Western Cape

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Ingwavuma Orphan Care
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8245
Planned Funds:	$ 375,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity also relates to Ingwavuma Orphan Care's Basic Health Care and Support activities (#8244).

SUMMARY:
Ingwavuma Orphan Care (IOC), in partnership with Lulisandla Kumntwana (LK), provides psychosocial, educational and nutritional support to OVC and facilitates access to government grants and other social services. Activities aim to extend the reach of OVC projects in Ingwavuma and Mseleni areas of Northern KwaZulu-Natal. The primary emphasis area for this project is human resources, with additional emphasis on local organization capacity development, development of network/linkages/referral systems and training. The primary target populations are OVC, HIV-infected children, and caregivers of OVC.

BACKGROUND:
This project is part of the work of two organizations, Ingwavuma Orphan Care (IOC) and their partner Lulisandla Kumntwana (LK), which began their work in 2000 and 2002, respectively. The organizations work in adjacent districts in Northern KwaZulu-Natal, covering an area of around 4,000 square kilometers between them. There are thought to be about 10,000 orphans (both parents deceased) in this area. Most of the other 100,000 children under 18 in the region could be said to be vulnerable. The organizations have been networking with each other since 2002 and benefit from this partnership through sharing ideas, information and resources, and occasionally loaning each other staff with particular expertise. Both organizations are new to PEPFAR and are registered as Welfare Organizations with the South African Department of Social Development (DoSD). Three of their social workers are funded by the DoSD. IOC also has strong links with the Department of Home Affairs and its paralegal officers assist clients with getting their applications in order to secure birth certificates, death certificates and identity documents from this department. LK works closely with the Department of Health, which refers OVC to LK and helps facilitate psychosocial workshops that train boys and girls in life skills, gender issues, and sexual education. LK also has an MOU with the local Department of Welfare to ensure that there is no duplication of services and to facilitate sharing of information, skills, and resources. These projects address gender by reducing the burden on girls and women of caring for OVC and reducing the need for teenage girls and young women to use sex to get food. The youth clubs and psychosocial workshops described below provide a forum for young people to discuss gender issues and for young girls to boost self-esteem and build self-confidence.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Service Delivery Improvement and Expansion
In FY2007 with PEPFAR support, IOC and its partner LK will expand their current OVC services. A satellite office will be established in Manyiseni, a village 60 kilometers from Ingwavuma. A paralegal officer and an orphan coordinator will be based at this office to assist families to access appropriate services. LK will also increase its staff to include a paralegal officer and another orphan coordinator. The orphan coordinator will mobilize, train and support teams of people from local churches who will regularly visit OVC and their caregivers and assist them practically, spiritually, emotionally and socially. This will lessen the burden of OVC care on women and girls, as many of the caregivers for OVC are elderly grandmothers and female OVC. Training of the team members includes child abuse awareness, how to refer children to other services, and addresses the area of reducing violence and coercion. The coordinator will distribute food and clothes to those in need, refer families to the social worker to access foster care grants and deal with cases of child abuse, and refer children in need of health care to the home-based care teams, HIV support groups or local clinics. The paralegal officer will assist families in getting the documents they need to apply for the grants. A housing project is also ongoing, rebuilding houses for some orphan families whose houses have collapsed. The team will ensure that OVC are attending school and will provide uniforms if needed.

ACTIVITY 2: Capacity Building
The organizational capacity of both IOC and LK will be enhanced. This will include training of existing staff and employing and training additional management staff to improve sustainability. Training provide to the IOC and LK staff will include driving lessons,

computer literacy, project management skills and advocacy skills. Another key feature will be the development and implementation of a database to provide clear information on the work done by the field staff and volunteers and show how many children are receiving at least three of the nine key OVC interventions. This will allow managers to monitor activities and develop quality improvement plans.

ACTIVITY 3: Foster Care Facilitation
With FY 2007 PEPFAR funding, LK will continue to run a fostering agency to identify children in need of care and place them with qualified community families. LK employs two social workers to facilitate this process. LK will recruit foster parents, who will attend parenting workshops run by the organizations. IOC will set up an MOU with the DoSD at Ingwavuma to avoid duplication of services. DoSD will assist with advice and overseeing IOC's work. The social workers will investigate home circumstances, screen the foster parent, and assist the children in accessing birth and death certificates. The social workers take the family to the Children's Court at Ubombo (60km away) where the children are officially placed in foster care. The family is then able to apply for the government foster care grant. The social workers continue to supervise the placement to ensure quality of care and timely application for foster care renewal.

ACTIVITY 4: Memory Boxes
IOC and LK will help HIV-affected families create Memory Boxes for OVC. Memory boxes are created by the parents, and consist of a collection of important documents, photos, meaningful items, and stories about themselves. This then serves as a memento for the children once the parent has died and the documents make it easier to sort out a government foster care grant for the children. IOC and LK will each employ a Memory Box worker. Community team members will also be trained in Memory Box work. Support groups for HIV-affected and infected children will be established and implemented.

ACTIVITY 5: Youth Clubs
FY 2007 PEPFAR funding will support 10 after-school youth clubs that IOC currently runs in 10 primary schools, in addition to youth clubs that both IOC and LK will establish and run at their centers. These youth clubs will develop the life skills and spiritual growth of youth in general, and orphans and vulnerable children in particular. The life skills program in the youth clubs and the psychosocial support workshops will include training for youth on male norms and behaviors and violence avoidance. The support offered to OVC through these clubs also enables young girls, who are especially vulnerable to abuse, teenage pregnancy, and HIV-infection, to develop self-respect and self-esteem and to develop strategies to protect themselves. Training for both girls and boys will include discussion on the challenges of early sexual activity, the benefits of abstinence, and the importance of faithfulness for life with one partner. Youth clubs and workshops encourage OVC to remain in school and offer help with homework supervision and support.

These activities contribute to the overall PEPFAR 2-7-10 goals by contributing to the 10 million people provided with care, including OVC so that OVC are able to grow up in their own communities with their basic needs and rights fulfilled.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	4,000	☐
Number of providers/caregivers trained in caring for OVC	170	☐

Indirect Targets

It is estimated that about 400 will receive 1-2 interventions.

Target Populations:

Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Mpilonhle
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8246
Planned Funds:	$ 440,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This OVC activity is related to Mpilonhle activities in the program areas of AB Prevention (# 8238), Condoms and Other Prevention (#8241), and Counseling and Testing (#8247).

SUMMARY:

The Mpilonhle program will provide Orphans and Vulnerable Children (OVC) with support to access education, economic support, psychosocial support, legal assistance. Mpilonhle will reach the OVC through the implementation of three schools-based activities (1) health screening, (2) health education and (3) computer-assisted learning. These services will be delivered through mobile clinic and computer laboratory facilities to Orphans and Vulnerable Children (OVC) in 12 secondary schools in rural KwaZulu-Natal, South Africa.

Gender issues will be addressed in the provision of care and support to in-school OVC with special emphasis on the girl child. The emphasis areas for this program are Human Resources in the form of salaries for health counselors, health educators, and computer educators, Information, Education and Communication in the form of resources for health education and computer education, Infrastructure in the form of deployment of mobile clinics and computer laboratories and Development of Network/Linkages/Referral Systems through the referral of OVC to the staff social worker. Targeted populations are OVC among secondary school students.

BACKGROUND:

This is a new activity to be implemented by a local NGO, Mpilonhle, with support from the South African Government leadership at the district and provincial level in KwaZulu-Natal. Activities will be implemented in the Umkhanyekude District, the poorest and most rural district in KwaZulu-Natal province, with one of highest HIV prevalence. Mpilonhle will implement activities in 12 rural secondary schools have generally inadequate resources in Umkhanyekude District. Approximately 33% of secondary school students have lost at least one parent. Partners consist of the Department of Education, the South African Democratic Teachers' Union, District Health Services, and District and Municipal leadership.

These activities will be provided through mobile facilities. Each mobile facility consists of a paired-up mobile clinic and mobile computer lab, staffed by 1 primary care nurse, 4 health counselors, 1 health educator, and 1 computer educator. Each mobile facility will visit a participating secondary school one week per month for eight months per year. This allows each mobile facility to serve 4 secondary schools per school year. The project will have three mobile facilities, allowing them to serve 12 secondary schools in total. Six of the 12 schools have been pre-selected. The remaining six schools and the 24 community sites will be determined with the Mayors of Umkhanyakude District, Mtubatuba Municipality, and Hlabisa Municipality and with local officers of the DOE.

ACTIVITIES AND EXPECTED RESULTS:

Mpilonhle will conduct three schools-based activities.

ACTIVITY 1: Health screening

A health counselor will provide students with an annual individualized health screening that includes VCT; individualized AB-counseling for HIV prevention and behavior change; counseling or referral to further services for PMTCT, ART, TB and psycho-social support; and referral to a staff social worker for assistance with accessing government grants and assistance with legal matters. School principals, local Department of Education officials, District and Municipal mayors, and focus groups of teachers and students have expressed the community acceptability of schools-based VCT. This activity provides support for OVC in the form of improving access to health care.

ACTIVITY 2: Health education

A Mpilonhle health educator will provide students with four 90 minute small-group HIV, health and life-skills education sessions per year that will discuss the basic facts about HIV, VCT, STIs, TB, ART, PMTCT; reducing stigma and discrimination against PLHIV; and promoting respect between men and women. An age-appropriate curriculum on these topics will be developed by the Educational Development Center (EDC) and the South African Democratic Teacher's Union (SADTU), drawing on material developed by the EDC in collaboration with SADTU, and the World Health Organization (WHO). This curriculum emphasizes the traditional three-part public health theory of improving Knowledge, Attitudes, and Practice (KAP), skill-building methods in topics such as risk reduction, being faithful, decision making, and social responsibility, as a way of preventing HIV infection, providing support to those infected and affected by HIV, respect for women, fighting stigma and discrimination, and dealing effectively with the challenges of everyday life. Group health education provides supportive social care in the form of efforts to reduce stigma and efforts to increase community awareness of care, prevention, and treatment. This activity will provide support to OVC in the form of psychosocial support and HIV prevention messages.

ACTIVITY 3: Computer-assisted learning

An Mpilonhle computer educator will provide students in participating schools with four 90 minute small-group computer education sessions per year that will provide training on how to use computers, basic software, and the internet; and computer-assisted learning for improved school performance, HIV prevention, and general health promotion. This activity is expected to improve student learning, raise graduation rates, self-confidence and employability. This in turn increases self-reliance, self-confidence and self-sufficiency and the socio-economic status of the females, thus reduces their vulnerability to coercive, cross-generational, and transactional sex. This activity will improve educational development of OVC through computer-assisted learning and will encourage OVC to stay in school and complete their education. In addition, having computer skills will improve the market skills and employability of OVC that head households.

Sustainability of activities is facilitated by building human capacity in remote rural areas.

Mpilonhle maximize the capacities and skills of relatively abundant lay health workers to enable them to perform critical yet currently scarce services such as VCT, health screening and personalized risk assessment, and health education, shifting the burden of these activities away from relatively scares professional health workers like nurses and doctors. Mpilonhle will build the technical expertise and capacities of lay health workers through rigorous training and regular refresher courses. Sustainability is also facilitated by political commitment from District and Municipal governments and the local Department of Education to scale-up and fund-raise for this activity.

The Mpilonhle OVC activities outlined above contribute to PEPFAR 2-7-10 goals of providing care and support to 10 million people, including OVC, in the form of supporting access to health services, psychosocial support and increasing access to with economic opportunities.

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

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	2,560	☐
Number of providers/caregivers trained in caring for OVC	108	☐

Target Populations:

Orphans and vulnerable children
Secondary school students

Coverage Areas

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Project Support Association of Southern Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8251
Planned Funds:	$ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This Orphans and Vulnerable Children activity is linked with activities described in the Basic Health Care and Support (#8250) and Counseling and Testing (#8254) program areas.

SUMMARY:
Project Support Association - Southern Africa (PSASA), a community-based HIV and AIDS prevention and care organization, with FY 2007 PEPFAR funding will increase the scope of services (integrating OVC care and adult palliative care, provision of community-based HIV counseling and testing) and improve the quality of these programs. The major emphasis area is Community Mobilization/Participation. Minor emphasis areas are training, local organization capacity development and development of linkages and referral systems. Target groups are Orphans and Vulnerable Children (OVC), people living with HIV (PLHIV) and their families, volunteers and health care workers.

With FY 2007 PEPFAR funding the number of OVC programs will be expanded. These new PSASA OVC projects will target poorer rural communities of Mpumalanga province where health services are limited.

BACKGROUND:
PSASA is a non-profit organization, which was established in 1998 in HIV prevention, care and support, and mitigation. Its mission is to create community partnerships that enhance their ability to prevent, mitigate and alleviate the impact of HIV and AIDS of which home-based care (HBC) programs are an integral component. Care at the home and community level is a strategy within the South African Government Strategic Plan. PSASA has established and continues to support over 60 home care programs. Many of these were established in partnership with the Mpumalanga Department of Health from 1998 onwards. In 2004, 127,614 clients received direct support from a PSASA project and over 32,000 household members received training from a community care giver. Currently, PSASA works with OVC programs in three municipalities of Mpumalanga province; Thabe Chew, Emalahlene, and Steve Tswete. These projects will be expanded with FY 2007 PEPFAR funds as part of PSASA's ongoing activities.

PSASA has worked closely with Departments of Health, Welfare and Population Development, since its inception. In recent years closer relationships have been formed with the provincial Department of Home Affairs, Agriculture Development, Premiers Office (Gender), Department of Education and Department of Labor (income generation activities). The Mpumalanga provincial Department of Health & Social Services (DOH&SS) has financed PSASA for R1.5 million to conduct training in HIV and AIDS in 2005-2006. The DOH&SS also provides PSASA with HIV test kits and home-based care kits, as well as assistance with establishing referral networks for family planning anti retroviral (ARV) and tuberculosis (TB) programs. Social grants, food packages and child assessments are undertaken closely with Department of Social Development (DoSD) with funding from Dutch donors. Each of the projects are encouraged to work closely with and to participate in local AIDS Councils, churches, government departments and municipalities, schools with many businesses providing "in kind" support.

ACTIVITIES AND EXPECTED RESULTS:
PSASA will conduct two key activities for OVC: 1) Identify and train child care workers, and; 2) Ensure that OVC services are fully integrated into the home-based care programs.

ACTIVITY 1: Identify and train child care workers
In FY 2007, PEPFAR funding will be used to identify and train child care workers (CCW). These CCWs will be recruited and work within PSASA's HBC programs. Training to be provided will include: how to identify and assess OVC, how to plan for various needs of OVC and how to provide psycho-social support. Additional training will be provided on communication skills, referral and follow-up. HBC workers will receive training on how to identify OVC and will refer to the CCWs for follow-up.

A US-based volunteer (key legislative issue) social worker will help to build capacity of the CCW by assisting in training and providing technical assistance based on her experience to CCWs to support their OVC work.

ACTIVITY 2: Fully integrating OVC programs into existing HBC programs

Once trained, the CCWs will be working with the 63 existing PSASA HBC programs. Referral to CCWs for the identification of OVC will come through the HBC workers. CCWs will provide or ensure that spiritual support is provided. CCWs will provide psychosocial support, referral for medical issues as observed and material assistance including birth certificates, social grants or educational assistance. Emphasis will be placed on making provisions to keep school-aged children within the educational system. This may include, after school home-work supervision and support, provision of school uniforms or assistance with school fee waivers. As necessary, drop in centers will be provided to assist with homework support and feeding OVC. PSASA, through funding from a Dutch donor will provide targeted nutritional support and supplemental food provisions to targeted OVC and their families. Where appropriate consents can be obtained, OVC will be referred for HIV counseling and testing.

The ability for OVC to access existing grants from the South African Government is key to the survival of each individual OVC. However, once the PSASA home care and OVC projects have started, OVC will be able to draw on local, community and other more sustainable funding sources. PSASA is well known to the provincial Department of Health & Social Services. As DHSS has requested PSASA to support some of the home care projects in the province, it is likely that they will participate in cost sharing. The OVC projects link closely with community and church groups who regularly supply "in kind" support (usually 10% of project budget). Certain components of the home care program have become fully sustainable. Income generation activities for care workers such as food gardens have become sustainable with care workers receiving R1000 per annum through the selling of vegetables and fruit. These activities are extended to OVC especially those in child or orphan headed households.

By providing care and support to OVC and their families, PSASA's activities contribute substantially to the PEPFAR goal of providing care services to 10 million people, including OVC. 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**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	1,008	☐
Number of providers/caregivers trained in caring for OVC	126	☐

Indirect Targets

Each worker will work with 4 OVC (126 x 4 = 504) and provide them with less than three services.

It is assumed that HIV-related Palliative care will be provided to "family members" of each OVC (receiving either direct or indirect support), therefore adding an additional 3,024 family members reached with HIV-related palliative care. (1008 504 = 1,512 x 2 = 3024)

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
Other Health Care Workers

Key Legislative Issues

Volunteers

Coverage Areas

Mpumalanga

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Sekuhukune
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8256
Planned Funds: $ 230,000.00

Activity Narrative: SUMMARY:

Sekhukhune Educare Project (SEP), a Limpopo-based non-governmental organization (NGO) provides psychosocial, educational and nutritional support to OVC and facilitates increased access to social security grants and other social services. SEP identifies and trains community members as child care volunteers, building their capacity to provide direct care and support to OVC. The primary emphasis areas for these activities are community mobilization and participation, training, and the development of network and linkages with local hospitals, schools and Child Community Forums (CCFs). Target populations include orphans and vulnerable children, caregivers, HIV and AIDS-affected families, and SA-based volunteers.

BACKGROUND:

SEP works in Limpopo, one of the poorest provinces in South Africa with an HIV prevalence rate of 21.5 percent. The Sekhukhune district where SEP operates has high levels of unemployment, high teenage pregnancy rates and a low high school graduation rate.

SEP works closely with Child Care Forums (CCFs), government departments, schools and the local municipalities to raise awareness about the impact of HIV and AIDS on children their families and encourages community participation to find their own solutions for OVC who need care. CCFs are community-based structures focusing on the needs of OVC. The role of the CCF is to ensure the identification of OVC, to be aware of initiatives involving child care and support, to create awareness of OVC issues, to assess OVC needs, to liaise with other community-driven initiatives focused on children and to perform advocacy for OVC in the community. CCFs are a vital component for sustainability of OVC programs and community involvement in ensuring that the needs of OVC are addressed.

SEP partners with the Local AIDS Council and encourages local key players to actively participate and support OVC in the Limpopo province. With PEPFAR funding through the Nelson Mandela Children's Fund, SEP has delivered care and support services to over 1,500 OVC in the past two years. SEP used to be a sub-partner under the Nelson Mandela Children's Fund program which ended in FY 2006. SEP has a cadre of 70 trained caregivers providing services to OVC in the Sekhukhune district.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: OVC Support

With FY 2007 PEPFAR funding, SEP will continue to provide basic and intensive care and support services for OVC including individual needs assessments for each OVC, psychosocial and nutritional counseling, homework assistance, play group therapy at the resource centers, and training. During home visits, SEP child care volunteers will conduct OVC needs assessment with the children. Based on the results of the assessment, SEP child care volunteers will provide counseling and guidance on nutrition, hygiene and appropriate child protection guidance. OVC support, referrals, and household and family

support will be provided by the child care volunteer when they identify a household with an ill parent. SEP child care volunteers will also provide homework assistance and support to ensure that OVC stay in school. SEP child care volunteers will continue to provide support to obtain legal documentation such as birth certificates and death certificates to assist OVC to access government social security grants. For OVC who cannot afford school fees and uniforms, SEP child care volunteers will assist with school fee exemption applications and will ensure that OVC have the necessary school uniforms, school shoes and stationery. SEP has a partnership with SCORE Supermarkets, to provide food vouchers for OVC who need emergency food assistance.

One day workshops will be held in villages to assist OVC households with budgeting skills to provide OVC households with the skills needed to utilize their social security income to meet long- and short-term needs of OVC. OVC households are also provided with training to establish and cultivate food gardens to improve the nutritional content of the meals for OVC and their families.

SEP will provide training and will act as the secretariat for the CCFs and the local municipality in monitoring and reporting on OVC issues in the community.

ACTIVITY 2: Human Capacity Development

SEP will provide training to its child care volunteers on counseling, needs assessment, referrals, child rights, child protection and the special needs of the girl and boy child. Child care volunteers are also trained as home-based care providers. In FY 2007, PEPFAR funds will be used to provide the Government's 49 days of training for home-based care (HBC) which is the South African Government standard HBC training program. These trainings are conducted by the Department of Social Development (DoSD) which has a tailor-made Home-Based Care (HBC) module. Training is also provided to SEP volunteers by another PEPFAR partner, the Hospice and Palliative Care Association. This training covers the topics of child care, child rights, and other useful modules that relate to palliative care.

SEP will provide HIV prevention messages to all primary schools in its district. The South African Police Service also conducts gender sensitivity training for SEP child care volunteers.

ACTIVITY 3: HBC for OVC

HBC is provided for OVC who are ill and the affected household will be assisted in managing the child's illness. SEP will train home-based caregivers to provide these services. Households with OVC who are sick are visited once per week and more often if necessary. For OVC and the families that are terminally ill, visits are done on a daily basis. In order to sustain HBC for OVC, strong linkages have been established with the local hospitals and clinics. OVC are referred to SEP from the hospitals and vice versa.

ACTIVITY 4: Psychosocial Support

SEP child care volunteers will identify and provide OVC with psychosocial support and these children will receive advanced psychosocial support and follow-up. The SEP psychosocial support program will address coping skills, self-esteem issues, memory work, family trees, and spirituality. SEP will also establish child support groups which will provide amongst other things, healthy and appropriate recreation activities for OVC. This will be done in partnership with community groups, churches and schools. Safe spaces will be identified for these groups to meet on a biweekly basis.

SEP will use community theatre techniques to increase the resilience and confidence of children. Children who have participated in the theatre activities have had an opportunity to act out or dramatize their experiences, challenges, frustrations and angers and it also has provided OVC with an opportunity to search for solutions to the challenges they face. The plays focus on gender issues and provide an opportunity to sensitize the community and the children to gender-related problems and solutions. In FY 2007, PEPFAR funds will be used to facilitate theatre camps and expose children to visual art and dance. For those children who live too far from the Ikageng Dishaba Theatre, SEP partners with these select primary and secondary schools to arrange theatre activities at the local school. During these theatre activities, participation of the child is encouraged and children are given the opportunity to lead activities.

The Sekuhukhune Educare Project OVC activities will contribute to the PEPFAR goal of providing care and support to 10 million HIV-affected individuals, including OVC.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	2,500	☐
Number of providers/caregivers trained in caring for OVC	125	☐

Indirect Targets

Although SEP directly will be able to reach 2500 OVC, there are many OVC that indirectly benefit from 1 or 2 services. This number is estimated at 1500 OVC. This is achieved mainly through the awareness-raising and community mobilization campaigns.

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)

Coverage Areas

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Senzakwenzeke
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8259
Planned Funds:	$ 230,000.00

Activity Narrative: SUMMARY:

Senzakwenzeke (SEKA), a South African non-governmental organization (NGO) based in KwaZulu-Natal provides psychosocial support, nutrition counseling, homework assistance and social grant application assistance to OVC. SEKA conducts training programs for Child Care Forums (CCFs) and caregivers on children's rights, child protection, and care and support for OVC. The main emphasis areas of Senzakwenzeke activities are community mobilization and participation, the development of networks, linkages, and referral systems, and training. The target beneficiaries are orphans and vulnerable children (OVC), caregivers of OVC, community leaders, SA-based volunteers, and HIV and AIDS-affected families.

BACKGROUND:

Senzakwenzeke (SEKA) is a community-based organization operating in Nkandla Local Municipality, in the Uthungulu District 28 in KwaZulu-Natal province (KZN). KwaZulu-Natal is the South African province with the high HIV prevalence rate (39 percent). The Nkandla District, one of the largest districts in KZN is characterized by high unemployment, lack of resources and a very poor infrastructure. This affects service delivery to children and the community. Within their population radius, Senzakwenzeke has identified 550 OVC, and this number is likely to increase during the next few years.

SEKA is a partnership between the local community and local health professionals. The Nkandla Hospital had identified the need for a community-based care program to provide services to OVC. SEKA provides services that are relevant to the development and well-being of OVC, such as assistance in getting social security grants, health promotion, HIV prevention messages and reproductive health education, assistance in waiving school fees for OVC to access education, and access to legal documents for succession planning. SEKA was a sub-partner under the Nelson Mandela Children's Fund program which ended in FY 2006.

With PEPFAR support since 2005 SEKA has expanded their OVC activities to three wards in the Nkandla District. SEKA has been able to provide services to 552 OVC as of March 2006. SEKA has established strong links with the traditional leadership and the local government of Nkandla, the Nardini Sisters (a faith-based organization providing shelter and food to OVC), and the Nkandla Hospital (for OVC ART referral), in an effort to provide a strong community response to care for OVC. These and other partners work with SEKA to provide food aid, scholarships for tertiary education and skills training for OVC.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthening Community Care Forums (CCFs)

SEKA will provide support in the establishment and training of Child Care Forums (CCFs). CCFs are community-based structures focusing on meeting the needs of OVC. The role of the CCF is to ensure the identification of OVC, to be aware of initiatives involving child care and support, to create awareness of OVC issues, to assess OVC needs, to liaise with

other community-driven initiatives focused on children, and to perform advocacy for OVC in the community. CCFs are vital for sustainability of OVC programs and community involvement in ensuring that the needs of OVC are addressed. SEKA partners with the Department of Social Development (DoSD) to train the CCFs, which are composed of representatives from the community. The training follows the DoSD Guidelines for establishing CCFs. SEKA implements all its OVC activities in line with the DoSD OVC Policy Framework and the National Plan of Action. Topics covered in the CCF training include, the role of the CCFs, drawing up a community profile, costing and fundraising, monitoring and evaluation, and understanding the needs and rights of children.

ACTIVITY 2: Human Capacity Development

SEKA will provide monthly training and mentoring for their thirty-five caregivers (recruited from the community) on counseling, psychosocial support, OVC needs assessments, children's rights, special needs of the girl and boy child, referrals for ART, nutrition, child protection and gardening. In FY 2007 SEKA will recruit and train an additional forty OVC caregivers. During these training sessions SEKA will provide psychosocial support or debriefing sessions by the supervisors for the SEKA caregivers to share their trauma and provide a forum to openly discuss what they see and experience in caring and supporting OVC.

SEKA will provide training for caregivers will on psychosocial support. This training uses the Regional Psychosocial Support Initiative (REPSSI) module. REPSSI trains the SEKA facilitators on this module. Psychosocial support training will also be provided to OVC by trained SEKA caregivers. The topics covered under this module include dealing with loss, grief and mourning, bereavement counseling, memory work, play counseling, building resilience, and coping strategies in OVC.

For example, using the REPSSI model, OVC are trained in how to create memory boxes to capture family memories, deal with grief, and build resilience in OVC. Periodic home visits to the OVC, provide an opportunity for follow-up and monitoring to see if the OVC children is coping with the difficult situation in their home environment. SEKA partners with a local organization in the Nkandla area, Sinomlando to assist with OVC follow-up by observing resilience in the families that have benefited from memory boxes.

ACTIVITY 3: Improving OVC access to Social Security Grants

During home visits, SEKA caregivers will assess whether OVC are in possession of legal documents such as birth certificates and identity documents. These documents are required in order for OVC to access government social security grants. Once the OVC is in possession of the required documents, the caregiver will assist the household with the application process to access the government social security grants and the caregivers will also provide training in budgeting skills so the OVC are able to manage this new source of household income. OVC and their households will also receive information and counseling on other available government social and health related services such as child protection and pediatric ART. The SEKA caregiver will act as a point of linkage, referral and follow-up for the OVC to access these services.

ACTIVITY 4: Strengthening Gender-Based Activities

SEKA caregivers work with the schools which run specific gender programs for girls and boys. Special sessions are held for girls and boys separately and cover issues such as sexual reproductive health, sexuality and abuse. South African Government training materials are used for the training. SEKA caregivers will host sessions where boys and girls are addressed together, to share their experiences and learn from each other. Caregivers also ensure that during the OVC home visits they spend time with each individual child to give them an opportunity to ask questions or share concerns around these topics.

ACTIVITY 5: Food Gardens for Child-Headed Households

SEKA caregivers provide training to OVC, especially child-headed households, on the skills required to create survival food gardens. The food gardens are at the homes of the children and on community land provided by the municipality. This is a wrap around activity where other stakeholders in the community provide the seeds and fertilizers for the gardens. The survival food gardens will provide vegetables which enable the children to have better nutrition. A SEKA two-week training module on food gardening includes a nutrition component encouraging the use of local plants and high nutrition vegetables to supplement the OVC nutritional needs.

The Senzakwenzeke OVC activities will contribute to the PEPFAR goal of providing care and support to 10 million HIV-affected individuals, including OVC.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	1,000	☐
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	1,200	☐
Number of providers/caregivers trained in caring for OVC	75	☐

Indirect Targets

Although the SEKA caregivers are able to directly reach 1200 OVC with 3 or more services, there are many children that recieve 1 or 2 services. It is estimated that 1000 OVC will be indirectly reached through awareness programmes that are run in the schools and the referrals that are made to the hospitals and other partner organizations.

Target Populations:

Community leaders
HIV/AIDS-affected families
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)

Coverage Areas

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Training Institute for Primary Health Care
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8269
Planned Funds:	$ 100,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Orphans and Vulnerable Children (OVC) support services are closely linked to provision of Prevention (#8267) and Basic Health Care and Support (#8269) Services.

SUMMARY:

The Training Institute for Primary Health Care (TIPHC) has implemented OVC-related support activities as part of its Basic Health Care and Support Services to HIV and AIDS infected and affected people. OVC referrals and support have been done on a needs-basis as identified in the household visits with client but without systematic follow-up procedures. With a specific budget allocation for OVC activities in FY 2007 with PEPFAR support TIPHC will expand their OVC program and provide OVC-specific services which will involve strengthening their network of collaborating partnerships with the Departments of Social Development, Health, Education and Home Affairs The services will include identification of OVC in the community, assessing their needs, linking with the relevant institution that provides the services needed, submitting an official referral application, maintaining a case file and following up on the child's progress and ensuring that the child's needs are met. The primary emphasis area for the TIPHC activity is training with minor emphasis on development of network linkages and referral systems and community mobilization and participation. Specially trained care-givers supervised by the TIPHC social worker will work directly with the target population of OVC, HIV and AIDS affected families, caregivers and volunteers.

BACKGROUND:

TIPHC is a South African registered non-profit organization established in April 1994 and works in the Emalahleni Municipality, of Mpumalanga province. The TIPHC OVC program is in line with the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment Plan for South Africa. TIPHC is a key partner to South Africa's National and Provincial Government HIV and AIDS Prevention and Control Program. With FY2007 PEPFAR funding, TIPHC' will provide effective and coordinated OVC care and support services to ensure that OVC receive a minimum of three services in line with PEPFAR South Africa OVC requirements. TIPHC's main activities will include facilitating access to health care services, social security grants and, education. The TIPHC OVC program will ensure that its strategies aim at promoting equitable access to HIV and AIDS health care and social services and protecting this most vulnerable group from abuse. Intensified community information and education will be carried out to de-stigmatize HIV and AIDS and remove discrimination barriers.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Information, Education and Communication (IE&C)

The information and education messages about the needs of OVC and the role of the community as care givers and supporters will be included in the HIV and AIDS mass awareness and prevention program. The community mobilization and training program for

promoting that will promote HIV prevention messages will also incorporate aspects of community-based OVC care and support services.

ACTIVITY 2: Facilitating OVC Access to Basic Services

TIPHC will actively facilitate and management of provision of basic services to OVC. These services will involve meeting the education needs like waiving school fees, uniforms and tuition, primary health care needs, economic support such as social grants, legal aid, and assistance to get birth certificates, access to psychosocial and emotional care and provision of food and nutrition needs with other donor support. TIPHC will identify selected preschools in the six target communities where TIPHC is implementing the home-based program. With assistance from school principals and community leaders, TIPHC will develop a data base of OVC and their needs. Based on the needs identified, referral and support services will be provided.

ACTIVITY 3: Strengthening networks and linkages with partners

TIPHC will establish a forum that will bring all role players to support OVC. TIPHC will maintain a database of all collaborating partners to manage regular sharing and information meetings.

These TIPHC activities will contribute to the PEPFAR objective of providing care to 10 million people infected and affected by HIV and AIDS, including orphans and vulnerable children.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	2,400	☐
Number of providers/caregivers trained in caring for OVC	20	☐

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Mpumalanga

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Ubuntu Education Fund
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8272
Planned Funds:	$ 125,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of the 5 activities carried out by Ubuntu Education Fund. The other programs include AB (#8261), CT (#8265), Other Prevention (#8266) and Basic Health Care and Support (#8263).

SUMMARY:

Ubuntu Education Fund (Ubuntu) offers counseling, access to health services, nutritional support, assistance with obtaining child support and foster care grants, assistance with obtaining birth certificates, school kits, learnership/bursary opportunities, after-school programs, holiday camps and support groups for orphans and vulnerable children (OVC) living in resource-constrained townships of Port Elizabeth, a city in the province of the Eastern Cape, South Africa. The emphasis areas are community mobilization/participation, food and nutritional support, development of network/linkages/referrals, and linkages with other sectors and initiatives. Specific target populations include OVC, HIV-infected infants, HIV-infected children and caregivers of OVC.

BACKGROUND:

Ubuntu began working with OVC in 2003 with school-based psychosocial support, which has evolved over the past three years into a comprehensive OVC care program. There are an estimated 50,000 OVC in the townships of Port Elizabeth. The rapidly increasing number of OVC in the target area is an immediate measure of the impact of HIV and AIDS on local communities. In a recent intake of a general population of schoolchildren into an Ubuntu activity, 40 percent were OVC. Child-headed households in South Africa are rapidly increasing, as are the number of elderly grandparents caring for orphaned grandchildren. The burden of responsibility for caregiving and coping with a family member who is suffering from AIDS-related illnesses invariably falls on women, particularly girls and grandmothers. Children are experiencing "repeat orphaning"-where they are taken in by a close relative who then also becomes sick and dies. OVC are also particularly at-risk for sexual abuse, economic exploitation and HIV infection.

Ubuntu uses a community-based approach to mobilize community members to recognize and care for OVC. The program targets children who are orphaned, or those whose parents or caregiver are living with HIV to ensure they access treatment when appropriate, and child-headed households. Ubuntu also provides services to a significant number of children living with HIV who are in need of coordinated services from providers that are family-centered and integrate child and parent services. FY 2007 PEPFAR support will allow Ubuntu to scale up the OVC program to provide comprehensive services to an increased number of OVC.

ACTIVITIES AND EXPECTED RESULTS:

The OVC program targets high-poverty, high-risk schools as evidenced by intakes into Ubuntu's counseling program. Ubuntu places full-time OVC specialists on site at the school to identify OVC for intake into our psychosocial support services. Ubuntu ascribes to the school as a "node of support" model and proactively engages school governing boards, administrators, teachers and parents to establish a caring, supportive school environment. Ubuntu is an active participant in the training and best-practice sharing of the Caring Schools Network (CASNET) of OVC service providers organized by Save the Children UK. Ubuntu's OVC services are in close alignment with the Department of Social Development's Policy Framework and National Action Plan for Orphans and Other Children Made Vulnerable by HIV and AIDS, 2006 - 2008. In alignment with these policies, Ubuntu aims to strengthen family and community-based care for OVC. Ubuntu works closely with social workers to coordinate services for families. Staff are engaged in ongoing policy meetings with the Department of Social Development regarding income grants, nutrition assistance and efficient and effective service delivery. Ubuntu participates in a local network of corporate organizations, NGOs and CBOs which work with the Department of Social Development and the Department of Home Affairs to coordinate income grant and identity document events in local community settings. Ubuntu provides comprehensive psychosocial services to 30 OVC as an implementing partner in the Umzi Wethu project coordinated by the Wilderness Foundation which provides skills training and learnerships

for OVC in the ecotourism industry. Ubuntu has strong referral partnerships with the Child Protection Units of the South African Police, Childline and the Rape Crisis Centre at Dora Nginza Hospital. Other Ubuntu programs provide wrap-around services to OVC including a school gardening/lunch program, improved educational facilities and life skills education.

ACTIVITY 1: Services for OVC

Through case management and school-based counseling services Ubuntu provides comprehensive care for OVC. Ubuntu uses a family-centered approach to address the needs of OVC and work with their caregivers to stabilize the household and to provide a supportive, caring environment for the child. Each OVC and their household's needs are assessed and an individualized action plan is developed. Service plans include the following as needed: counseling, access to health services including voluntary counseling and testing (VCT) and antiretroviral treatment (ART), protection from abuse, assistance with obtaining income grants and birth certificates, food parcels, school kits, referrals to other service providers, learnership/bursary opportunities, after-school programs and school holiday day camps. Community partners are encouraged to refer child-headed households to ensure that they receive comprehensive care services. Support groups for OVC girls who have survived sexual abuse and OVC who are teenage mothers are provided on a weekly basis. Case managers assist OVC girls and adolescents to avoid transactional sexual relationships with older men by providing emotional, economic, nutritional and educational support as well as sexual and reproductive health education and access to services. Group therapy is provided to OVC boys who are acting out aggressively in home or school settings. The support groups are linked to Ubuntu's career and higher education program that builds skills and facilitates access to ongoing education for these particularly vulnerable groups.

Through Ubuntu's VCT and Care services, children at higher risk of HIV exposure are pro-actively identified to ensure they receive access to VCT as well as providing access to treatment services for children living with HIV and AIDS and their caregivers. Ubuntu case managers work with Dora Nginza's Paediatric ARV Unit and its sub-clinics to provide ongoing monitoring and support to children on ART.

ACTIVITY 2: After-school and holiday programs

Ubuntu is piloting a community-based after-school program and school holiday day camp for OVC staffed by OVC specialists, parents, teachers and volunteers. The daily after-school program will be for 100 OVC in Grades 6-7 and consist of life skills, tutoring and technology workshops, activity clubs, adult mentoring and peer support, and arts and sports activities with partnering organizations. School-based OVC specialists will provide life skills activities, support groups and individual counseling. The after-school program becomes a day camp program during the school holidays in April, June-July, September and December-January. Ubuntu will also run a holiday camp for high school OVC at the same time. High school OVC, teachers, volunteers and parents will assist with activities and receive a stipend. Ubuntu will provide meals for the after-school program and holiday camps. Beginning in 2008, Ubuntu will replicate the after-school program at another school.

These results contribute to PEPFAR's 2-7-10 goals by increasing access to comprehensive care services for orphans and vulnerable children, reducing their vulnerability and improving access to essential resources and services.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	400	☐
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Food

Education

Coverage Areas

Eastern Cape

Table 3.3.08: Activities 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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12479
Planned Funds:	$ 350,000.00

Activity Narrative: SUMMARY
The Hospice Palliative Care Association of South Africa (HPCA), founded in 1988, currently has 76 member hospices throughout South Africa (SA), each an independent legal entity. Our Mission is to provide and enhance the provision of sustainable, accessible, quality palliative care. PEPFAR funds will strengthen the capacity of member hospices and other governmental and non-governmental organizations to provide quality services. The target population is OVC, PLWHA, their families, community members, public and private health care providers. The emphasis areas are organizational development and the development of networks.

BACKGROUND
HPCA strengthens existing services and develops new services through direct funding to member hospices to promote accessibility and availability of palliative care in SA. HPCA personnel at national, provincial and district levels continue to provide the infrastructure and coordination to develop and strengthen palliative care programs within member hospices, and government and non-government organizations. Improved collaboration between HPCA and National Department of Health (DoH) is a key objective, aimed at optimum utilization of scarce palliative care resources. Regular meetings are held in each of the regions between HPCA personnel and regional DoH representatives. FY 2006 PEPFAR funding has allowed the training of 7166 people between October 2005 and June 2006. The major focus of PEPFAR funding in FY 2007 is to provide direct palliative care to patients and their families, to assess quality of palliative care, assist in the development of new services, provide support to the care providers, and provide training in palliative care. Concerning gender, HPCA, through a pilot site, will also focus on increasing male patients' participation in the fight against HIV and AIDS. An established referral system will assist with regards OVC.

Activity #1: Plus Up funds for OVC will be used to expand and enhance Paediatric Palliative Care for HIV/AIDS OVC. Paediatric Palliative Care is comprehensive holistic care of children, between the ages of infancy to 17years of age, taking active total care of the child's body, mind and spirit. This includes assessment and treatment of pain and other physical symptoms, disease oriented treatment, and phycosocial support for grief, loss and bereavement. Other support activities are improving access to ARVs, monitoring and adherence of ARVs, prevention of Mother to Child transmission, nutritional interventions and facilitating improved access to grants. Granny-headed households and Child-headed households will also receive improved support. Funds will be used for direct funding for nurses/social workers/ and social auxiliary workers and for transport and admin costs of these human resources.

Special attention will be paid to the girl-child to further their human rights and to the role of the female caregiver, including Grandmothers' significant role in support of OVC. The objectives for these posts would be to focus on these services. Additional Paediatric Palliative Care training and supervision of these human resources would also be essential. Presently this program would be for five specific paediatric services and seven integrated paediatirc services, with at least one per province. This program will focus on strengthening of existing comprehensive and /or extensive paediatric programmes through direct funding. Where OVC support services are required which are outside the scope of hospice expertise, e.g. child protection, suitable partners will be sourced to provide these services who have the technical expertise to strengthen HPCA OVC programmes.

The Paediatric Palliative Care training will be strengthened to include the PEPFAR OVC indicators, gender issues, bereavement in children and present it to 300 health care workers, including professionals and non-professionals. HPCA will liaise with corporate social investment programmes and Government to strengthen and increase funding for the care and protection of OVC.

Through these activities, HPCA supports the vision outlined in USG's South African Five Year Strategy to expand access to quality OVC services thereby contributing to the 2-7-10 goal of providing care to 10 million people affected by HIV.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	6,000	☐
Number of providers/caregivers trained in caring for OVC	300	☐

Target Populations:

Community leaders
Orphans and vulnerable children
Private health care workers

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 12480
Planned Funds: $ 600,000.00
Activity Narrative: Columbia will use plus up funds to expand ART to children in OVC programs. Caregivers of these OVCs will be trained in adherence and support and will be linked to ongoing ART programs for children. Columbia will work with OVC partners and train them to promote early diagnosis and routine testing. Linkages will be made with ART services and systems for referral and follow up will be developed and implemented. OVC partners will be assisted to monitor all children in their programs who are on ART. Columbia will work with PMTCT and antenatal care providers to establish systems for early diagnosis, care, monitoring, and ART. OVC programs in seven provinces will be guided. These include, Western Cape, Eastern Cape, KZN, Northern Cape, Free State, Gauteng, and Limpopo provinces.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Health Care Financing	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	400	☐
Number of providers/caregivers trained in caring for OVC	450	☐

Target Populations:

Orphans and vulnerable children
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Northern Cape

Western Cape

Table 3.3.08: Activities by Funding Mechanism

Mechanism: CDC Umbrella Grant
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 12511
Planned Funds: $ 400,000.00

Activity Narrative: SUMMARY:
CARE will continue its work in building HIV and AIDS competence of civil society organizations (CSOs) who deliver HIV-related OVC services in South Africa. CARE aims to scale up OVC services by increasing technical and organizational capacity, targeting local and indigenous CBOs and faith-based organizations (FBOs) in South Africa. This is accomplished by administering and managing 18 small grants and targeted technical assistance to identified grantees to scale up HIV-related OVC services in organizations that are unable to receive direct funding due to limited capacity. Minor emphasis activities include community mobilization, training and development of networks.

BACKGROUND:
The CARE Letsema project is part of a five-year project, which started in October 2005 and aims to support HIV and AIDS activities in South Africa.
This narrative describes activities in two South African provinces -- the Free State and Limpopo. The project extends organizational and technical capacity strengthening and mentoring support activities to three CSOs and will soon expand to support four additional CSOs. CARE provides these organizations with small grants to build their capacity to improve service delivery. CARE will continue to work with and provide technical support to sub-partners to strengthen the quality of their services and provide institutional support so that sub-partners can develop into sustainable local organizations. CARE works in ollaboration with South African government departments to enable the targeted population (both organizations and beneficiaries)
to enhance and coordinate access to support services. CARE plays a largely facilitative role in ensuring that resources reach smaller community-based initiatives, while providing a supportive capacity building curriculum to enhance organizational and
technical service delivery. Direct organizational development will be implemented through participatory processes to build the long-term sustainability of CARE's sub-partners. Technical program areas are supported by small grants and technical assistance for that program area, directly through CARE, as well as through identified Sectoral Education and Training Authority (SETA) accredited partners with specialized expertise in HIV-related palliative care and support. In FY 2006, Letsema has been working primarily in the eastern Free State near the Lesotho border and will continue to work in this area. In FY 2007, the project will also expand to several districts in Limpopo because the province has been identified as under-resourced and CARE has already established relationships with the provincial government.

ACTIVITIES AND EXPECTED RESULTS:
CARE will carry out three activities in this program area.

ACTIVITY 1: Strengthen delivery of quality OVC services
Targeted training and mentoring support will be provided to selected organizations to address the clinical, physical, social and psychological care of OVC. Technical emphasis will be supporting CBOs to appropriately message, provide and/or refer for elements of the OVC package. The aim of this activity is to build a greater response at community level that responds to the needs of the OVC. This includes increased coordination of services within the community, facilitating greater uptake and utilization of health and social government, treatment and social assistance. CARE aims to strengthen the referral network within each of the organizations it supports. This is an integrated response that promotes community mobilization, awareness and implementation of support programs for OVC. This activity will also addresses gender issues through ensuring equitable access to services for both males and females.

ACTIVITY 2: Capacity building
The activity combines organizational development training and mentoring to enhance institutional strengthening identified CSOs to improve organizational functioning and service quality. The program will achieve this through an innovative combination of capacity building approaches including training workshops, mentoring, cross-visits, and organizational technical assistance. The proposed intervention will minimize one-time training and workshops and will develop longer term activities to strengthen CSOs and networks, ensuring sustained capacity building and joint learning. Organizational capacity will be strengthened to improve institutional functioning by (1) undertaking organizational assessments (human resources, policy development, project
management, finance and governance) of each of the participating CSOs; (2) developing

clear organizational/human development training and mentoring plans to address gaps emerging from the assessment; and (3) providing training in project management, basic book-keeping, narrative and financial reporting, monitoring and evaluation.

ACTIVITY 3: Management of sub-grants
The activity provides and manages sub-grants to 18 CSOs, to sustain operations through improved fundraising and coordination. The activity aims to increase access to resources for small CSOs that do not meet the criteria of government and/or international donors, but that provide valuable OVC services at the community level in a culturally appropriate manner. This activity will increase civil society organizational capacity to deliver quality OVC services, thereby addressing the priorities set forth in the USG Five-Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	5,000	☐
Number of providers/caregivers trained in caring for OVC	100	☐

Target Populations:
Orphans and vulnerable children

Coverage Areas

Free State

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Academy for Educational Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12512
Planned Funds:	$ 300,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This Orphans and Vulnerable Children (OVC) activity is linked to the entries for new umbrella grants management mechanisms under Prevention/AB (#9435), Basic Health Care & Support (#9436), ARV Drugs (#9439) and ARV Services (#9441).

SUMMARY:
Currently, USAID/South Africa (USAID) supports institutional capacity-building of indigenous organizations that implement PEPFAR programs, including OVC focused care programs, through an umbrella grants management partner. In FY 2007, USAID will competitively identify at least two new umbrella grants management partners. The main purposes of the new umbrella organizations are: (1) to facilitate further scale-up of OVC services in the short term and (2) to develop indigenous capability thereby creating a more sustainable program. The emphasis area is Local Organization Capacity Development. Primary target populations are indigenous organizations which refers to both Governmental and Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs), and Community-Based Organizations (CBOs). AED was selected through APS 674-07-001 to conduct umbrella grant management.

BACKGROUND:
Since 2004, USAID has obligated funds through an umbrella grant mechanism to over 30 partners and sub-partners in South Africa playing valuable roles in the fight against HIV and AIDS, including organizations that are providing comprehensive services to OVC. These partners and sub-partners consisted of indigenous NGOs, FBOs, and CBOs. These partners and sub-partners were selected through the Inter-Agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition.

The umbrella organizations will not themselves directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, which in turn carry out the assistance programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds is used for administrative purposes. In addition, in situations in which an umbrella organization provides significant technical assistance and management support to grant recipients, an umbrella may devote a reasonable percentage of overall funding to providing this support.

USAID closely collaborates and coordinates with the Government of South Africa in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various Departments of the Government of South Africa, the umbrella grant's primary interface with the Government is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments.

Orphans and vulnerable children: Under the existing umbrella grant mechanism, USAID is supporting 11 indigenous and international FBOs providing care and support services to 60,000 OVC in South Africa. Active in all provinces, these partners identify and train caregivers, establish community care centers, and provide psychosocial support.

Grants to OVC partners support a range of locally-driven best practices for orphan care using a variety of models of service delivery and working in collaboration with the South African Government's Department of Social Development. During their partnership with PEPFAR, OVC partners will increase their reach two to three-fold. This scale-up will require adequate financial, monitoring and evaluation, and management systems to accommodate growth and maximize sustainability.

ACTIVITIES AND EXPECTED RESULTS:
In FY 2007, USAID will recompete the existing umbrella grant and identify at least two new management partners. USAID will continue to support current orphans and vulnerable children partners through these new umbrella grants management partners. Funds budgeted under this narrative will support costs for administering and managing these OVC partners. Separate COP entries describe the OVC activities implemented by each partner. Institutional capacity building of indigenous organizations is a key feature of umbrella grant mechanism and is designed to promote sustainability of care programs and organizations.

ACTIVITY 1: Grants Management
The umbrella mechanisms will award and administer grants to partners selected through the PEPFAR APS competitive process to implement OVC activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will monitor OVC partners' program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting.

ACTIVITY 2: Capacity Building
The new umbrella mechanisms will support institutional capacity building of indigenous organizations. (Capacity building activities are defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on internationally-based technical assistance and support.) The umbrella partners will support activities to improve the financial management, program management, quality assurance, strategic information (M&E) and reporting, and leadership and coordination of partner organizations implementing OVC activities.

ACTIVITY 3: Monitoring and Evaluation (& Reporting)
The umbrella mechanisms will provide support to OVC partners on monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities, an eventual achievement of PEPFAR goals. M&E support of OVC partners includes: measurement of program progress; provision of feedback for accountability and quality; surveillance; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The umbrella grant mechanisms will contribute to the PEPFAR goals to provide treatment to 2 million HIV-infected people; prevent 7 million HIV infections; and provide care to 10 million people infected by HIV and AIDS, including orphans and vulnerable children.

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

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

Community-based organizations
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations

Coverage Areas

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: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 12513
Planned Funds: $ 550,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This Orphans and Vulnerable Children (OVC) activity is linked to the entries for new umbrella grants management mechanisms under Prevention/AB (#9435), Basic Health Care & Support (#9436), ARV Drugs (#9439) and ARV Services (#9441).

SUMMARY:
Currently, USAID/South Africa (USAID) supports institutional capacity-building of indigenous organizations that implement PEPFAR programs, including OVC focused care programs, through an umbrella grants management partner. In FY 2007, USAID will competitively identify at least two new umbrella grants management partners. The main purposes of the new umbrella organizations are: (1) to facilitate further scale-up of OVC services in the short term and (2) to develop indigenous capability thereby creating a more sustainable program. The emphasis area is Local Organization Capacity Development. Primary target populations are indigenous organizations which refers to both Governmental and Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs), and Community-Based Organizations (CBOs). FHI was selected through APS 674-07-001 to conduct umbrella grants management.

BACKGROUND:
Since 2004, USAID has obligated funds through an umbrella grant mechanism to over 30 partners and sub-partners in South Africa playing valuable roles in the fight against HIV and AIDS, including organizations that are providing comprehensive services to OVC. These partners and sub-partners consisted of indigenous NGOs, FBOs, and CBOs. These partners and sub-partners were selected through the Inter-Agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition.

The umbrella organizations will not themselves directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, which in turn carry out the assistance programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds is used for administrative purposes. In addition, in situations in which an umbrella organization provides significant technical assistance and management support to grant recipients, an umbrella may devote a reasonable percentage of overall funding to providing this support.

USAID closely collaborates and coordinates with the Government of South Africa in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various Departments of the Government of South Africa, the umbrella grant's primary interface with the Government is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments.

Orphans and vulnerable children: Under the existing umbrella grant mechanism, USAID is supporting 11 indigenous and international FBOs providing care and support services to 60,000 OVC in South Africa. Active in all provinces, these partners identify and train caregivers, establish community care centers, and provide psychosocial support.

Grants to OVC partners support a range of locally-driven best practices for orphan care using a variety of models of service delivery and working in collaboration with the South African Government's Department of Social Development. During their partnership with PEPFAR, OVC partners will increase their reach two to three-fold. This scale-up will require adequate financial, monitoring and evaluation, and management systems to accommodate growth and maximize sustainability.

ACTIVITIES AND EXPECTED RESULTS:
In FY 2007, USAID will recompete the existing umbrella grant and identify at least two new management partners. USAID will continue to support current orphans and vulnerable children partners through these new umbrella grants management partners. Funds budgeted under this narrative will support costs for administering and managing these OVC partners. Separate COP entries describe the OVC activities implemented by each partner. Institutional capacity building of indigenous organizations is a key feature of umbrella grant mechanism and is designed to promote sustainability of care programs and organizations.

ACTIVITY 1: Grants Management
The umbrella mechanisms will award and administer grants to partners selected through the PEPFAR APS competitive process to implement OVC activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will monitor OVC partners' program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting.

ACTIVITY 2: Capacity Building
The new umbrella mechanisms will support institutional capacity building of indigenous organizations. (Capacity building activities are defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on internationally-based technical assistance and support.) The umbrella partners will support activities to improve the financial management, program management, quality assurance, strategic information (M&E) and reporting, and leadership and coordination of partner organizations implementing OVC activities.

ACTIVITY 3: Monitoring and Evaluation (& Reporting)
The umbrella mechanisms will provide support to OVC partners on monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities, an eventual achievement of PEPFAR goals. M&E support of OVC partners includes: measurement of program progress; provision of feedback for accountability and quality; surveillance; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The umbrella grant mechanisms will contribute to the PEPFAR goals to provide treatment to 2 million HIV-infected people; prevent 7 million HIV infections; and provide care to 10 million people infected by HIV and AIDS, including orphans and vulnerable children.

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

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

Community-based organizations
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations

Coverage Areas

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:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12514
Planned Funds:	$ 1,150,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This Orphans and Vulnerable Children (OVC) activity is linked to the entries for new umbrella grants management mechanisms under Prevention/AB (#9435), Basic Health Care & Support (#9436), ARV Drugs (#9439) and ARV Services (#9441).

SUMMARY:
Currently, USAID/South Africa (USAID) supports institutional capacity-building of indigenous organizations that implement PEPFAR programs, including OVC focused care programs, through an umbrella grants management partner. In FY 2007, USAID will competitively identify at least two new umbrella grants management partners. The main purposes of the new umbrella organizations are: (1) to facilitate further scale-up of OVC services in the short term and (2) to develop indigenous capability thereby creating a more sustainable program. The emphasis area is Local Organization Capacity Development. Primary target populations are indigenous organizations which refers to both Governmental and Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs), and Community-Based Organizations (CBOs). PACT was selected through APS 674-07-001 to conduct umbrella grants management.

BACKGROUND:
Since 2004, USAID has obligated funds through an umbrella grant mechanism to over 30 partners and sub-partners in South Africa playing valuable roles in the fight against HIV and AIDS, including organizations that are providing comprehensive services to OVC. These partners and sub-partners consisted of indigenous NGOs, FBOs, and CBOs. These partners and sub-partners were selected through the Inter-Agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition.

The umbrella organizations will not themselves directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, which in turn carry out the assistance programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds is used for administrative purposes. In addition, in situations in which an umbrella organization provides significant technical assistance and management support to grant recipients, an umbrella may devote a reasonable percentage of overall funding to providing this support.

USAID closely collaborates and coordinates with the Government of South Africa in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various Departments of the Government of South Africa, the umbrella grant's primary interface with the Government is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments.

Orphans and vulnerable children: Under the existing umbrella grant mechanism, USAID is supporting 11 indigenous and international FBOs providing care and support services to 60,000 OVC in South Africa. Active in all provinces, these partners identify and train caregivers, establish community care centers, and provide psychosocial support.

Grants to OVC partners support a range of locally-driven best practices for orphan care using a variety of models of service delivery and working in collaboration with the South African Government's Department of Social Development. During their partnership with PEPFAR, OVC partners will increase their reach two to three-fold. This scale-up will require adequate financial, monitoring and evaluation, and management systems to accommodate growth and maximize sustainability.

ACTIVITIES AND EXPECTED RESULTS:
In FY 2007, USAID will recompete the existing umbrella grant and identify at least two new management partners. USAID will continue to support current orphans and vulnerable children partners through these new umbrella grants management partners. Funds budgeted under this narrative will support costs for administering and managing these OVC partners. Separate COP entries describe the OVC activities implemented by each partner. Institutional capacity building of indigenous organizations is a key feature of umbrella grant mechanism and is designed to promote sustainability of care programs and organizations.

ACTIVITY 1: Grants Management
The umbrella mechanisms will award and administer grants to partners selected through the PEPFAR APS competitive process to implement OVC activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will monitor OVC partners' program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting.

ACTIVITY 2: Capacity Building
The new umbrella mechanisms will support institutional capacity building of indigenous organizations. (Capacity building activities are defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on internationally-based technical assistance and support.) The umbrella partners will support activities to improve the financial management, program management, quality assurance, strategic information (M&E) and reporting, and leadership and coordination of partner organizations implementing OVC activities.

ACTIVITY 3: Monitoring and Evaluation (& Reporting)
The umbrella mechanisms will provide support to OVC partners on monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities, an eventual achievement of PEPFAR goals. M&E support of OVC partners includes: measurement of program progress; provision of feedback for accountability and quality; surveillance; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The umbrella grant mechanisms will contribute to the PEPFAR goals to provide treatment to 2 million HIV-infected people; prevent 7 million HIV infections; and provide care to 10 million people infected by HIV and AIDS, including orphans and vulnerable children.

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

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

Community-based organizations
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations

Coverage Areas

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:	Heartbeat
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	16047
Planned Funds:	$ 750,000.00
Activity Narrative:	In FY 2007 Heartbeat (HB) will use PEPFAR South Africa funds to broadly target OVC in the community through a holistic approach. Heartbeat aims to alleviate the suffering of OVC by facilitating change in communities through volunteerism, advocacy, community support, emergency relief and children's empowerment. Their model is based on 4 principles: children's rights, community-based care, holistic service delivery, and partnerships. Major emphasis areas for the program are local organization capacity development, community mobilization and training. ACTIVITIES AND EXPECTED RESULTS: For the Heartbeat Specific Activities and expected results please refer to the Starfish FY07 COP entry (Activity #7590), to which Heartbeat is closely aligned. It is anticipated that Heartbeat will develop a full FY08 COP entry by Aug 8, 2007; their FY08 COP entry will provide the detail lacking in this abbreviated reprogramming version.

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Hands at Work in Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 16048
Planned Funds: $ 750,000.00
Activity Narrative: In FY 2007 Hands At Work will use PEPFAR funds to equip volunteers and communities to support themselves through the provision of quality care for OVC and terminally and chronically ill patients; provides care to OVC; and provides school dropouts and OVC that have completed high school the opportunity to learn vocational skills. Hands At Work provides increased access to educational support and social services through community-based programs and specifically targets OVC, their families and caregivers, SA-based volunteers and community-based organizations. Major emphasis areas for the program are local organization capacity development, community mobilization and training.

ACTIVITIES AND EXPECTED RESULTS:

For the Hands At Work Specific Activities and expected results please refer to the Starfish FY07 COP entry (Activity #7590), to which Hands at Work is closely aligned. It is anticipated that Hands At Work will develop a full FY08 COP entry by Aug 8, 2007; their FY08 COP entry will provide the detail lacking in this abbreviated reprogramming version.

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: South African Democratic Teachers Union
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 19235
Planned Funds: $ 200,000.00
Activity Narrative: SUMMARY:

South African Democratic Teachers Union (SADTU) workplace program aims to provide support to 50 eligible orphans and vulnerable children per school, in two schools per region of the 18 SADTU regions in the three provinces; KwaZulu Natal (KZN), Eastern Cape (EC) and Mpumalanga (MP).

BACKGROUND:

The HIV and AIDS pandemic has created workplace environments that are not conductive to quality teaching and learning for both educators and learners alike. In many schools teachers find themselves looking after OVC out of their own personal resources. The SADTU project aims to reduce the impact of HIV and AIDS by focusing on preventing transmission of HIV for teachers and caring for orphans and vulnerable children (OVC) in the workplace. Target population for this activity are orphans and vulnerable children identified by teachers in each of the targeted schools, and caregivers of OVCs. In this project, the school is the workplace. The emphasis area for this workplace intervention is the development of networks, linkages and referrals, community mobilization, information, education and communication and local organization capacity building. Addressing stigma and discrimination is a vital component of all activities for OVCs in this project.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Establish school-based care and support for OVCs

In collaboration wit the Department of Social Development (DSD) and the Department of Education, SADTU will work with schools to identify OVC, see that they are registered (births and/or identity documents) and establish school-based care and support centers to support these children. School-based interventions will be established in two schools in each of the six regions with FY 2007 funds. SADTU will ensure that OVC are registered with the Department of Social Development. (DSD). SADTU will work with each school to identify and prioritize the needs of OVC. This could include, but is not limited to, supplying them with school uniforms, community gardens, and ensuring OVC have access to social services through the DSD. They will also build upon existing life skills programs to ensure that HIV prevention messages are integrated into the OVC program.

These activities contribute to the PEPFAR 2-7-10 goals and objectives by ensuring that OVCs are identified within schools and services are provided to them.

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	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caregivers trained in caring for OVC		☑
Number of OVC served by OVC programs	1,800	☐
Number of providers/caregivers trained in caring for OVC	18	☐

Target Populations:

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Education

Coverage Areas

Eastern Cape

KwaZulu-Natal

Mpumalanga

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: $ 31,062,383.00

Program Area Context:

Since 2000 the National Department of Health (NDOH) has supported widespread implementation of a national program for voluntary counseling and testing (VCT). National policies established include: guidelines and legislating intervention strategies; procurement of supplies and commodities; procedures, including the serial algorithm for rapid testing; and regulation of laboratory quality assurance. Each of the nine provinces ensures that national guidelines are followed by conducting regular trainings at designated district sites. PEPFAR partners are located at sites where the government has requested support and as a result, are in areas of need.

The FY 2007 counseling and testing (CT) target was estimated by reviewing the antiretroviral treatment (ART) targets for each year over a five-year period in order to reach 500,000 persons on ART by September 2009. Over the past 3 years, approximately 19 people were tested for HIV per every one person placed on ART. Currently an estimated 150,000 persons are on treatment (direct and indirect) and therefore over the next three years PEPFAR will have to support approximately 117,000 additional new persons on treatment annually (taking into account a 20% attrition rate). Therefore, the September 2008 and 2009 CT target is estimated to be 2,036,000 for each year.

About 80% of public health facilities offer VCT nationwide through 4,000 public VCT service points. NDOH currently uses the standard VCT model to ensure that testing is both voluntary and confidential; however, several models will be implemented in 2007. PEPFAR continues to support the NDOH in the development of up-to-date holistic CT policy in order to increase the demand for, and the availability of CT and post-test referral sites. There are 44 PEPFAR funded USG partners that identify CT as a primary activity, and all treatment partners are funded for CT.

Barriers to increasing uptake of VCT include space limitations, cost and physical distance from VCT sites, inaccessible transportation systems (including high transportation costs), stigma and discrimination, scarcity of human resources, lack of national policy on testing by non-medical personnel, lack of policy to support provider initiated routine CT in multiple medical settings (TB, STI and family planning clinics), limited hours of service, long counseling sessions that require the client to opt-in after the session, lack of quality customer service, inadequate supply chain management leading to insufficient quantities of test kits, and lack of policy and implementation of guidelines for oral rapid testing. Improvement is needed in ensuring that mothers who test positive in PMTCT programs are followed sufficiently postpartum to have infants tested, and encouraging them to bring other family members in for testing. To compound this issue, there is a lack of sufficient child and youth-friendly services and services targeting couples to encourage safe disclosure and to promote decreased risk through partner reduction.

Key policy barriers that lead to wavering demand for CT will also be addressed through partner activities in FY 2007. All partners adhere to NDOH guidelines which are scheduled for revision in 2007. To be consistent with UNAIDS and Technical Working Group recommendations, USG partners in South Africa will encourage NDOH support for multiple types of HIV testing including diagnostic testing whenever indicated, confidential routine offer with opt-out rapid testing in multiple clinical settings, and community-based family-centered VCT. PEPFAR partners will be evaluated on their CT training, and will expand on current practice to include lay counselors who can learn to do finger prick and oral rapid testing techniques. In FY 2007, partners will carry out community level activities that address gaps in CT services for discordant couples and special populations such as clients of traditional healers, family members of persons who test positive, prison inmates, the military, adolescents and small children. Partners will ensure that there are systems for quality measurement among CT sites. USG partners will continue to provide public health messages on awareness, the need to determine one's status and promoting behavior change through health promotion messages and correct use of condoms.

PEPFAR-supported projects in South Africa will increase the demand for CT by testing clients in multiple

settings. In 2006, an evidence-based model of provider-initiated routine testing with counseling and referral was piloted in at least one site per province. After the pilot phase, additional sites will be added to alleviate waiting times and to increase the number of people who know their status. Many USG partners have implemented models of CT which will be scaled up in 2007. Examples include mobile vans supporting free-standing sites; public-private partnerships which provide workplace initiatives; couple counseling; family-centered and home-based CT; youth facility-based CT; and risk reduction or prevention for positives (secondary prevention).

As HIV care and treatment activities expand, partners are required to work within a functioning comprehensive referral system that includes NDOH public health facilities, FBOs, CBOs and the private sector. USG partners integrate secondary prevention strategies in care and treatment sites; provide simplified prevention messages and access to condoms; offer post-test counseling with support to encourage disclosure to partners and families; identify and counsel on reduction of substance use; help HIV-infected individuals and discordant couples to develop prevention plans; counsel on adherence to ART when indicated; integrate gender-based violence counseling, screening and referral; and provide linkages to basic palliative care, reproductive health, STI screening, and PMTCT for the unborn and breastfeeding child. PEPFAR-supported CT activities provide linkages for special populations such as clients of traditional healers, couples, children and prisoners. Partners will also ensure that persons with TB are tested for HIV and those who are HIV-infected are screened for TB.

Other PEPFAR CT activities, in collaboration with NDOH, include: expanding laboratory accreditation and quality assurance programs for CT sites; supporting provincial health departments through regular CT meetings and an annual CT Technical Meeting; developing and updating CT training materials; and providing targeted training for all providers. PEPFAR partners working in public facilities will only purchase emergency back-up supplies to prevent stock-out.

During FY 2007, the USG will conduct a review of all partners providing CT in order to identify the geographic gaps in service, evaluate the varied cost of CT, evaluate partner referral linkages for completion, and determine and share best practices that increase the number of people tested and ensure quality performance.

There are several other donors focusing their efforts on CT in South Africa. The German KFW Banken Grupe through the Development Bank of South Africa supports infrastructure upgrading of public VCT facilities. Other international donors such as DFID/United Kingdom, Deutsche Gesellschaft fur Technische Zusammenarbeit, UNESCO and the Canadian International Development Agency provide support to local NGOs.

Program Area Target:

Number of service outlets providing counseling and testing according to national and international standards	2,262
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	777,763
Number of individuals trained in counseling and testing according to national and international standards	16,469

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Africare
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7279
Planned Funds:	$ 350,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Africare's support to voluntary counseling and testing (VCT) services are linked to prevention through helping those who test negative to remain HIV-negative, and through helping those who test HIV-positive to receive care that will reduce their viral load and to prevent transmission to others. VCT also serve as entry points to Basic Health Care and Support (#7278) and to ARV Services (#7277). Africare's CT activities are also linked to activities described in AB (#7280), Condoms and Other Prevention (#7920), TB/HIV (# 7281) and support for OVC (#7282).

SUMMARY:

Africare's VCT activities will include linking testing to community events, increasing the participation of people living with HIV (PLHIV) in the counseling process, and supporting clinics to integrate VCT into all services and ensure quality of counseling and testing. Major emphasis will be on community mobilization and participation. Additional emphasis will be placed on strengthening quality and short-term human resource support and training. The aim is to increase testing in communities among adults and secondary school students.

BACKGROUND:

VCT in the Lukhanji Local Service Area (Eastern Cape) has been supported by Africare in terms of encouragement of testing in community events and volunteer pre-test counseling. A perception of limited time has been expressed as interfering with integrating counseling and testing throughout clinic services, particularly in Sada Community Health Centre. Accredited training for counseling and testing has been very limited in the district, hampering preparation of volunteers to support the nurses.

ACTIVITIES AND EXPECTED RESULTS:

Four activities will focus on ensuring greater participation of PLHIV; increasing community mobilization; and strengthening existing counseling and testing services.

ACTIVITY 1: Develop PLHIV for Counseling Support

PLHIV will be trained as both support group co-facilitators and VCT counselors. On a voluntary basis, they will be able to support both clinic and community-based testing activities, adding particular value to post-test counseling and referral to support groups and services.

ACTIVITY 2: Mobile VCT Services

Mobile VCT services will be initiated to ensure that VCT services are provided to the whole community, in particular the villages not in the immediate vicinity of the local clinic. Mobile services will be designed with the Eastern Cape Department of Health (ECDOH) clinic teams to augment their reach. Where practical, clinic nurses will join the mobile team to perform the test. Where required, a nurse recruited by the project to support VCT will provide testing. Service Corps Volunteers (SCV) from the clinics and community caregivers who are trained can support pre- and post-test counseling and logistics. In order to address community concerns about being tested by someone they know, SCVs can exchange sites and the Africare nurse will test. Mobile testing will take place monthly, rotating sites. A compensation plan for volunteer community caregivers supporting testing will be developed with the Lukhanji health team. To ensure maximum uptake, the mobile VCT team will work with the project's peer educators and drama group to provide entertainment in the form of "street theater" (skits, songs, poems, monologues and dances) that include, but are not limited to, HIV and AIDS themes. These preparatory sessions will help to reduce fear and tension while addressing myths, misconceptions and promoting behavior change.

ACTIVITY 3: VCT Training

Training on VCT will include both initial and refresher training. Refresher training will be conducted at least once three months for nurses and volunteers already trained in

counseling and testing. Project support will include hiring an accredited nurse trainer, training workshops, and supporting training sessions with onsite follow-up. Training of SCVs and community caregivers from among the 18 clinics in the Whittlesea community will strengthen the clinic's ability to provide more facility-based testing and to conduct outreach. Community-based organizations providing home-based care will also benefit from the training of their caregivers, as needed.

ACTIVITY 4: Optimize Clinic Flow for Integrated VCT

Africare will review clinic flow, clinic efficiency and integration of services at three selected sites to increase the amount of time allocated to VCT services. Findings from the review will be analyzed in a workshop with the clinic teams to identify options for increasing access to VCT by family planning clients, TB clients and general clinic attendees. Support will be provided to teams piloting their changes.

By focusing on promoting counseling and testing through community structures, Africare contributes to the PEPFAR goals of 10 million people in prevention and 7 million infections averted.

Continued Associated Activity Information

Activity ID:	2910
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Africare
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 262,500.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of service outlets providing counseling and testing according to national and international standards	33	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	5,680	☐
Number of individuals trained in counseling and testing according to national and international standards	40	☐

Target Populations:

Adults
Nurses
Volunteers
Other Health Care Worker

Coverage Areas

Eastern Cape

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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7285
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY06 COP, is funded with FY06 PEPFAR funds, and is included here to provide complete information for reviewers. No FY07 funding is requested for this activity.

The five–year cooperative agreement with the American Center for International Labor Solidarity is ending on March 31, 2007.

A new competitive program announcement will be released to identify a new partner (or partners) to implement similar activities in FY 2007.

The proposed activities are described in this COP as PPP TBD

Continued Associated Activity Information

Activity ID: 3003
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: American Center for International Labor Solidarity
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 2,100,000.00

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
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		☑
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

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:	Aurum Health Research
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7299
Planned Funds:	$ 2,200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Aurum counseling and testing program is part of a comprehensive HIV care and treatment program that includes Basic Health Care and Support (#7300), TB/HIV (#7298) and provision of ARV Drugs (#7297) and ARV Services (#7296).

SUMMARY:

The Aurum program provides HIV counseling and testing (CT) for patients in private general practitioner (GP) practices and non-governmental sites. Where Aurum provides support in the public sector, the voluntary counseling and testing (VCT) human resources and commodities are provided by the South African government. Emphasis areas include human resources, commodity procurement and quality assurance. The primary target populations are people living with HIV (PLHIV), HIV-infected children, prisoners, homeless people and street youth.

BACKGROUND:

Aurum Institute for Health Research (Aurum) is a not-for-profit, public benefit organization that is committed to improving the health of disadvantaged individuals and communities through transformational research (the research programs are not PEPFAR-funded), management of TB and HIV programs and provision of HIV testing, treatment and care.

The main focus of the Aurum program in the public, private and non-governmental sector is to provide HIV care and treatment to a large number of persons in a cost-effective standardized manner ensuring a high quality of counseling, patient care and patient monitoring. The model is centrally coordinated and designed to be implemented on a large scale in peripheral sites that are resource-constrained and lacking basic resources such as HIV specialists, information technology (IT) infrastructure, and laboratory and pharmacy capacity. Aurum has established a centralized system of support which includes the following: (1) training of all levels of healthcare workers to ensure capacity building of clinicians to manage patients in resource limited settings with remote HIV specialist support; (2) provision and maintenance of guidelines for HIV preventive therapy (including INH and cotrimoxazole), treatment of adults and children, prevention of mother-to-child transmission and VCT(3) clinical and administrative support through site visits by staff involved in psychological support, training, clinical support and monitoring data management systems; and (4) centralized distribution of medication and laboratory testing.

This program will supplement the South African government's ARV rollout and therefore the program adheres to national guidelines and protocols.

This is an ongoing program funded by PEPFAR since October 2004. It is a facility-based program in which Aurum works with general practitioners, a faith-based organization (FBO) and within the public sector.

ACTIVITIES AND EXPECTED RESULTS:

Aurum will carry out eight activities in this Program Area.

ACTIVITY 1: Establishing Capacity for VCT

This activity will take place in two primary health clinics and two prison clinics. This activity will include the provision of and training of staff in these clinics as well as provision of running expenses for these clinics. The coverage area includes most provinces of South Africa, excluding Western Cape.

ACTIVITY 2: Counseling and Testing

Counseling and testing is conducted at selected GP sites, primary health centers and mobile clinics. Generally the counseling and testing includes pre- and post -test counseling and rapid finger prick testing with a screening and a confirmatory test. Provision has been made for the mobile clinics under infrastructure.

ACTIVITY 3: Quality Control of HIV Testing

Quality control specimens are supplied on a monthly or twice monthly basis to the VCT sites, depending on the size of the sites.

ACTIVITY 4: Training on Voluntary Counseling and Testing

A five-day course is provided to all new personnel involved in VCT. In addition, an annual meeting is held and new findings, discussions on counseling, running of support groups are covered. Training includes a focus on stigma and discrimination.

ACTIVITY 5: Data Management

All encounters are recorded on a standardized form and then captured onto a centralized database which is used for reporting.

ACTIVITY 6: Supply and Distribution of Testing Kits

Kits are ordered using a form that is faxed to, and authorized at, Aurum. The supplier then delivers the kits to the sites.

ACTIVITY 7: Marketing and Promotion

Educational pamphlets and campaigns are provided. Various methods are being used to market and encourage counseling and testing. Some sites (MES and Aurum Klerksdorp) run VCT campaigns over short periods of time. Other sites run activities on commemorative days such as Valentine's Day and World AIDS Day. Marketing material is developed locally by the site according to their needs.

Aurum will contribute to the PEPFAR 2-7-10 goals by promoting and providing counseling and testing services to allow for entry into HIV care and treatment programs.

ACTIVITY 8: SME Project
Counselling and testing will be provided to employees of targeted companies. Stand-alone testing sites and a mobile vehicle will be utilized to ensure access. Funding will be used to purchase test kits, hire nurses and counselors, purchase and maintain a mobile vehicle, purchase and maintain checkpoint sites and develop a smart card system.

Aurum will contribute to the PEPFAR 2-7-10 goals by promoting and providing counseling and testing services to allow for entry into HIV care and treatment programs.

Continued Associated Activity Information

Activity ID: 2915
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Aurum Health Research
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 400,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	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 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		☑
Number of service outlets providing counseling and testing according to national and international standards	126	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	20,337	☐
Number of individuals trained in counseling and testing according to national and international standards	150	☐

Target Populations:

Adults
Faith-based organizations
Prisoners
Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Eastern Cape

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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7306
Planned Funds: $ 150,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Columbia University's Track 2 activity is part of a comprehensive program that receives both Track 1 and Track 2 (South Africa) funding. Columbia University's Track 1-funded submission includes ARV Services (#7964). Track 2 activities include Basic Health Care and Support (#7304), TB/HIV (#7305), ARV Drugs (#7303) and ARV Services (#7302).

SUMMARY:

Columbia University (Columbia) and its identified partners in the Eastern Cape have been supporting the care and treatment of patients dually infected by HIV and tuberculosis (TB) since FY 2006. This activity focuses on HIV counseling and testing (CT) for tuberculosis (TB) patients and will be an ongoing activity for Columbia in FY 2007. The major emphasis area for this program will be human resources, with minor emphasis on development of network/linkages/referral systems, linkages with other sectors, quality assurance and supportive supervision, strategic information and training. The target population will include people infected and affected by TB/HIV including infants, children and youth (non-OVC), men and women (including pregnant women and family planning clients).

BACKGROUND:

Columbia will use FY 2007 funds to continue strengthening the Eastern Cape Department of Health's capacity to provide routine HIV counseling and testing (RCT) services to tuberculosis patients. In the latter part of FY 2006, Columbia began RCT activities in three TB hospitals: Empilweni, Nkqubela and Fort Grey. In FY 2007, PEPFAR funds will be used to screen TB inpatients for HIV, to develop and implement TB/HIV patient prevention education and to ensure that TB/HIV co-infected patients are referred for appropriate HIV care and treatment services. Referral mechanisms with adjacent health facilities (including hospitals and primary health clinics) have already been identified and established. Ongoing program emphasis area will be on the development of network/linkage/referral systems that will eventually result in retention into HIV treatment services for the TB/HIV co-infected after completing of TB treatment and improved adherence to TB and HIV therapies.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007 Columbia University will continue to implement four activities in three TB hospitals - Fort Grey, Nkqubela and Empilweni.
ACTIVITY 1: Support Routine HIV Counseling and Testing for TB patients)

Columbia will provide assistance through hiring and training of additional clinical staff (nurses and peer educators) to increase the uptake of HIV testing among TB patients. Registered nurses at each hospital will be responsible for performing the HIV tests and post-test counseling, and trained peer educators will provide pre-test counseling.

ACTIVITY 2: Provide Patient HIV Prevention Education

This activity will consist of collaboration with the Eastern Cape Department of Health, community-based organizations and other local non-governmental organizations to provide information and education on TB/HIV. In addition, trained peer educators will be actively involved in one-to-one patient education.

ACTIVITY 3: Referrals for TB Patients

Practitioners will continue to take advantage of and support the existing referral systems for TB patients into HIV care and treatment activities, and where feasible, develop and promote more efficient referral linkages.

ACTIVITY 4: Monitoring and Evaluation

Data collection and reporting will be strengthened by training and hiring data staff, as needed, to collect accurate counseling and testing patient information and to provide monitoring and evaluation technical support for data interpretation and dissemination that

will result in program improvement.

By providing HIV counseling and testing to patients on TB treatment, Columbia's activities will contribute to the realization of the PEPFAR goal of providing care to 10 million people. These activities will also support efforts to meet HIV and AIDS care and support objectives outlined in the USG Five-Year Plan for South Africa.

Continued Associated Activity Information

Activity ID:	3321
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Columbia University Mailman School of Public Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement 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 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		☑
Number of service outlets providing counseling and testing according to national and international standards	3	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	2,750	☐
Number of individuals trained in counseling and testing according to national and international standards	150	☐

Target Populations:

Adults
Family planning clients
Infants
People living with HIV/AIDS
Pregnant women
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7366
Planned Funds:	$ 1,275,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of five activities in support of the National Department of Health (NDOH). Additional activities include PMTCT (#7369), Strategic Information (#7960), ABl (#7966) and ARV Services (#7368). Taken as a whole, these activities provide overall HIV and AIDS programmatic support to the NDOH and supplement their ongoing program. Counseling and Testing (CT) specific activities are represented in the NDOH operational plan, and contribute to the overall implementation of the national CT program.

SUMMARY:

The aim of this project is to provide technical assistance to the NDOH and provincial health departments to ensure expansion and strengthening of CT services in all nine provinces. Target populations for these activities include host country government, healthcare workers and community healthcare workers. PEPFAR funds will be used to employ two full time CT technical advisors to be placed at NDOH to assist with the coordination of CT activities, enhance capacity of NDOH CT staff by providing support for the NDOH annual CT technical meeting, and to support the piloting of routine testing in five public facilities sites per province. At the request of NDOH, CDC will also use PEPFAR funds to support the African Medical and Research Foundation (AMREF) to address the need to strengthen voluntary counseling and testing (VCT) services in partnership with the Eastern Cape Department of Health. CDC also will also increase the number of youth who will know their status for HIV and AIDS through CT in youth-friendly settings.

BACKGROUND:

The goal of the National CT program is to ensure the universal access to HIV counseling and testing. The purpose of this project is to provide technical assistance to NDOH by funding two CT technical advisors to work within the NDOH on all aspects of the program. Responsibilities of the technical advisors include focusing particularly on development of national guidelines on routine testing and the training of healthcare providers. The technical advisors will also monitor the piloting of routine testing in all provinces. They will also assist in the development and implementation of quality assurance guidelines around HIV testing.

CDC will work with youth-friendly clinics and AMREF in increasing access to counseling and testing.

The goal for this new project will be to increase the number of youth who know their status for HIV and AIDS through CT in youth-friendly settings. South African CT Activity Managers will assist with the assessment of where the new sites will be and with introduction to provincial health departments when needed.

The project will also support capacity building of healthcare workers and community healthcare workers, development and implementation of provincial CT specific operational plans, strengthening of national and provincial reporting systems, coordination of the national CT steering committee meeting, development of a monitoring and evaluation system for early infant diagnosis and strengthening service delivery through the implementation of systems strengthening activities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Technical Assistance to NDOH

Technical assistance to NDOH will be conducted by two technical advisors. Although both will engage with NDOH regularly, one of the advisors, who will be a locally employed staff person, will work at the National program. Specific technical assistance to the national CT program will be around capacity building for all cadres of healthcare workers, monitoring and evaluation, the development of protocols and guidelines, and the piloting of routine testing in all nine provinces.

The responsibility of the technical advisors will include support for the provision of quality HIV testing which will require: the development and implementation of quality assurance

guidelines on HIV testing; standardization of national quality assurance guidelines; and supervision of quality training for all CT coordinators, laboratory technicians and nurses who conduct HIV testing.

Support will also be provided for the accreditation of non-medical voluntary counseling and testing (VCT) facilities according to the NDOH requirements as well as the revision of all current training materials relating to CT.

In addition, PEPFAR funds will support skills enhancement of current NDOH and provincial staff by providing support for the national CT technical meeting and attendance of NDOH CT staff at the International HIV and AIDS meeting.

ACTIVITY 2: AMREF Support

The African Medical and Research Foundation aims to address the need to strengthen VCT services in the Eastern Cape in partnership with the provincial Department of Health. The project is comprised of a series of coordinated interventions which aim to achieve two main outcomes: (1) to assess and build the capacity of the selected VCT sites in the Eastern Cape (Amatole, Chris Hani and Ukhahlamba districts), and (2) to strengthen the integration and coordination of HIV and TB services in selected facilities in the same areas. The target population includes health professionals working in VCT and TB services, lay counselors, directly observed treatment short course (DOTS) supporters, traditional leaders and local communities. AMREF will emphasize the strengthening of VCT services and coordination of VCT and TB services to enable increased access to and quality of VCT services.

ACTIVITY 3: Increasing the Number of Youth Who Know Their HIV Status

The goal for this project will be to increase the number of youth who will know their status for HIV and AIDS through CT in youth-friendly settings. The ACTS-like (Assess, Counsel, Test, Support) model will be used with a focus on youth in underserved areas of South Africa. Underserved may relate to the lack of youth-friendly CT sites, or areas with high prevalence among a large youth population that are not seeking to know their status. South Africa CT Activity Managers will assist with the assessment of where the new sites will be and with introduction to provincial health departments when needed.

The first phase of implementation will include consultation with CDC South Africa to assess suitable locations and determine the feasibility and readiness for new sites. The next phase would include an update or revision of the curriculum/training materials and training of appropriate local staff. The third phase includes CT with youth. Data collection will include standard PEPFAR indicators in addition to using the brief questionnaire used in the Khayelitsha pilot that provided information on the changes in behavior by youth post CT.

For this activity, consulting time will be required from a project manager, a part-time health educator and a part-time psychologist who will assess potential sites, prepare materials, train and mentor counselors.

This program will contribute to 2-7-10 goals by ensuring the implementation of quality CT services and increasing access to CT services.

These targets will be moved to the new partner. The remaining funds are largely paying for staff salaries. Only indirect targets apply.

Continued Associated Activity Information

Activity ID:	3046
USG Agency:	
Prime Partner:	National Department of Health, South Africa
Mechanism:	CDC Support
Funding Source:	GHAI
Planned Funds:	$ 1,500,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	0	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	☐
Number of individuals trained in counseling and testing according to national and international standards	0	☐

Indirect Targets

The September 2008 CT target was estimated by reviewing the ART targets for each year over a five year period in order to reach 500,000 persons on ART by September 2009. Over the past 3 years, approximately 19 people were tested for HIV per every one person placed on ART. Currently an estimated 150,000 persons are on treatment (direct and indirect) and therefore over the next three years PEPFAR will have to support approximately 117,000 additional new persons on treatment annually (taking into account a 20% attrition rate). Therefore, the 2008 and 2009 CT target is estimated to be 2,036,000 for each year.

Target Populations:

Adults
Doctors
Nurses
Girls
Boys
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker

Coverage Areas

Eastern Cape

Western Cape

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7376
Planned Funds:	$ 650,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is part of a comprehensive range of services provided by the Department of Correctional Services. Programs are described in Condoms and Other Prevention (#7373), Basic Health Care and Support (#7374), ARV Services (#7378), TB/HIV (#7379) and Strategic Information (#7375).

SUMMARY:

PEPFAR funds will be used by the Department of Correctional Services (DCS) to establish HIV counseling and testing (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 mobilizing the incarcerated community and encouraging their participation; information, education and communication; logistics; and strategic information. Target populations will include prisoners and DCS staff (men and women of reproductive age, including people living with HIV (PLHIV)), and most at-risk populations (e.g., men who have sex with men, injecting drug users). To increase capacity, DCS will train nurses, social workers, psychologists and spiritual care workers in counseling and testing.

BACKGROUND:

This is an ongoing activity intended to initiate the establishment of voluntary counseling and testing (VCT) in Correctional Centers. According to the National Department of Health protocols, only nurses can be trained to give the rapid test. Social workers, psychologists, spiritual care workers and nurses, will be trained in pre- and post-test counseling. Other professionals will play a role in the delivery of pre-, post-, and ongoing counseling, which nursing personnel will be unable to do because of time constraints.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Counseling and Testing DCS Staff

Voluntary counseling and testing services will be made accessible to all DCS staff at the correctional facilities. Employee Assistance Practitioners (EAPs) will run campaigns in correctional facilities focusing on staff members and encouraging them to get tested for HIV. In facilities where the prison clinic is not suitable to offer the testing service, the EAP will collaborate with local NGOs to provide the VCT services. Couple counseling will also be strongly encouraged and the service will be made available to all DCS staff.

ACTIVITY 2: VCT services for Offenders

With FY 2006 funds, nurses, social workers and psychologists working in prisons were trained in VCT. Each correctional facility will have VCT services that are confidential. Peer educators will be used to encourage offenders to use VCT, as well as conduct other health campaigns in prisons.

ACTIVITY 3: Routine Offer of CT

DCS will pilot routine testing of HIV in six centers of excellence. Nurses in these facilities will be trained on how to routinely offer HIV testing, focusing on inmates who are infected with TB and sexually transmitted infections.

ACTIVITY 4: Training on Routine Testing

Twenty nurses will be trained on routine counseling and testing and also provided with guidelines on routine testing.

These activities will contribute to both 7 million infections averted and 10 million people in care by promoting and providing testing and counseling as an entry point for prevention, care, support and management of HIV and AIDS.

Continued Associated Activity Information

Activity ID: 3032
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Department of Correctional Services, South Africa
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 600,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	150	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	10,000	☐
Number of individuals trained in counseling and testing according to national and international standards	300	☐

Target Populations:

Adults
Nurses
Prisoners
Other Health Care Worker

Key Legislative Issues

Addressing male norms and behaviors

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:	Traditional Healers Project
Prime Partner:	University of KwaZulu-Natal, Nelson Mandela School of Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7425
Planned Funds:	$ 250,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Nelson Mandela School of Medicine carries out integrated activities described in AB (#7422), Basic Health Care and Support (#7424), Condoms and Other Prevention (#7423) and support to OVC (#7426).

SUMMARY:

The Nelson Mandela School of Medicine (NMSM) is using PEPFAR funds to support the implementation and refinement of common clinical guidelines for HIV and AIDS management by traditional healers, including: (1) the standardization of HIV clinical staging for traditional healers; (2) collaborative introduction of patient record keeping, monthly data sheets and data transfer to the Medical School; and (3) provision of basic medical supplies to trained healers. The main emphasis area is first in training, with minor emphasis placed on human resources, logistics, policy and guidelines, quality assurance and supportive supervision, and strategic information. The target population includes Traditional Health Practitioners (THPs) in the private and public sector who are members of the KwaZulu-Natal and Ethekwini Traditional Health Practitioner 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 KwaZulu-Natal, and are a largely untapped resource in HIV and AIDS prevention and mitigation on the community level. These activities began in August 2005 with the arrival of FY 2005 PEPFAR funding. NMSM is implementing the project in collaboration with the KwaZulu-Natal and Ethekwini Traditional Healer Councils.

ACTIVITIES AND EXPECTED RESULTS:

The principal focus of this project will be on training and equipping traditional healers to better deal with the HIV and AIDS epidemic in KwaZulu-Natal.

ACTIVITY 1: Training

Training will be provided through workshops run by the project training team (including senior traditional healers). Trained THPs will be provided with a customized version of the home-based care medical kit currently used by the KwaZulu-Natal Department of Health (DOH), modified to include the elements of the Adult Preventive Care Package endorsed by the CDC (micronutrients and vitamins). Training includes the refinement and implementation of common clinical guidelines for HIV and 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.

ACTIVITY 2: Referrals

NMSM is working closely with South African Government colleagues to establish viable bi-directional referral pathways (including referral forms); formalizing and enhancing what is currently happening.

ACTIVITY 3: Monitoring and Evaluation

NMSM will also ensure that traditional healers have adequate stocks of appropriate medical supplies, through collaboration with the provincial Department of Health. Regular site visits will be conducted to monitor the implementation of these guidelines and data management protocols.

ACTIVITY 4: Gender Issues

In all of these activity areas NMSM is working with the Traditional Healers to ensure gender equity in basic care (key legislative issue). This includes information on healthy modifications of behavioral norms for men and women. NMSM will support THP service

outlets that will provide palliative care through these activities (assuming each THP practice site constitutes a service location).

Expected results of these activites include:
1. Refine and implement standardized clinical guidelines for HIV and AIDS management for traditional healers.
2. Develop a standardized therapeutic protocol for HIV and AIDS patient management by traditional healers.
3. Improve collaboration and referral between biomedical and traditional healers.
4. Improve record keeping by traditional healers and availability of the anonymous data to public health authorities.
5. Provide adequate basic care package to trained traditional healers.
6. Assess the usefulness of working with traditional healers to enhance their capacity to provide palliative care to HIV-infected patients.
7. Train, equip and empower traditional healers.

This activity will also focus on logistics, which includes managing the care package supply, re-supply, and medical waste removal with the trained traditional healers and government colleagues. This overlaps with commodity procurement since NMSM funds will purchase the care packages. Through regular site visits quality assurance and supportive supervision will be conducted on the use of adapted clinical guidelines and HIV staging, care packages and record keeping systems. A small number of medical school staff, traditional healer representatives, and support staff receive salaries from the project for monitoring and evaluation and training.

Through monitoring and evaluation record keeping systems, policy and guidelines for working with traditional healers will be developed. By providing new tools and materials to traditional healers working with HIV and AIDS patients, this project will expand basic care and support services in KwaZulu-Natal, contributing to the PEPFAR 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.

Continued Associated Activity Information

Activity ID:	3070
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of KwaZulu-Natal, Nelson Mandela School of Medicine
Mechanism:	Traditional Healers Project
Funding Source:	GHAI
Planned Funds:	$ 375,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Quality Assurance, Quality Improvement 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 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		☑
Number of service outlets providing counseling and testing according to national and international standards	350	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	4,000	☐
Number of individuals trained in counseling and testing according to national and international standards	350	☐

Target Populations:

Traditional healers

Traditional healers

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	QAP
Prime Partner:	University Research Corporation, LLC
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7432
Planned Funds:	$ 460,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This University Research Co., LLC / Quality Assurance Project (URC/QAP) activity in the counseling and testing (#7432) activity is linked to activities in PMTCT (#7431), Basic Health Care and Support (#7429), TB/HIV (#7430) and ARV Services (#7428).

SUMMARY:

University Research Co., LLC/Quality Assurance Project (URC/QAP) will work in 130 South African Department of Health (DOH) facilities in five provinces to improve the quality of voluntary counseling and testing (VCT) services through training, mentoring and introducing quality assurance (QA) tools and approaches. The essential elements of QA support include assuring technical compliance with evidence-based norms and standards, improving interpersonal communication and counseling, and increasing organizational efficiency. The major emphasis area for this activity is quality assurance/supportive supervision with minor emphasis on development of network/linkages/referral systems, training and needs assessment. The activity targets public health workers, community-based organizations (CBOs), faith-based organizations (FGOs), program managers, community volunteers, children, youth, adults, family planning clients and pregnant women.

BACKGROUND:

URC/QAP has been supporting DOH facilities in five provinces (Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and North West) to improve CT services. The focus of this activity has been on improving counseling skills, as well as better integration of CT in several high-volume services. South Africa continues to face major problems in increasing VCT uptake among high-risk groups. Stigma, as well as fear of knowing one's HIV status, remains primary reasons for low uptake of VCT. In addition, most men do not visit health centers unless they are very sick, resulting in a low number of men requesting VCT. URC/QAP will increase the awareness about VCT among communities by creating linkages between public and community-based facilities, and strategies that involve men will be actively promoted. Social mobilization and public awareness will be improved by integrating HIV and AIDS services with other high volume and problem-prone health services, including antenatal, outpatient, and sexually transmitted infection services.

ACTIVITIES AND EXPECTED RESULTS:

URC/QAP will carry out four separate activities in this Program Area.

ACTIVITY 1: Establish Facility-level Quality Improvement Teams

URC/QAP will work with facilities to identify a core team representing staff from various clinical services. The facility-based teams, with support from URC/QAP and DOH staff, will be responsible for plans for improving access to and quality of VCT services. Each facility team will conduct a rapid baseline assessment where it has not already been completed to identify quality gaps in current VCT services. These assessments, using QA tools, will be used by the facility teams to develop and implement the quality improvement plan.

URC/QAP will assist facility teams in developing strategic plans for improving access to and quality of CT services. VCT services will be linked with high-volume and problem-prone services, such as TB, STI, and antenatal services, which have large proportions of HIV-infected clinic attendees. URC/QAP will also integrate routine HIV testing services, thereby increasing access to CT in all clinical settings. Emphasis will be placed on increasing recruitment of couples and families, including children and adolescents, to CT services. Facility staff will promote access and availability of confidential HIV testing, ensure that HIV testing is informed and voluntary, ensure effective and prompt provision of test results for all clients who undergo HIV testing, utilize a prevention counseling approach aimed at personal risk reduction for HIV-infected persons and those who have a higher risk of HIV exposure. URC/QAP will ensure that all facility staff are aware that HIV prevention counseling should focus on the client's unique personal circumstances and risk, and counseling should help the client set and reach an explicit behavior-change goal to reduce the chance of acquiring or transmitting HIV.

ACTIVITY 2: Human Capacity Development

Staff will receive QA training which will include specifics on CT quality, the meaning of quality in services and compliance with national guidelines. Emphasis will be placed on the indicators used to monitor clinical performance, such as the presence of guidelines at facility level or the knowledge and skills of counselors. Specific case studies will be used, and participants will work in groups to identify quality gaps and suggest possible solutions. URC/QAP will provide job-aids such as wall charts to improve compliance with clinical and counseling guidelines.

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.

ACTIVITY 3: Referrals and Linkages

URC/QAP is working on a continuum of care model for all HIV-infected persons, which emphasizes the identification and early referral of all people living with HIV (PLHIV) to care, treatment, and other support services. As part of this mandate, URC/QAP works to link different levels of care (facility, CBO, FBO, home-based organization (HBO)) and different services to minimize missed opportunities. To ensure that CT is widely available, various innovative CT approaches -- such as family-based, door-to-door, community-based, outreach services, youth focused and within home-based care -- will be incorporated into existing programs. URC/QAP will continue to expand this focus and promote available methods for prevention for all clients, including a specific focus on discordant couples. In addition, URC/QAP will continue to work with local CBOs and FBOs to increase community outreach and support for knowing one's HIV status. URC/QAP will train facility, CBO and FBO staff in analyzing their performance (outputs) and quality (compliance) indicators. The staff will use site-specific data to see if the interventions are increasing uptake of basic healthcare and support services on a monthly basis.

ACTIVITY 4: Building Sustainability

URC/QAP will train district and facility-level supervisors in QA methods and facilitative supervision techniques for improving the quality of CT services. URC/QAP has begun the process of reviewing the national VCT guidelines and evaluating the quality of VCT at facility level, in partnership with the provincial health departments at all levels. This will be a key focus area in the next 12 months. To ensure the quality and reliability of data obtained at all QAP supported sites, it has been necessary to ensure uniform reporting structures, with the introduction of QAP-specific data collection tools. These tools are utilized only by URC/QAP staff, as DOH facility staff have their own reporting registers which are facility and district specific.

URC/QAP will conduct quarterly assessments in each facility/CBO/FBO to assess whether the staff are in compliance with the NDOH VCT 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.

URC/QAP will assist PEPFAR in reaching the vision outlined in the South Africa Five-Year Strategy by increasing access to VCT services. URC/QAP work contributes to the PEPFAR goal of providing care to 10 million people affected by HIV.

Continued Associated Activity Information

Activity ID:	3114
USG Agency:	U.S. Agency for International Development
Prime Partner:	University Research Corporation, LLC
Mechanism:	N/A
Funding Source:	GHAI

Planned Funds: $ 160,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	130	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	23,000	☐
Number of individuals trained in counseling and testing according to national and international standards	200	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Doctors
Nurses
Pregnant women
Program managers
Volunteers
Girls
Boys
Secondary school students
University students
Other Health Care Worker

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7443
Planned Funds:	$ 50,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This SA Military Health Service Project is linked to Condoms and Other Prevention (#7569), Basic Health Care and Support (#7570), Strategic Information (#7572), Policy/System Strengthening (#7572) and ARV Services (#7575). Counseling and testing is a critical point of entry to care and treatment services, supports HIV prevention, and is a pivotal component in the South African Department of Defense (SA DOD) plan for the Comprehensive Care, Management and Treatment of HIV and AIDS.

SUMMARY:

The SA Military Health Service has a scheduled health monitoring program that includes HIV testing with pre- and post-test counseling. Many of the regions have opted for the establishment of a centralized health assessment and counseling and testing center. Routine counseling and testing (RCT) will be offered as an expansion to counseling and testing (CT) for individuals as part of STI consultations, pregnant women and couples who plan a family, and CT performed as part of differential and TB diagnoses. Voluntary counseling and testing (VCT) requests will be made by individuals themselves.

Due to the positive impact of CT on HIV prevention, and the advantages of early identification and management of HIV-infected individuals, this program area is supported through the development and sourcing of media items, pamphlets and posters to encourage members and dependants to request or accept an HIV test if they do not know their status or if they have been exposed to an activity with a high risk of HIV transmission.

One of the major obstacles to requests for and acceptance of CT is stigma and discrimination, and further support towards this program area is provided through the development and sourcing of media items, pamphlets and posters towards the establishment of a non-discriminatory organizational environment. This includes media products aimed at informing members of the SA DOD on the organizational HIV and AIDS policy and strategy, as well as the management of HIV and AIDS in the SA DOD.

The primary emphasis area of this activity is infrastructure development, and minor emphasis is given to human resources, strategic information and training. Specific target populations include military personnel,children and youth (non-OVC), men and women of reproductive age, doctors, nurses and healthcare workers.

BACKGROUND:

The military community is considered a high risk group due to various factors that include foreign deployments and high mobility. CT provides an opportunity for prevention to both HIV-infected and HIV-uninfected individuals. This activity is ongoing. FY 2006 PEPFAR funds were used for renovations and upgrade of three centralized counseling and testing centers, and for training of healthcare workers. These activities will continue during FY 2007 and FY 2008. Counseling and testing also takes place at all military health care facilities and therefore it is essential that all healthcare workers are trained in CT.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Offering of Routine Counseling and Testing

SA DOD will upgrade healthcare facilities that will be used to provide confidential and effective HIV counseling and testing in highly populated military areas. Healthcare workers will be trained on RCT which will be supported by the development and printing of training material. SA DOD will develop information education and communication (IEC) materials which will encourage members to accept an HIV test if they do not know their status, or, if they have been exposed to an activity with a high risk of HIV transmission. Best practices will be shared through attendance of PEPFAR CT partner meetings, publications in military and peer reviewed magazines and journals and oral and poster presentations on effective and innovative programs at conferences and seminars.

Counseling and testing centers will be established using PEPFAR funding. These centers

will enable confidential and effective CT for HIV, and in addition, will provide venues for the training of healthcare professionals in CT. Training will continue during FY 2007 and FY 2008. Supportive media campaigns will be established, and these campaigns will encourage voluntary requests for, and uptake of HIV testing. Uptake of counseling and testing services will be monitored and evaluated through the HIV Monitoring and Evaluation (M&E) plan of the SA DOD HIV and AIDS program. The impact of media on the reduction of stigma and discrimination is monitored through the annual Knowledge, Attitudes, and Practices (KAP) survey that is a sub-component of the M&E plan.

SA DOD activities will contribute towards PEFPAR's goals of caring for 10 million people.

Continued Associated Activity Information

Activity ID:	2982
USG Agency:	Department of Defense
Prime Partner:	South African Military Health Service
Mechanism:	Masibambisane 1
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of service outlets providing counseling and testing according to national and international standards	105	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	8,000	☐
Number of individuals trained in counseling and testing according to national and international standards	300	☐

Target Populations:

Adults
Family planning clients
Doctors
Nurses
Military personnel
Girls
Boys
Other Health Care Worker

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Northern Cape

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7488
Planned Funds:	$ 150,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Catholic Relief Services (CRS) provides a comprehensive service including activities described in Basic Health Care and Support (#7490), TB/HIV (#7953), ARV Drugs (#7489) and ARV Services (#7487).

SUMMARY:

CRS activities are implemented to support provision of voluntary counseling and testing (VCT) under the comprehensive ART program carried out by Catholic Relief Services (CRS) in 25 field sites in 8 provinces in South Africa. The area of emphasis is to establish the HIV status of as many residents of the catchments area of each site as possible, with a view to determine their CD4 counts, so that they can be placed on ART as soon as necessary. Thus major emphasis is placed on community mobilization/participation, with minor emphasis given to the development of network/linkages/referral systems, development of human resources and training. Specific target populations include the general population, people affected by HIV and AIDS, nurses and other healthcare workers.

BACKGROUND:

AIDS Relief (the Consortium led by Catholic Relief Services) received Track 1 funding in 2004 to rapidly scale up antiretroviral treatment (ART) in 9 countries, including South Africa. In FY 2005 and FY 2006, Track 2 (South Africa) funding was received to support central funding, with continued funding applied for under COP 2007. 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).

All sites operate under the terms of a Memorandum of Understanding (MOU) with the provincial Department of Health (DOH) in which they operate, observing the national and provincial protocols. Many patients present themselves for CD4 tests and/or ART after having undergone VCT at the South African Government (SAG) clinic.

Contrary to initial expectations, the most difficult issue has been ensuring that men benefit from the VCT activities offered. It is mostly women who undergo VCT at the field sites. At each field site, home-based caregivers, who are based in their communities, are vigorously recruiting men to undergo VCT. A problem experienced by all treatment programs in South Africa is the reluctance of males to present themselves for treatment. CRS sites attempt to overcome this by encouraging females to attend adherence sessions with their partners. Once the participation of males has been secured in this way, they are encouraged to undergo VCT and/or CD4 testing.

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2007 AIDS Relief will continue implementing the activities in support of South African national ARV rollout. Of the 25 existing field sites, activated in program year 1 (March 2004 - March 2005), two have transferred all their ART patients into the SAG rollout, and have ceased providing treatment.

ACTIVITY 1: Support for SAG Roll-Out

Three new field sites will have been activated in FY 2007 period to enroll additional ART patients in support of the SAG rollout plan. Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in the form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

At each field site, staff are trained in counseling techniques. Trained nurses are employed at each site, and they are able to perform rapid tests. Those patients who are identified as HIV-infected undergo CD4 and viral load tests. If their CD4 count is below 200, they commence with ART. The home-based caregivers provide care to large numbers of patients, many of them not necessarily people living with HIV. The caregivers are trained to be aware of possible symptoms that might be AIDS-related (for example, weight loss or persistent diarrhea). Where a caregiver suspects that illness might be AIDS-related they

give the patients appropriate counseling and advise them to be tested.

In sites with onsite medical services, voluntary counseling and testing will be provided by trained nurses and counselors, though the majority of patients in the AIDSRelief program receive free counseling and testing in public sector facilities. Commodity procurement (test kits) is provided for by Department of Health.

All activities will continue to be implemented in close collaboration with the South African Government's HIV and AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, thus directly contributing to the success of the South African Government's own rollout and the goals of PEPFAR. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the South African Government, thus ensuring long-term sustainability.

Continued Associated Activity Information

Activity ID:	3308
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 0.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of service outlets providing counseling and testing according to national and international standards	25	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	4,697	☐
Number of individuals trained in counseling and testing according to national and international standards	75	☐

Target Populations:

Adults
Family planning clients
Nurses
Infants
Pregnant women
Girls
Boys
Other Health Care Worker

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	CAPRISA NIH
Prime Partner:	University of Kwazulu-Natal
USG Agency:	HHS/National Institutes of Health
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7496
Planned Funds:	$ 900,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This CAPRISA activity also relates to Basic Health Care and Support (#7499) and ARV Services (#7497)

SUMMARY:

Activities are carried out to support comprehensive counseling and testing (CT) services in the rural area of Vulindlela and the CAPRISA eThekwini Clinical Research Site located next to the tuberculosis (TB) clinic in Durban. In addition, activities will involve the continuation of expanding CT among two high-risk groups at two established treatment sites in KwaZulu Natal. These high-risk groups include sexually transmitted infection (STI) patients, and an adolescent population in rural Vulindlela. CAPRISA follows the National Department of Health's recommended algorithm for rapid HIV testing.

The primary emphasis area for this activity is human resources, with minor areas on community mobilization and on information, education and communication. Specific target populations include children and youth (non-OVC), out-of-school youth and men and women of reproductive age.

BACKGROUND:

CAPRISA was established in 2002 as a not-for-profit AIDS research organization by five major partner institutions: University of KwaZulu-Natal, University of Cape Town, University of Western Cape, National Institute for Communicable Diseases (NICD), and Columbia University. The headquarters of CAPRISA are located in the Doris Duke Medical Research Institute at the Nelson R Mandela School of Medicine, University of KwaZulu-Natal. The PEPFAR-funded CAPRISA AIDS Treatment (CAT) Program was initially started as a supplemental effort to deal with the large volume of HIV positive clients that were screened out of CAPRISA's other research studies.

The existing counseling and testing services at two treatment sites will be continued with FY 2007 funding. The strength of the current CAT program is that it provides an integrated package of prevention and treatment services and provides an innovative method of providing antiretroviral treatment (ART) by integrating the TB and HIV care at both an urban and rural site. In 2006 CAPRISA began offering counseling and testing services to two high-risk populations in order to enhance the uptake of counseling and testing in these populations. This service has enabled the CAT program to create a synergy between treatment and prevention services while simultaneously identifying high-risk HIV individuals to enhance their prevention potential through ART.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Voluntary Counseling and Testing

The voluntary counseling and testing (VCT) services will be continued in the rural primary care clinic in Vulindlela and the eThekwini Clinical Research Site based at the Prince Cyril Zulu Communicable Disease Centre (CDC) in Durban. All VCT is currently offered in conjunction with an NGO, known as Open Door, to patients attending these two facilities. The VCT that is offered includes prevention education and condom distribution.

ACTIVITY 2: Provider-Initiated Counseling and Testing

Provider-initiated counseling and testing will be offered to all STI patients at the Prince Cyril Zulu CDC which is a large local government clinic for the diagnosis and treatment of STIs, for which it provides free treatment. Annually, approximately 4,000 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. All patients attending the STI clinic are routinely offered counseling and testing by the STI nurses. Male and female patients seeking STI care at the clinic are provided with group counseling and prevention messages and offered individual HIV testing. Those who test HIV positive are individually post-test counseled and referred for ongoing supportive counseling and medical care in the CAPRISA facility.

ACTIVITY 3: Routine Testing for Adolescents

The adolescent population in rural Vulindlela is also targeted by this program. In South Africa adolescents, and particularly young women, are at high risk of acquiring HIV. Adolescents in the area, primarily those utilizing the primary healthcare services for antenatal, family planning or STI services are routinely offered counseling and testing. The counseling and testing is coordinated with other programs and projects in the area. In addition, youth peer educators have been integrated within this program.

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-infected individuals. In FY 2007 CAPRISA plans to continue targeting the two high-risk groups for both client and provider-initiated counseling and testing. The expanded counseling and testing program will continue to exploit the synergy that exists between the promotion of counseling and testing and availability of high quality HIV care to enhance both prevention and treatment in TB patients, STI patients and adolescents. HIV-infected 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 counseling and testing for treatment and prevention.

During FY 2007 the expanded counseling and testing service will not require additional counselors or field workers. The counselors and fieldworkers will, however, receive ongoing training in counseling with role-playing to ensure high quality counseling and testing. As part of an internal quality assurance process, counseling sessions are often critiqued by a senior counselor, and training is based on common areas of deficiencies identified. A constant review process has been established to reflect of reasons for refusal of uptake of VCT, and strategies have been implemented to address common reasons for refusal e.g. high refusal rate for testing was initially seen by male patients counseled by female counselors, and this was addressed by having male counselors on hand to see male patients. In addition, regular debriefing sessions are scheduled to allow counselors suffering from burnout to distress and support one another.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of CT services in order to identify HIV positive persons and increase the number of persons receiving ARV services in three high risk groups; TB patients, STI patients and adolescents.

Continued Associated Activity Information

Activity ID:	3071
USG Agency:	HHS/National Institutes of Health
Prime Partner:	University of Kwazulu-Natal
Mechanism:	CAPRISA NIH
Funding Source:	GHAI
Planned Funds:	$ 900,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	12,500	☐
Number of individuals trained in counseling and testing according to national and international standards	55	☐

Target Populations:

Adults
Girls
Boys
Out-of-school youth

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7504
Planned Funds: $ 14,200.00

Activity Narrative: This Peace Corps activity also relates to activities described in Basic Health Care and Support(#7504), AB(#7503), Management and Staffing (#7506) and OVC (#7502). Peace Corps' key contribution under Basic Health Care and Support, CT and OVC program areas is the development of local, grassroots organizations, including supporting the development and use of improved monitoring and evaluation systems and practices.

SUMMARY:

PEPFAR funding will be utilized to strengthen the organizational and human capacity of local organizations that provide counseling and testing services in medical and community sites in the Northwest province. Peace Corps has placed one Volunteer through the FY 2006 COP in such an organization. This volunteer will be supported through two years of service with funding requested in the FY 2007 COP (18 months of support). The major emphasis area for this activity is local organization capacity development, with minor emphasis areas of community mobilization and participation and strategic information. 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 FY 2005 and FY 2006. These Volunteers (USG-supported, but not PEPFAR-funded) supported 2 sites, with over 280 service outlets. In FY 2006, one PEPFAR-funded Volunteer has been recruited and placed with funds provided through the FY 2006 COP and will be supported by funds requested in FY 2007 to provide focused support to a local organization as it expands its VCT programming through 2008.

ACTIVITIES AND EXPECTED RESULTS:

Through the support of one PEPFAR-funded Peace Corps Volunteer, it is envisaged that one VCT program, supporting multiple service outlets will have increased support and referral resources, and enhanced capacity for monitoring, reporting and evaluation. Non-PEPFAR-funded Volunteers will also support the monitoring and evaluation functions of local CT initiatives that are receiving PEPFAR funds. In FY 2006, in the Semi-Annual Report, using Volunteers supported by appropriated funds, Peace Corps reported that 2 local NGOs, supporting 187 community-based VCT service outlets, were supported through training and capacity building activities, resulting in the improved service delivery to over 17,000 clients.

The activities below include the activities of both PEPAR-funded and Volunteers who are funded through other sources, and work more than 50% of their time on HIV and AIDS issues. Non-PEPFAR-funded Volunteers apply the lessons learned through PEFPAR-supported activities, in particular, monitoring and evaluation training, to their work with HIV and AIDS-focused non-governmental and community-based organizations that are supporting or providing counseling and testing services.

ACTIVITY 1: Technical Support

PEPFAR funds will support the place of one Peace Corps Volunteer (key legislative issue) in the North West province who will provide assistance to an organization that provides counseling and testing. The PEPFAR support will include Peace Corps trainings and monthly stipends, and travel expenses for the volunteer.

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. Particular emphasis is given to building human and organizational capacity for the expansion of programs and the improvement of the quality of care to local organizations' client-base, which are critical components of both the SAG and US Mission's strategies.

Continued Associated Activity Information

Activity ID: 3798
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 23,006.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	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 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		☑
Number of service outlets providing counseling and testing according to national and international standards	1	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Community leaders
Non-governmental organizations/private voluntary organizations
Program managers
Volunteers
Other Health Care Workers

Key Legislative Issues

Volunteers

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

North-West

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Broadreach
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7513
Planned Funds: $ 220,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

BroadReach Healthcare's (BRHC) activities in counseling and testing (CT) are one component of a comprehensive set of services further described in the Basic Health Care and Support (#7511), TB/HIV (#7939), ARV Drugs (#7512), and ARV Services (#7510) program areas.

SUMMARY:

BRHC counseling and testing (CT) support activities include test-kit procurement, meeting infrastructure and human resource demands, increasing testing uptake, prevention, patient counseling, referral systems, and training. The program's major emphasis area is human resources, with additional emphasis on training and development of network/linkages/referral systems, which include South African Government (SAG) program support. Primary target populations include children and youth (non-OVC), adults, pregnant women, HIV and AIDS affected families, public nurses, and other healthcare workers.

BACKGROUND:

PEPFAR funds support BRHC initiatives which provide HIV and AIDS clinical management, care and support services to HIV-infected, uninsured individuals in areas not yet reached by the SAG roll-out and assistance for the ART roll-out in the public sector. The BRHC PEPFAR program began in May 2005 and now operates in 15 communities across five provinces. Today, BRHC is supporting approximately 3,500 individuals directly on care and treatment and 15,000 indirectly. BRHCs mission is to tap into private sector health professionals to provide comprehensive care and treatment, fostering capacity building initiatives within the public health system, and partnering with and supporting community-based programs with sustainable impact on long-term patient care. BRHC leverages the community-based people living with HIV and AIDS (PLHIV) support programs to identify and assist with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. In addition, BRHC works to build capacity in public health facilities, focusing its efforts on human capacity development (HCD) activities including clinical didactic training, clinical mentorships, patient training and operational assistance training. BRHC is expanding its provision of additional staff and infrastructure support to SAG facilities. Finally, BRHC is expanding its involvement in the design of scaleable down referral models in partnership with faith-based organizations (FBOs), community-based organizations (CBOs), and as a partner in innovative public private partnerships (PPPs).

ACTIVITIES AND EXPECTED RESULTS:

The primary goal of the program is to ensure that those testing positive for HIV are started on ART when clinically qualified and enrolled patients continue to receive outstanding care and support. CT is the entry point for this goal.

ACTIVITY 1: Voluntary Counseling and Testing

BRHC will provide access to rapid voluntary counseling and testing (VCT) at enrollment sessions when required and, where available, CD4 testing services for patients who test positive to determine eligibility for treatment. In accordance with SAG guidelines, BRHC patients will be properly counseled (pre- and post-test), tested and referred as appropriate (to a BRHC network doctor or to an accredited SAG facility).

ACTIVITY 2: Support to SAG

BRHC will expand access and availability of CT by: (1) procuring testing materials (rapid test kits when unavailable through the government system); (2) improving operational efficiency through needs assessment, identification of operational bottlenecks, implementing solutions to address bottlenecks; (3) assisting with refurbishing physical space at government clinics/hospitals; and (4) advising SAG partner clinics on increasing VCT uptake and improving the percentage of results received. BRHC will further support SAG efforts in meeting the increased demand created by testing. This will range from

providing salary support for counselors to improved processes and systems for enrolling and following up greater numbers of new patients.

ACTIVITY 3: Outreach

Using a family centered approach to care and treatment, BRHC will encourage the testing of families and households, utilizing patients already enrolled in the BRHC program as a point of entry. BRHC will also promote community-based programs such as support groups, CBOs, and churches as entry points for VCT services.

ACTIVITY 4: Referrals and Linkages

All HIV-infected patients identified through BRHC-supported VCT efforts, will be linked (via BRHC network doctors, home-based care (HBC) and support groups) to other services such as TB care, nutrition and wellness, and psychosocial support.

ACTIVITY 5: Human Capacity Development

BRHC may enhance the quality of VCT services at selected sites (assigned by the relevant district authorities) through training and mentoring for counselors, health professional staff, outreach workers and support group facilitators. In addition to training, BRHC will assist VCT programs at sites by providing salary support to counselors as sites expand access to VCT services.

BRHC VCT activities directly contribute to the 2-7-10 objectives by identifying infected individuals who are unaware of their HIV status and who may be eligible for treatment. Greater numbers of people tested means meeting the treatment and care and support objectives. Moreover, prevention messages given to both infected and uninfected individuals during post-test counseling will contribute to the goal of averting 7 million infections.

Continued Associated Activity Information

Activity ID:	3136
USG Agency:	U.S. Agency for International Development
Prime Partner:	Broadreach
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 62,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	20	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	3,000	☐
Number of individuals trained in counseling and testing according to national and international standards	20	☐

Indirect Targets

Indirect number of patients receiving VCT is the estimated number of patients benefiting form VCT support through training and support provided to services providers by Aid for AIDS (AfA). AfA is a private sector program providing workplace HIV programs for major companies in South Africa, as well as HIV and AIDS disease management services within the managed care environment for various private health plans. Through BroadReach support to AfA, all patients benefit from enhanced testing, education, support, and monitoring.

Target Populations:

Adults
Nurses
HIV/AIDS-affected families
Pregnant women
Girls
Boys
Other Health Care Worker
Other Health Care Workers

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Eastern 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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7535
Planned Funds:	$ 1,200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The activities described here are part of an integrated program also described in the AB (#7532), OVC (#7534), SI (#7531), ARV Services (#7536), and Condoms and Other Prevention (#7533) program areas.

SUMMARY:

The Health Communication Partnership (HCP) of Johns Hopkins University/Center for Communication Programs will provide voluntary counseling and testing (VCT) using both mobile and fixed services through local NGOs and tertiary institutions. These services will be promoted through the Mindset Health channel to both healthcare workers and patients. Key legislative areas of male norms and behaviors, and reducing violence and coercion along with stigma and discrimination, form an integral part of the VCT interventions. The target populations for this activity are secondary school learners, university students, people living with HIV (PLHIV), out-of-school youth, community leaders and healthcare providers. The major emphasis areas are community mobilization and participation, and information, education and communication, with additional emphasis on local capacity building across all activities. Findings from the National HIV and AIDS Communication Survey, carried out in early 2006, will help focus on community perceptions of VCT and will help to determine perceived needs in respect to VCT communication interventions.

BACKGROUND:

These activities are implemented through ongoing and successful partnerships with organizations including DramAidE, Dance4Life, The Valley Trust, Mindset Health channel, Community Health and Media Trust (CHMT) and the South African Broadcasting Corporation (SABC). Dance4life will add a VCT component to their existing prevention programs and LifeLine South Africa will be a new partner in this area. HCP has partnered for several years with DramAidE to help promote and assist in providing VCT to tertiary students as part of DramAidE's Health Promoters Project. The Valley Trust (TVT) has operated a mobile clinic and a static VCT site and is currently promoting HIV testing in communities in rural KwaZulu-Natal (KZN) province. In total, HCP will support 38 VCT sites (28 of which are university campuses throughout South Africa and 5 TVT sites in KZN; additional mobile sites will be introduced through Lifeline and Dance4Life). Mindset Health channel will produce video, web-based and print materials for healthcare workers (HCW) on VCT as a distance education/learning tool, as well as broadcast video content to patients in clinic waiting rooms at 300 testing sites.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Youth Counseling and Testing
Through its partnerships with DramAidE and The Valley Trust, HCP will support and promote services at 33 testing sites. Both projects target youth for VCT, but also provide services to the community at large. The health promoters work with tertiary students, faculty and staff in 28 tertiary institutions across the country while The Valley Trust focuses on youth in- and out-of-school in KZN. With FY 2007 funding, these two partners will provide direct VCT and ongoing support to those who test positive.

HCP will provide assistance to organizations in developing interventions that emphasize prevention for positives. For those that 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, who are trained to provide information to encourage the uptake of VCT.

Dance4life, as part of its ongoing work with youth older than 14, will provide VCT services and promotion (using dance, drama and drumming) as part of their prevention activities covering schools in the Eastern Cape, Western Cape, KZN and Free State provinces. LifeLine, working with the Small Business Association in Alexandra informal settlement in Gauteng, and with farm owners and workers' associations in Limpopo province, will develop workplace interventions that provide VCT for workers. Counseling will specifically cover male norms and behaviors (key legislative issue), violence and coercion (key legislative issue) and stigma and discrimination (key legislative issue). All organizations will

carry out prevention with positive living activities as part of their post-test counseling with HIV-infected individuals.

ACTIVITY 2: Mindset Broadcasts

The Mindset Health channels (MHC) provides direct broadcast information to health clinics, targeting both patient populations in waiting rooms with general information and healthcare workers with technical and training information. MHC will create 10 hours of video material that provides HCW with current VCT guidelines (including strong linkages to HIV care and services). The video material will be supplemented supporting material in print and computer-based multimedia. This capacity building activity will reach HCWs in the 300 clinic sites via video material, on-demand web-based and printed material, and will be followed by questionnaires to test their knowledge and skills.

In addition, information explaining and promoting VCT services will be broadcast to patients at the 300 clinic sites. CHMT will work in Mindset clinics as well as with CBOs using treatment literacy facilitators (TLFs) to promote VCT. Using packaged (material sourced from other media) and produced (material developed in-house) video material these HIV advocates will encourage testing as an entry point into treatment as well as an opportunity to build on prevention. An area of key concern for TLFs would be prevention with positives, and they will specifically focus on providing education and support to discordant couples.

ACTIVITY 3: Community Outreach

Media will support community outreach activities through several partners. The hit TV drama Tsha Tsha, co-produced in 2004-2005 with SABC Education and PEPFAR funds will be edited into six compilation digital video discs (DVDs) that highlight appropriate themes, i.e. VCT, gender-based violence, older men/younger women, stigma and discrimination, risk perception etc. These DVDs will be accompanied by facilitators' guides. Both DVDs and guides will be distributed to each of the organizations listed earlier, and their staff will be trained in their utilization. ABC Ulwazi will produce a radio reality series to be broadcast on 60 community radio stations. Special emphasis will be placed on providing community-specific programming in support of National HIV communication priorities. Listeners' associations formed by community radio stations will host community discussions and community mobilization activities related to radio reality series aired on the respective community radio stations.

SABC will produce two TV programs with radio and web support. Trailblazers, a new 26 episode TV drama co-funded and produced by SABC Education and PEPFAR will deal with issues relating to social and cultural norms that inhibit and/or support male norms and behavior and demonstrate positive examples of healthy life styles that address male norms, VCT and violence and coercion. Trailblazers will highlight the lives of individuals and of CBOs that provide positive examples for others to emulate.

HCP's work to improve NGO capacity to promote and deliver good quality VCT services supports the vision outlined in the USG Five-Year Strategy for South Africa for expanding CT services. CT is seen as a critical entry point into an entire range of HIV services, including identifying HIV-infected individuals for ART. These activities will substantially contribute to the PEPFAR goal of providing 2 million people on treatment.

Continued Associated Activity Information

Activity ID:	2991
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 968,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	38	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	40,000	☐
Number of individuals trained in counseling and testing according to national and international standards	10,000	☐

Indirect Targets

Mindset is indirectly impacting the national counseling and testing program by reaching patients in the waiting room with educational broadcasts about the benefits of CT, and where it can be accessed. These broadcasts are shown at 300 sites across South Africa. The impact of the broadcasts are reviewed based on ongoing surveys and monitoring done by Mindset and other partners.

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Discordant couples
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Secondary school students
University students
Out-of-school youth
Other Health Care Worker

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Eastern Cape

Free State

KwaZulu-Natal

Limpopo (Northern)

North-West

Western Cape

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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7544
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

PEPFAR funds allocated to CT ($1,100,000) are for Right to Care (RTC) 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. This activity will be competed in an Annual Program Statement (APS) for FY 2007 funding, as the activity has grown in scope and funding level that warrants competition, therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID: 2972
USG Agency: U.S. Agency for International Development
Prime Partner: Right To Care, South Africa
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,100,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
HIV/AIDS-affected families
Infants
Truck drivers
Non-governmental organizations/private voluntary organizations
Pregnant women
Children and youth (non-OVC)
Migrants/migrant workers
Nurses
Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gauteng

Mpumalanga

Northern Cape

Eastern Cape

Free State

KwaZulu-Natal

Limpopo (Northern)

North-West

Western Cape

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7556
Planned Funds:	$ 350,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to other activities implemented by Management Sciences for Health/Integrated Primary Health Care Project (IPHC) activities in PMTCT (#7557), TB/HIV (#7666), OVC (#7555), ARV Services (#7553), and Basic Health Care and Support (#7554).

SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the National Department of Health (NDOH) will support the provision and referral of basic care and support to those who have tested HIV positive in 350 public health facilities (hospitals and clinics) in eight districts and five provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West). This activity will support the HIV voluntary counseling and testing (VCT) services for men, women, university students and the youth with specific focus on out-of-school youth in facilities supported by IPHC. IPHC will prioritize the provision of these services to men as this is an area which needs improvement. The Youth Advocacy program will be central to all interventions on increasing awareness and providing youths with the VCT services. The primary emphasis area is quality assurance and supportive supervision, additional emphasis on training and the development of networks/linkages/referrals. This activity also targets testing pregnant women and facilitating access to PMTCT and ARV services. The target population is secondary school students, university students, adults, family planning clients, pregnant women, nurses and other healthy care workers.

BACKGROUND:

CT is the building block for all HIV and AIDS programs and it is an important activity in all IPHC-supported facilities. This activity is a continuation of activities initiated in the FY 2006. All activities supported directly by IPHC Project, working closely with counterparts from the health departments both at district and provincial levels and will focus on increasing the number of service outlets/points for VCT. Activities will include training of healthcare providers (professional and non-professional) on VCT, couple counseling and methods of integrating routine counseling and testing (RCT) into primary healthcare services such as tuberculosis (TB), sexually transmitted infections (STI), Antenatal Clinic (ANC) and Family Planning (FP). There will be a special emphasis on expansion of VCT services to both in- and out-of-school youth. IPHC has trained Clinic Youth Mentors on HIV and AIDS so they can work closely with the health facility personnel to encourage other youths who come to the health facilities to be tested for HIV.

ACTIVITIES AND EXPECTED RESULTS:

IPHC will carry out three separate activities in this Program Area.
ACTIVITY 1: Training

IPHC Project will train healthcare providers (professional and lay) in VCT skills. The project will use training material developed by the NDOH. A focus of the training will be on enhancing the quality of VCT provided to clients through mentoring supervision and increasing the number of health facility staff that can provide VCT. IPHC will build the capacity of health providers to go beyond VCT, to encourage clients to form pre- and post-test clubs to support those that have tested HIV negative and to encourage a reduction in risky behavior. Clients that have tested HIV positive will be encouraged to join a support group to focus on maintaining their health. Training will be tailored to address specific district needs including areas of high transmission e.g. migrant workers and truck drivers. IPHC will work with district managers to allow designated facilities provide VCT after hours, which will promote couple testing for workers.

ACTIVITY 2: Increasing VCT among Youth

IPHC has recently started a program aimed at training Clinic Youth Mentors in HIV and AIDS. The Mentors are 18-23 year olds who are placed at the health facilities to work with other clinic staff, and that aim to encourage other youth who visit the facilities to take up services. They also visit schools and give talks to other youth on the advantages of testing

and motivation for young people to take up VCT for HIV, so they will know their status. IPHC places one male and one female in each facility. The male Clinic Youth Mentors are critical in motivating other male youth to use VCT. Using additional USAID health funds, the Clinic Youth Mentors have also been trained on routine offer of HIV, to encourage those who come to the facilities for FP, STI and ANC to take up CT. IPHC will implement the Clinic Mentor Program in the health facilities they are working in, and special attention will be placed on the skills and attitudes of healthcare providers to the youth. This will be done through training on interpersonal relationships, understanding of how cultural and social differences impact on the youth's access to health services. Training of youth from the communities and their work with in-school and out-of-school youth will increase community awareness. IPHC will facilitate community mobilization, networking and establishment of linkages between community structures, health facilities and universities to ensure greater community participation. Establishment of support groups to ensure greater participation of people living with HIV (PLHIV) will increase access to VCT through community awareness and reduction of stigma and discrimination.

ACTIVITY 3: Improving the Quality of VCT

This activity will focus on continuous improvement in the quality of the VCT services provided at the 350 facilities that IPHC supports. Evidence from IPHC-supported facilities indicate that a large number of ANC clients are not tested for HIV. Various factors affect the quality of VCT; these include the training of the VCT providers, the physical settings in the facilities as well as burnout in the counselors. IPHC will build human capacity at district level and will provide ongoing supportive supervision and mentoring to ensure an improved quality of services. Supervision and mentoring will focus primarily on clinic supervisors and program managers, thus building their capacity to mentor and supervise other healthcare providers. IPHC will also train the members of the HIV, AIDS, STI and TB (HAST) committee, clinic committees and hospital boards to monitor and evaluate these services.

IPHC will contribute to the PEPFAR goals of providing care to 10 million HIV-affected people, and ultimately will assist in meeting PEPFAR's goal of providing treatment to HIV-affected people. In addition, these IPHC activities will address the priority area of increased linkages between VCT services and health systems networks as laid out in the USG Five-Year Strategy for South Africa.

Continued Associated Activity Information

Activity ID:	2951
USG Agency:	U.S. Agency for International Development
Prime Partner:	Management Sciences for Health
Mechanism:	TASC2: Intergrated Primary Health Care Project
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	300	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	40,000	☐
Number of individuals trained in counseling and testing according to national and international standards	300	☐

Indirect Targets

In addition to direct reach, IPHC will indirectly support the overall CT program in the health districts where they work by training health workers (lay and professionals). The project will also provide on-going mentoring and coaching to professionals at provincial level.

Target Populations:

Adults
Family planning clients
Nurses
Pregnant women
Secondary school students
University students
Other Health Care Worker

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7588
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

In FY 2006, PEPFAR funds allocated to VCT ($150,000) are for FHI to expand counseling and testing (CT) to HBC settings, and to use a mobile support unit to provide HIV/FP services, including CT, in underserved areas in Mpumalanga province. In FY 2007, these activities are now being integrated to the ARV Services Program Area. FHI will continue to create functional referral mechanisms between HBC/FP/ARV and CT service programs in the two provinces to holistically meet the health care and treatment needs of HBC caregivers, clients and their families. Through the Mobile Support Unit, FHI will identify individuals eligible for ART through CT. As these activities are being integrated with ARV Services, there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID: 3923
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: CTR
Funding Source: GHAI
Planned Funds: $ 150,000.00

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, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Doctors
Nurses
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
Doctors
Nurses

Key Legislative Issues

Other

Coverage Areas

Mpumalanga

Table 3.3.09: Activities by Funding Mechanism

Mechanism: PHRU
Prime Partner: Perinatal HIV Research Unit, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7596
Planned Funds: $ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to Perinatal HIV Research Unit (PHRU) activities described in the following program areas: Basic Health Care and Support (#7598), TB/HIV (#7595), PMTCT (#7599), Condoms and Other Prevention (#7881), ARV Services (#7597) and ARV Drugs (#7600).

SUMMARY:

The approach taken by the PHRU is one of comprehensive, high quality care and support for people living with HIV (PLHIV). PHRU will use PEPFAR funds to promote voluntary counseling and testing (VCT) through HIV prevention workshops and health promotion activities, and to pregnant women at PMTCT to increase uptake of VCT for HIV. In particular, services will be promoted to men in an effort to increase gender equality in HIV and AIDS programs (key legislative issue) and make them available to adolescents as part of a prevention program. The major emphasis area is human resources; minor areas include local organization capacity development, community mobilization/participation, and information, education, and communication. The target populations are the general population with a focus on men and adolescents. Issues of US legislative interest are: gender (increasing gender equity in HIV and AIDS programs, male norms and behaviors) and stigma and discrimination.

BACKGROUND:

This VCT program is an ongoing activity operated in partnership with a local non-governmental organization, HIVSA, and other VCT organizations in Soweto (Gauteng). The program will be expanded to rural Limpopo and Mpumalanga. HIV services in Soweto have been mainly accessed by women and this project aims to improve gender equity in these services. In June 2005, the IMBIZO project, which broadens access to HIV and AIDS information, was established. This project was designed to enhance male involvement in counseling and testing and other health services. IMBIZO drop-in centers operate five days a week and are located close to areas where men congregate and are easily accessible. The concept of the IMBIZO program is one designed by men for men and evolved from research that indicated that men preferred to be counseled by men at locations away from the primary healthcare clinics. Within the project, marginalized communities such as men who have sex with men are encouraged to access VCT. A focus of this program is to reduce stigma associated with HIV (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 IMBIZO to partners of pregnant women is being run in the antenatal clinics, with the aim of increasing male involvement in PMTCT and fatherhood. Reduction of violence and coercion, also main components of IMBIZO, is a major focus of the program that addresses US key legislative issues. Outreach activities take place in prisons, workplaces, hostels, sports matches and other places where men congregate. PHRU offers a couple counseling service called "Tshwarisanang" through external foundation funding and all other PHRU VCT services can refer to them.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: IMBIZO - Men's Health Centers

Male IMBIZO centers are funded by PEPFAR. The project receives approximately 300 drop-in clients and performs approximately 140 VCT each month. A male registered nurse manages the program. Clients are referred to local clinics for HIV services and treatment. Stigma decreases men's uptake of VCT services and innovative strategies to increase men using VCT are being developed. At risk male populations such as men who have sex with men, migrants, prisoners are focus populations. This program will expand to rural Limpopo and Mpumalanga provinces. 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 decrease stigma, 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 VCT. Outreach activities take place regularly with community organizations, workplace programs and health services. Mobile VCT is used to take VCT to communities that do not have easy access to health care services. A focus of this program is to reduce stigma, increase male involvement in all services relating to HIV thus increasing gender equity (key legislative issue). U.S.-volunteers will support the rural program.

ACTIVITY 2: Adolescents

Adolescents have special healthcare needs which they are often reluctant to address; some of these are sexuality, pregnancy, drug and alcohol abuse, sexually transmitted infections (STI), gender and mental health issues, coercion, violence, transgenerational sex and abuse. They are at high risk of contacting HIV and other sexually transmitted infections. Through a proposed specialized adolescent clinic PHRU will address these needs with FY 2007 PEPFAR funding by offering comprehensive counseling and care services that are youth-friendly, confidential and empowering to clients so that they may make informed and responsible healthcare choices, including being empowered to abstain and delay sexual debut. Through VCT, education and counseling, PHRU will increase awareness of HIV. The clinic in Soweto will be based close to where adolescents congregate. Services will comprise: VCT and confidential and free care; information, education and counseling on sexual and reproductive health; health information; counseling and appropriate referral for violence abuse and mental health issues; contraceptive information and counseling on individual choices; STI information, including information on effective prevention and syndromic management of STIs, amongst others. PEPFAR funds will be used to establish and staff this project.

These activities will contribute to the PEPFAR 2-7-10 goals by increasing access to and improving quality of VCT services, particularly to difficult to reach populations of men and adolescents in urban and rural districts in South Africa.

Continued Associated Activity Information

Activity ID:	3100
USG Agency:	U.S. Agency for International Development
Prime Partner:	Wits Health Consortium, Perinatal HIV Research Unit
Mechanism:	PMTCT and ART Project
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	4	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	4,800	☐
Number of individuals trained in counseling and testing according to national and international standards	10	☐

Target Populations:

Community-based organizations
Faith-based organizations
Discordant couples
Men who have sex with men
Non-governmental organizations/private voluntary organizations
Secondary school students
University students
Men (including men of reproductive age)
Out-of-school youth

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)

Mpumalanga

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7610
Planned Funds:	$ 250,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to other activities implemented by HOPE worldwide South Africa (HWSA) in Basic Health Care and Support (#7608), AB (#7607) and OVC (#7609).

SUMMARY:

HOPE worldwide South Africa (HWSA) will use FY 2007 PEPFAR funds to increase access to quality voluntary counseling and testing (VCT) services in public and private sites in the provinces of the Eastern Cape, Gauteng, KwaZulu-Natal and Western Cape. HWSA will provide support to the South African Government's (SAG) VCT program in public clinics, to private organizations providing VCT, and will capacitate counselors and healthcare workers to promote and offer VCT services in accordance with national and international standards, and conduct campaigns and activities to promote VCT in communities and among men. Major emphasis areas for this activity include community mobilization and participation, development of network, linkages, referral systems and training. The target populations are adult men and women of reproductive age and nurses in the public health sector, other healthcare workers and South African-based volunteers.

BACKGROUND:

Counseling and Testing (CT) is acknowledged within the international arena as an effective strategy for improving both HIV prevention, and AIDS treatment and care. HWSA's VCT program aims to strengthen the South African Government's (SAG's) capacity to manage CT centers and to create an increased demand for VCT services. In FY 2006 HWSA, with the support of PEPFAR, has established, maintained or supported CT services in 35 sites. HWSA will continue to conduct campaigns to educate and sensitize communities to promote VCT and increase its uptake. HWSA VCT trainers will provide services to partner organizations (private doctors and community-based organizations) to capacitate counselors and to improve the quality of VCT services. A special focus of the HWSA program with FY 2007 funding will be on increasing the uptake of VCT and supporting HIV prevention efforts through increasing male involvement in testing and promoting couple and family counseling. HWSA, in conjunction with EngenderHealth, has developed a program to increase male involvement in prevention, testing, care and support, and this is known as the Men as Partners (MAP) program. HWSA's FY 2007 PEPFAR-funded CT activities will build on successes achieved by HWSA in FY 2006, which saw nearly 12,000 people receive CT services through HWSA.

ACTIVITIES AND EXPECTED RESULTS:

HWSA will carry out four separate activities in this Program Area.

ACTIVITY 1: Support for SAG and Private CT Services

HWSA will continue to provide support to the SAG's VCT program and to private and community-based organizations providing VCT. HWSA, working closely with SAG provincial governments, will support the public sector VCT program through training, providing human resources (counselors) and through supporting structural renovations to ensure confidentiality in clinics. In addition, HWSA will provide ongoing mentoring and technical support to ensure international and national protocols are used, and standards of service are maintained.

In the private sector, HWSA will support VCT services by training counselors, by providing human resources (counselors, nurses) and by providing ongoing mentoring and technical support to ensure international and national protocols are used, and standards of service are maintained. HWSA will also train and support private doctors to provide both VCT services and to routinely offer these CT services to clients. HWSA CT program staff will ensure that CT clients who are found to be HIV-infected are linked to existing care and treatment services and that HWSA's OVC and prevention program staff are trained to refer clients for counseling and testing at public clinics and private sector outlets.

ACTIVITY 2: Training of CT Counselors

HWSA activities over the next year will include: further training of existing and new CT counselors, with an emphasis on couple counseling; HIV prevention (including for discordant couples); training of existing and newly identified community-based organizations' partners on risk reduction and CT; and providing technical support to non-profit/private CT organizations. International and national CT protocols and best practices will be used to ensure the standardization and quality of services. HWSA trainers will undertake regular assessments of participants during and after training, and participants will participate in practical exercises such as role-playing to ensure that they are able to implement the skills learned during the training. After training, HWSA will observe counselors providing services onsite to ensure that the protocol is being used correctly and to provide counselors with support. In FY 2006, HWSA capacitated 100 CT counselors to provide improved services. FY 2007 funding will be used for developing and adapting training manuals, training of trainers, human resources, stationery and workshops.

ACTIVITY 3: Community Campaigns to Promote the Uptake of VCT

HWSA will conduct community campaigns to promote the uptake of VCT services and to reduce the stigma associated with HIV testing. Activities will be conducted by trained community volunteers in workplaces, at community meetings, and through door-to-door visits. Strategies to promote the uptake of VCT services will include providing information on VCT, awareness-raising on the benefits of HIV testing, promoting couple counseling, and marketing CT as an entry point for ARV treatment. HWSA will also use a mobile VCT truck to promote the educational campaigns and to provide CT services. HWSA will also ensure that two-way referral systems between their OVC, prevention, care and treatment support programs are strengthened to ensure that clients receive appropriate services as determined by their HIV status. HWSA will also advocate for the provision of confidential and voluntary CT in the public sector.

ACTIVITY 4: Promotion of VCT among Men

HWSA will implement a program in FY 2007 to increase the number of men using VCT services in the public and private sector. HWSA will educate and sensitize men about HIV and AIDS; train male counselors to interact with male clients and provide ongoing mentoring to counselors promoting and providing CT services to men in both the public and private sector. Counselors and health professionals will attend a two-week training workshop on providing pre- and post-test counseling to men and on running community workshops for men. In addition, HWSA will mobilize facilitators and trainers to provide ongoing support for these services. Trained facilitators will conduct workshops aimed at providing men with information on HIV and AIDS, encouraging constructive male involvement in VCT and addressing gender-based violence in communities.

HWSA's activities will increase community demand for VCT services and strengthen the capacity of community-based organizations to provide VCT through training and mentoring. These HWSA activities will contribute to the PEPFAR goal of providing care and support to 10 million HIV-affected individuals.

Continued Associated Activity Information

Activity ID:	3305
USG Agency:	U.S. Agency for International Development
Prime Partner:	Hope Worldwide South Africa
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 250,000.00

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
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	35	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	15,000	☐
Number of individuals trained in counseling and testing according to national and international standards	130	☐

Indirect Targets

In addition to HWSA's direct CT targets, HWSA is training and mentoring a group of CBOs and FBOs to increase their organizational capacity. These organizations are then able to provide better quality CT services. HWSA will track reach of partner organizations trained during the course of the year.

Target Populations:

Adults
Community-based organizations
Discordant couples
HIV/AIDS-affected families
Volunteers
Primary school students
Secondary school students
University students
Doctors

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Frontiers
Prime Partner:	Population Council
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7612
Planned Funds:	$ 0.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is linked to Population Council's other activities in AB (#7614), Condoms and Other Prevention (#7611), PMTCT (#7613) and ARV Services (#7861).

SUMMARY:

This activity was initiated at the request of the Department of Health (DOH) and has been ongoing for two years. The Population Council (PC), in collaboration with the National Department of Health (NDOH) and the provincial health departments in North West province (NW), is using PEPFAR funding to implement and evaluate the feasibility, acceptability, effectiveness and cost of two models that integrate HIV prevention information and the routine offer of provider-initiated counseling and testing for HIV into Family Planning (FP) services. These models will be implemented in three South African districts in the North West. Integrated services have been implemented in 12 clinics and will be introduced in a further 12 clinics. In addition, referral systems, monitoring and supervision will be strengthened in all three districts and other provinces will be encouraged by the NDOH to consider scale-up of services.

BACKGROUND:

In the context of the HIV epidemic in South Africa (SA) and the South African Government (SAG) commitment to provide ARV treatment, improving access to counseling and testing (CT) for HIV in resource limited settings has broadened from primarily that of a prevention intervention to a key entry point for ARV therapy, care and support services. SA has a contraceptive prevalence rate of 62% and FP services are the most highly utilized public sector service. FP services can serve as an entry point to CT services and also an early entry point to PMTCT. This project aims to incorporate routine provider-initiated CT services into FP to improve the uptake of CT and the use of dual protection. Results so far have indicated positive changes in terms of: provider mentioning CT to clients (increased by 33.6%), provider mention of condoms (improved by 16%), and clients accepting testing (increased 38.6%). CT uptake increased by 24% and 'condom use at last sex' improved by 6.5%, while consistent condom use increased by 10%. These preliminary results indicate that the integration of HIV prevention and the routine offer of CT in FP settings is feasible, acceptable and is effective without compromising the existing quality of FP services. However, there are a number of challenges that still need to be addressed in order to improve the implementation process. These challenges include the need to: (1) strengthen the referral system for HIV-infected clients to improve continuity of care, (2) provide continued support and monitoring to implementation sites to ensure successful integration, (3) minimize the rotation of trained staff at implementation sites, and (4) improve the quality of monitoring data collected at clinic and district level.

ACTIVITIES AND EXPECTED RESULTS:

Population Council will carry out four separate activities in this Program Area.

ACTIVITY 1: Training, Ongoing Quality Assurance and Supportive Supervision

PC is extending training to other healthcare providers (i.e. assistant nurses and lay counselors), to provide HIV prevention information, risk assessment and referral or provision of CT. This activity also involves ongoing monitoring and supportive supervision to 24 project clinics and building capacity for DOH staff at district and provincial levels to sustain supervision. Funds will be used for the printing of information, education, communication (IEC) materials and job aids for integrated services. In addition, FY 2007 funds will be used to strengthen the quality of provider-initiated CT services and to strengthen monitoring at clinic and district level. This will be achieved by working with the districts to amend some of the tools as well as to provide training on their use. Target groups for these activities are healthcare providers, facility managers, program managers, LifeLine counselors (LifeLine is a PEPFAR-funded NGO), district and provincial DOH staff in the Women's Health and Genetics (WHG) and CT programs and district health informatics officers.

ACTIVITY 2: Development of Network/Linkages/Referral Systems

Strengthening referral systems for HIV-infected clients post CT will be one of the major foci in order to improve continuity of care. This activity involves raising awareness on the importance of creating links among treatment, care and support with FP services, so that HIV-infected clients can benefit from an effective referral system. Treatment sites as well as sites that provide care and support will be identified. Training will be provided to FP providers and lay counselors on appropriate referral and available sites for referral in the location. The target group for this activity includes healthcare providers, DOH program managers as well as community-based organizations and non-governmental organizations.

ACTIVITY 3: Continued Partnership with the National and Provincial Government

As part of aligning PC's work with government policy, PEPFAR funding will be used to enable the activity to work more closely with the NDOH national voluntary counseling and testing (VCT) program and to continue working with the WHG program. PC will support the NDOH by providing technical assistance (TA) to the department in terms of planning for scale-up of effective components and assisting in identifying key policy barriers in implementing integrated HIV and reproductive health services. Target groups for this activity includes national and provincial VCT program staff as well as other NDOH staff under the HIV prevention, treatment, care and support program.

ACTIVITY 4: Creating Conditions for Scale-up and Capacity Building

An evaluation of the effectiveness of integrating HIV into FP services will be completed. Funds will be used to develop and modify evaluation tools, train field workers, and to collect and analyze data. In addition, seminars will be conducted with relevant stakeholders to encourage information dissemination and use. At these seminars, innovative interventions on how to increase CT uptake will be discussed, as well as how to continue strengthening the continuum of care and support for HIV-infected individuals.

This activity will assist the South Africa PEPFAR program to reach its goal in both care and treatment by strengthening the continuum of care.

Continued Associated Activity Information

Activity ID:	2970
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Council
Mechanism:	Frontiers
Funding Source:	GHAI
Planned Funds:	$ 250,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	24	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	309	☐

Indirect Targets

The Population Council is working in collaboration with the National Department of Health (NDOH) and the provincial health departments in North West province (NW), to strengthen the overall CT uptake rates in 24 facilities. The NDOH and NWDOH are actually providing the CT services, however, the Population Council is having a significant indirect impact on the increasing uptake and quality of services through ongoing training, mentoring, job aides, etc.

Target Populations:

Family planning clients
Nurses
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Women (including women of reproductive age)
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Key Legislative Issues

Other

Coverage Areas

North-West

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7625
Planned Funds:	$ 600,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This program is related to AB (#7624), Condoms and Other Prevention (#7884) and Basic Health Care and Support (#7885).

SUMMARY:

Humana People to People (Humana) implements an HIV and AIDS prevention program called Total Control of the Epidemic (TCE). TCE's voluntary counseling and testing (VCT) program focuses on providing VCT to household members during home visits, training lay counselors, supporting South African Government (SAG) services through human resources, piloting mobile testing, and following up with the household member to ensure that counseling and testing took place. The major emphasis area of the CT program is community mobilization/participation, while minor emphasis areas are development of network/linkages/referral systems and training. Key target populations are men, women, pregnant women, discordant couples, migrants, community leaders and traditional healers.

BACKGROUND:

TCE was first launched by Humana in 2000 in Zimbabwe. TCE has been implemented in five countries in southern Africa reaching a population of three million people. This program trains community members as Field Officers (FOs) to utilize a person-to-person campaign methodology to reach every single household within the project target area with a comprehensive HIV and AIDS program that includes prevention, VCT, and palliative care. Humana received its first PEPFAR funding in July 2005. Under PEPFAR, Humana runs three TCE areas in the province of Mpumalanga and one TCE area in the Limpopo province. With FY 2007 funding, Humana will add palliative care activities to its program. Humana has previously implemented home-based care programs both with TCE and other community programs in South Africa. Furthermore, Humana is at present implementing the TRIO program, a public-private partnership with Johnson & Johnson that provides support for people on ARV treatment in Limpopo and Gauteng. Lessons learned from this program and also from similar activities in Botswana will be used. Humana works in partnership with the SAG and the Bohlabela District Municipality (now Mopane/Ehlanzeni districts), the latter being a major partner of the program contributing with significant counterpart support. Humana's program has received a number of awards, including the 2003 Stars of Africa Award' (in partnership with Johnson and Johnson) for best Corporate Social Investment Program within Health/HIV/AIDS in South Africa.

ACTIVITIES AND EXPECTED RESULTS:

Humana will carry out five separate activities in this program area.

ACTIVITY 1: Human Capacity Development

TCE will increase the capacity of services for VCT in the target areas by establishing two VCT sites. TCE will train two nurses and six counselors for each site. The nurses and counselors will all receive a once-off training on VCT and thereafter they will be trained quarterly on data management, referrals and linkages and other refresher courses.

Counselors will be trained in accordance with SAG policy and guidelines. In addition, TCE will support the salaries of retired private sector nurses to provide testing services.

ACTIVITY 2: VCT Promotion and Support

VCT sites will actively target couples and encourage couples to go for counseling and testing as a strategy for reaching both women and men. The sites will also actively seek to test children of HIV-infected people. The VCT sites rely on mobilized clients and those referred by TCE Field Officers. In addition, TCE encourages the FOs and community volunteers (Passionates) to know their own status and thereby become good role models to other members of their community. The FOs are trained as lay-counselors, who will follow-up with people after testing and offer them the necessary ongoing support, either through referral to existing services or by establishing their own support systems, e.g. Positive Living Clubs and support groups.

ACTIVITY 3: VCT Services

Based on previous experience, TCE has identified a need for increased access to VCT in the areas where TCE operates. Under PEPFAR FY 2005, Humana has educated six counselors to work in VCT sites and collaborates with loveLife, a South African NGO, to run a VCT center from the TCE offices at Bushbuckridge in Limpopo province. Negotiations are taking place with the District Department of Health for TCE to start its own site and also to work at public VCT sites.

In FY 2007 TCE will employ counselors, who will be trained to work in and add value to VCT 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 VCT services, in order to increase the number of people being tested. Furthermore, the counselors will work to strengthen links with existing services for HIV-infected individuals and treatment and care. Counseling sessions will specifically address male norms and behaviors that impact HIV. The sites will work with the District Department of Health, from which it will also receive supervisory support and test kits.

ACTIVITY 4: Mobile Testing

Activities in Bohlabela have shown that there are many people who can not afford to visit the local VCT site because of time and money. Practice in mobile testing in TCE has clearly shown that the number of people being tested will increase significantly if the testing is carried out in the communities. TCE is at present in negotiation with the District Department of Health about mobile testing. The idea is to arrange mobile VCT sites, which will be designed to ensure confidentiality, at places in the communities to increase the accessibility to testing. These sites could be established at a school, youth club, church or any other public site.

ACTIVITY 5: Linkages With Sectors and Initiatives

In addition to running its own sites, TCE mobilizes community members to go for testing at public VCT sites, educates pregnant women about PMTCT, and makes referrals to antenatal clinics. Other TCE collaborative activities include:
- Work with PEPFAR partners (like Broadreach and HIVSA) and SAG hospitals providing treatment to facilitate access to ARVs and related services such as support groups.
- Conduct TCE-run activities for palliative care. These activities may absorb some of the needs identified by the FOs during their door-to-door-campaign or at TCE's VCT sites.
- A strong partnership with the TB sub-directorate in the Bohlabela district. FOs are trained to raise awareness about TB, make referrals to clinics and collect sputum.
- Cooperation with SAG departments including the Department of Social Development to ensure that orphans and vulnerable children (OVC) and people living with HIV who are identified through household visits are able to access social grants.
- Working with the Department of Education to ensure children and youth access education and receive HIV and AIDS information and education.

These activities will contribute to the PEPFAR goal of providing care to 10 million HIV-affected individuals through an increased number of people being tested and knowing their status resulting in fewer infections; reduction of stigma as a result of more people knowing their status; higher gender equity through counseling (individuals/couples); increased lifespan due to timely treatment of opportunistic infections, positive living, monitoring of CD4 counts and entry to treatment programs before developing AIDS; and strengthened linkages between services offered by government and other organizations.

Continued Associated Activity Information

Activity ID: 3021
USG Agency: U.S. Agency for International Development
Prime Partner: Humana People to People in South Africa
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	8,000	☐
Number of individuals trained in counseling and testing according to national and international standards	16	☐

Target Populations:

Adults
Community leaders
Discordant couples
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Migrants/migrant workers
Traditional healers

Coverage Areas

Limpopo (Northern)

Mpumalanga

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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7648
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

PEPFAR funds allocated to CT ($585,000) are for 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 provides training and mentoring in counseling and testing to Department of Health staff, and ensures that counseling and testing is integrated into TB, STI and contraceptive services at all levels. This activity will be competed in an Annual Program Statement (APS) for FY 2007 funding, as the activity has grown in scope and funding level that warrants competition, therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID: 3333
USG Agency: U.S. Agency for International Development
Prime Partner: Wits Health Consortium, Reproductive Health Research Unit
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 585,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Commercial sex workers
Family planning clients
Doctors
Nurses
Discordant couples
HIV/AIDS-affected families
People living with HIV/AIDS
Pregnant women
Girls
Boys
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Medical Research Council of South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7664
Planned Funds:	$ 400,000.00

Activity Narrative: IINTEGRATED ACTIVITY FLAG:

This Medical Research Council activiy is an integrated approach addressing vulnerable populations, components of this activity are also described in Condoms and Other Prevention (#7956) program area.

SUMMARY:

The MRC findings from the International Rapid Assessment Response and Evaluation (I-RARE) of drug use and HIV risk behaviors among vulnerable drug using populations, including injection drug users (IDUs), sex workers and men who have sex with men (MSM), in Cape Town, Durban, and Pretoria point to: (1) high prevalence of overlapping drug and sexual risk behaviors; (2) high prevalence of HIV in these populations; and (3) barriers to access and utilization of risk reduction, substance abuse and HIV services.

Activities of this project build upon FY 2005 and 2006 PEPFAR investments to strengthen programs serving IDUs, sex workers, and MSM by developing the capacity of organizations in Cape Town, Durban, and Pretoria to deliver services that enable these populations to reduce their risk of HIV infection. Activities will focus on creating multi-sectoral and multi-disciplinary consortia of substance abuse and HIV organizations and developing organizational capacity to implement targeted community-based outreach interventions, and linking outreach efforts to risk reduction counseling related to drugs and HIV, and access and referral to substance abuse, HIV care, treatment, and support services.

The major emphasis area for these activities is the development of networks, linkages, and referral systems between outreach workers, NGO/CBOs, and healthcare service providers. Minor emphasis areas include community mobilization/participation; information, education, and communication; linkages with other sectors and initiatives; local organization capacity development; policy and guidance; quality assurance, quality improvement, and supportive supervision; strategic information; and training. Primary target populations are high-risk vulnerable populations, (including IDUs, sex workers, and MSM), and organizations that provide service to these populations. This project is consistent with the revised South African National Drug Master Plan and will provide guidance on how the South African Government can translate strategies into action. Across all activities, sustainability is addressed by linking HIV counseling and testing, care and support services for vulnerable populations, developing the capacity of existing programs, creating synergy across organization and service provider networks, providing quality assurance and refresher trainings, and enhancing data management systems. Legislative interests include: (1) gender, by increasing gender equity in HIV and AIDS program; reducing violence, increasing women's access to income and productive resources; and (2) reducing stigma and discrimination associated with HIV status and vulnerable populations.

BACKGROUND:

In FY 2005, PEPFAR supported the MRC to conduct a rapid assessment of drug use and HIV risk among IDUs, sex workers, and MSM in Cape Town, Durban, and Pretoria. In FY 2006, PEPFAR supported the convening of public and private partners, stakeholders, and organizations serving the target populations to develop recommendations, based on the findings of the rapid assessment. In FY 2007, the MRC, in collaboration with a consortium of organizations and provincial governments, is well positioned to implement interventions to reduce high-risk drug use and sexual behaviors and increase access to and utilization of services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Linking Community-based Outreach to HIV Services among Injecting and Non-Injecting Drug Users, Drug Using MSM, and Drug Using Women Engaged in Sex Work

Three separate activities focusing on the target groups (IDUs, CSWs, and MSM) are consolidated into one activity description as they share similar components.

A major finding of the rapid assessment indicates a lack of linkages and coordination of

drug abuse treatment and HIV services. The focus of this activity is developing the capacity of NGO/CBOs and other HIV and drug service organizations serving IDUs, sex workers, and MSM to implement interventions targeting high-risk drug use and sexual behaviors and to increase their access to and utilization of services. Specifically, this activity will support the formalization of consortia linking drug abuse treatment and HIV service delivery organizations in Cape Town, Durban, and Pretoria/Johannesburg. This activity will develop the capacity and skills among the consortia for the provision of comprehensive HIV and AIDS programs tailored for drug users and adapted to the local epidemic. Components will include community-based outreach, risk reduction counseling, and access and referral to HIV counseling and testing, substance abuse, and other HIV care and treatment services. Individuals reached by outreach efforts will be linked with tailored HIV counseling, testing, treatment, and other support services. Service providers will be cross-trained to respond to issues of violence, drug abuse and HIV, including issues of sensitivity, confidentiality and stigma related to vulnerable populations. To facilitate integration among drug and HIV services, a system for referrals from counseling and testing to other services will be established in the consortia to ensure HIV-infected and HIV-negative clients are linked to appropriate prevention, care, and treatment services (e.g., antiretroviral treatment, PMTCT, palliative care, STI and tuberculosis treatment, substance abuse treatment, and transitional services including job skills and income generation activities).

ACTIVITY 2: Managing, Monitoring and Rapidly Evaluating Links and Coordination of Drug Treatment and HIV Services for Drug Using Populations

In preparation for activities in FY 2007, the MRC will conduct formative key informant and focus group interviews to ensure interventions are aligned with the current local epidemic and adapt existing training manuals for community-based outreach. This activity will support the MRC in the management, oversight, monitoring, and evaluation of the three activities summarized under Activity 1. The MRC will regularly monitor all aspects of the activities, including ensuring that sub-partners coordinate provision of trainings by local AIDS Training Centres. The MRC will establish a system for collecting data on targets on an on-going basis. The MRC will rapidly evaluate Activity 1 to determine the relative effectiveness of the interventions to reduce high-risk drug use and sexual behaviors and increase access and utilization of services among the three target populations.

Future plans for this project will build upon FY 2005 and 2006 PEPFAR investments and lessons learned from the implementation of the interventions in FY 2007. In FY 2008, the MRC will continue to refine the interventions and rapidly scale them up to reach other provinces and underserved populations.

Results contribute to PEPFAR 2-7-10 goals by preventing infections and increasing uptake of voluntary counseling and testing (VCT) among vulnerable drug using populations to know their status and be appropriately referred to treatment services. Also, results are aligned with South Africa goals to scale-up programs that serve IDUs, MSM, and sex workers; integrate VCT into other healthcare delivery and by decreasing stigma and discrimination; and increase VCT services links with referrals to health systems networks.

Continued Associated Activity Information

Activity ID:	3141
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Medical Research Council of South Africa
Mechanism:	TB/HIV Project
Funding Source:	GHAI
Planned Funds:	$ 0.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	10	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,725	☐
Number of individuals trained in counseling and testing according to national and international standards	20	☐

Target Populations:

Commercial sex workers
Community-based organizations
Injecting drug users
Men who have sex with men
Non-governmental organizations/private voluntary organizations
Other Health Care Worker

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	PSI
Prime Partner:	Population Services International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7855
Planned Funds:	$ 6,313,000.00

Activity Narrative: SUMMARY: This project promotes a mix of community-based and clinical counseling and testing (CT) models. The Society for Family Health and the Population Services International (SFH/PSI) will manage a franchise network (under the brand name, New Start) of 12 stand-alone CT sites, each with a mobile CT program. From these CT sites, SFH will provide training and support to at least six healthcare facilities to increase the number of tuberculosis (TB) patients who receive HIV CT in clinical settings, and to private healthcare workers to enable them to make CT a routine part of medical care. Emphasis areas include community mobilization/participation, development of network/linkages/referral systems, local organization capacity development, quality assurance/quality improvement/supportive supervision and training. Primary target populations include men and couples for CT in non-medical settings, and TB patients for CT in medical settings. Higher risk populations such as prisoners, sex workers, and men who have sex with men are targeted when possible.

BACKGROUND: Activities are ongoing. New Start opened in December 2004. At this time, 83% of FY 2006 has elapsed and New Start has achieved 76% of its FY 2006 client flow goal and exceeded its training target. The program addresses gender issues (key legislative issue) primarily by targeting men and couples for CT. To date, 52% of clients are male and 11% are couples. Although funding for the TB/HIV project only arrived in July 2006, one medical facility in Durban was able to begin working with New Start in August, 2006. SFH works closely with and has strong support from the South African government at national and provincial levels. The program started off with PEPFAR funding and today is co-funded by the South African government.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: SFH will manage a network of 12 stand-alone CT sites, each operating a mobile and workplace CT program. Three of the sites will be managed by SFH and nine by partner NGOs who will receive technical, financial, management, marketing and quality assurance support from SFH. The nine partner-managed "franchise" New Start sites will open in late 2006 and early 2007. Non-profit CT franchising has proven effective at building the capacity of local NGOs to provide CT services and increase client flow. New Start franchising is based on standardized systems for management, training, supervision, quality assurance and referrals and linkages to other services. SFH, the South African government and NICD will train New Start counselors and testing staff. SFH and NICD will carry out quality assurance. Marketing activities will use radio, public relations, print media and community mobilization to reach men and couples.
Beginning in late 2006, Levi's will promote New Start services through Levi's stores, Levi's sponsored mobile CT and Levi's media activities. Mobile CT and below-the-line marketing will continue to target prisoners, men who have sex with men, and commercial sex workers when possible. Mobile CT activities will expand and work with a variety of hosts -- including workplaces, NGOs, communities, churches and government agencies such as the prison system and the commuter rail system. New Start has an agreement with the Anglican church to provide CT services through its parishes. New Start CT protocols include non-medical TB and STI screening. Each New Start site has a site-specific referral guide to allow counselors to refer clients to an array of post-test care and support services. Each New Start site also has a Referral Coordinator to maintain linkages with referral points. From New Start sites, SFH will provide training and support to NGOs not part of the New Start network in CT service provision and to private doctors in routine offer CT using rapid test kits. These training and quality assurance activities will be carried out in partnership with NICD and the FPD, the training arm of the South African Medical Association.
ACTIVITY 2: SFH will increase the number of TB patients who are tested and referred for HIV treatment. The project will partner with and mentor NGO, private sector and/or government facilities, strengthen already existing systems and work to fill important gaps where the testing and referral of TB patients can be improved. The support provided to these TB healthcare providers will depend on the needs of the facilities and will include some or all of the following four assistance models:
- SFH will provide training and support to partner organizations in routine provider-initiated CT, so partner organizations can introduce routine testing for TB patients.
- SFH will provide training and support to partner organizations in client-initiated CT, so partner organizations can introduce and manage their own CT operations in TB facilities.
- SFH will create New Start satellite operations at TB facilities. Partner organizations will

provide space and support to New Start to provide CT from TB facilities on a daily basis.
- SFH will provide training and support to partner organizations who wish to open New Start franchises within TB facilities. Franchise partners will be fully integrated into the New Start network.
Legislative issues addressed include gender issues and stigma and discrimination. Gender issues will be addressed through targeting men and couples for CT services. Testing rates among men are low. Encouraging couples CT allows women a structured environment to address HIV issues with their male partners. Diminishing HIV stigma is best achieved by increasing the number of people who learn their HIV status and disclose to family and friends. The proposed activities encourage sustainability by focusing on human capacity and organizational development. Franchising develops the capacity of a network of NGOs to provide high quality services, including the development of workplace programs that bring in revenue to partner NGOs. The proposed activities also encourage a sustainable response to the need to test large numbers by providing training and support to private doctors to make CT a routine part of medical care. Mobile CT activities bring together non-health sectors of society such as churches or workplaces in the fight against HIV.
Activity 3. PSI/SFH will develop and carry out a mass media campaign to encourage HIV counseling and testing. PSI/SFH will work in partnership with Right to Care and at least one private sector partner. The campaign will be national and will culminate in a one week testing drive. This testing week will bring together PSI/SFH's New Start static site and mobile testing services, Right to Care's testing services and the testing services of other service providers, including other NGO and Government of South Africa testing services. The campaign's private sector partner will associate its brand with the campaign and spend its own funds on the campaign. Media used will include television or radio and public relations. The campaign and one week testing drive will take place in late 2007 or early 2008. SFH and Right to Care currently are developing the campaign, selecting campaign target groups, determining private sector partners and developing testing targets. SFH will work closely with the government of South Africa to ensure that the campaign has government support and buy-in at all levels.
Activity 4: South to South. PSI-Lesotho will support the Know Your Status campaign in Lesotho by training counselors on rapid testing and quality assurance; providing mentoring and training to community health workers in the KYS; developing IEC materials for the KYS; procurement and delivery of rapid test kits for the KYS; expansion of mobile testing services to compliment the KYS campaign; providing TA to the KYS technical working group. Activity 5: PSI will appoint KYS liaison officers at each New Start site in Lesotho. Funds will also be used for a study tour to Uganda and Malawi.

Continued Associated Activity Information

Activity ID:	3095
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University Research Corporation, LLC
Mechanism:	PSI/SFH Replacement
Funding Source:	GHAI
Planned Funds:	$ 1,225,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	30	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	154,000	☐
Number of individuals trained in counseling and testing according to national and international standards	435	☐

Indirect Targets

Clients tested by private health care workers will result in indirect individuals counseled and tested for HIV but no targets have been set because this program is still in the planning stage with the Foundation for Professional Development and the South African Medical Association.

Target Populations:

Adults
Business community/private sector
Community-based organizations
Faith-based organizations
Doctors
Nurses
Discordant couples
Men who have sex with men
Non-governmental organizations/private voluntary organizations
Religious leaders
Doctors
Nurses

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Free State

Limpopo (Northern)

North-West

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Absolute Return for Kids
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7883
Planned Funds:	$ 125,000.00

Activity Narrative: INTERGRATED ACTIVITY FLAG:

This activity also relates to Absolute Return for Kids' (ARK) activities in ARV Services (#7507), OVC (#7886) and TB/HIV (#7882).

SUMMARY:

ARK's focus is to provide antiretroviral treatment (ART) and accompanying support to primary HIV-infected caregivers with children. This includes the encouragement and support for the voluntary counseling and testing (VCT) of partners and children, to ensure complete family coverage and earlier access to ongoing treatment, care and support. Although the primary focus of ARK is on the caregivers of children, ARK offers its services to the entire population in all of its service areas. VCT services will be delivered in all of ARK's supported communities.

The primary emphasis areas for these activities are community mobilization, local organization capacity development, human resources, and training. Primary target populations include adult women and men and their families.

BACKGROUND:

ARK is a charity organization whose mission is to facilitate and support delivery of accessible and sustainable comprehensive treatment, care and support services to children and their caregivers in communities affected by HIV and AIDS and poverty.

In partnership with the KwaZulu-Natal (KZN) Provincial Government, ARK has established a comprehensive ART program in government primary health centers and hospitals. ARK works with the provincial government to identify sites and areas for capacity-building in areas including human resources, human capacity development, modest infrastructure improvements and service delivery. ARK's activities enable the provincial government to increase the number of patients counseled, tested, and provided ART and related services.

To date PEPFAR funding has enabled ARK to successfully provide over 9,000 patients onto ARV treatment in KZN through the sustained development of primary care facilities and their down referral sites in five districts, in primarily peri-urban and rural communities.

With FY 2007 funding, ARK will provide VCT services to children and spouses/partners of caregivers, as well as other household members. This will be linked to home visits undertaken by ARK's community adherence workers. Home visits serve to evaluate the psychosocial situation of patients, the degree of family support, and issues related to disclosure. Although ARK's treatment target population is predominantly mothers, caregivers, and their spouses/partners and children, increased attention is being given to encourage men, single women and children to come forward for testing and treatment.

ACTIVITIES AND EXPECTED RESULTS:

ARK's primary objective is to keep mothers alive to continue caring for their children in order to reduce the incidence of orphans and vulnerable children (OVC). Early, widespread testing and access to ARVs reduces the likelihood of morbidity and mortality from HIV. This, in turn, increases the likelihood of survival of family units, which guard income security and ongoing nurturing required by children in these households. Furthermore, the psychosocial component of counseling and testing forms a vital component for behavior change.

ACTIVITY 1: Support to Provincial Government for VCT Services

ARK works with the KZN provincial government to develop the necessary processes and systems to manage a comprehensive HIV and AIDS treatment program, and to ensure that the model created is scaleable, sustainable and replicable elsewhere. ARK, in partnership with KZN provincial government, will provide training and mentoring for government employed lay counselors and community adherence workers working at these primary sites where ARK's ARV treatment program exists. ARK will ensure that management systems are in place to support the work of the counselors and the delivery

of VCT.

ARK will strengthen or initiate VCT services at all sites identified by the provincial health department and assigned to ARK for support. To better ensure sustainability, where possible, ARK will use the counselors available through the District HIV program. ARK will also employ counselors and train existing employed community care workers to provide counseling for VCT services. Where infrastructure support is required, ARK will, in consultation with the facility managers and district managers, decide on the most cost-effective infrastructure support (prefab or modest renovations). ARK's OVC program, through the social workers and community workers placed at schools, will establish links with clinic services to ensure better and more efficient referral of children in need of testing and care, including their caregivers and immediate family.

ACTIVITY 2: Human Capacity Development

Formal and informal training and onsite mentorship will be provided to all lay counselors in the program. ARK, in partnership with the Centre for Social Science Research at the University of Cape Town, will continue to develop and improve training modules for lay counselors. The areas covered in training include: basic and advanced counseling skills, positive living, disease progression, opportunistic infections, risk reduction for HIV transmission and safer sex. Counseling and ongoing training will be in line with the National Department of Health (NDOH) Guidelines. ARK will provide mentorship and supportive supervision to lay counselors in the program to ensure high quality standards for VCT. Testing is conducted by nurses at the VCT site in accordance with NDOH standards. Support in terms of systems management and coordination of lay counseling will be provided to VCT sites.

ACTIVITY 3: Referrals and Linkages

Community care workers and social workers will be recruited to assist OVC and their caregivers in accessing ARK-assisted primary health facilities for VCT. They will coordinate the referral system between caregivers, children and VCT services. ARK will inform and coordinate activities with local NGOs, CBOs, and FBOs to establish effective referral networks for VCT services. Lay counselors will refer HIV-infected individuals to ARK's ARV treatment sites.

VCT activities will directly contribute to PEPFAR's goal of 2-7-10 by counseling substantial numbers of South Africans as part of VCT. VCT contributes directly to the goal of 10 million people receiving care.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	15	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	22,000	☐
Number of individuals trained in counseling and testing according to national and international standards	120	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Caregivers (of OVC and PLWHAs)
Other Health Care Worker

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechanism

Mechanism: NEW APS 2006
Prime Partner: Medical Care Development International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7905
Planned Funds: $ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to Medical Care Development International-South Africa (MCDI SA) activities in PMTCT (#7903) and Basic Health Care and Support (#7904) program areas.

SUMMARY:

Building on its USAID child survival program, MCDI SA will use PEPFAR funding to carry out activities to support the KwaZulu-Natal Department of Health (KZNDOH) efforts to improve and increase use of the counseling and testing services through three components: training of local health workers to provide comprehensive counseling and testing services; strengthening the capacity of HIV and/or AIDS support groups for networking with voluntary counseling and testing (VCT) centers and communities for the reduction of stigma and discrimination; and incorporating community-based, youth-focused, home-based care, outreach and other approaches to promote VCT uptake. Emphasis areas are information, education and communication (IEC), community mobilization/participation, development of network/linkages and local organization capacity building. The primary target populations are general population, especially youth and people living with HIV (PLHIV).

BACKGROUND:

This project will expand on and strengthen activities that MCDI SA has been working on in KwaZulu-Natal (KZN) for the last 10 years through funding from the USAID Health and Child Survival Grants Program to promote VCT services in the following ways:(1) training of health workers and lay counselors for provision of pre-test counseling and VCT services for youth and adults in HIV and STI prevention; (2) community outreach, education and advocacy to promote VCT; (3) strengthening the capacity of HIV and AIDS support groups to become eligible for registration as cooperatives; (4) training for HIV and AIDS support groups to promote HIV counseling and testing in VCT and PMTCT sites and in communities with an emphasis on fighting against stigma and discrimination; and (5) establishing youth clubs for girls and boys in-school and out-of-school for promotion of VCT. Partners include: the KZNDOH, The Valley Trust (TVT), the National Association of People Living with HIV and AIDS (NAPWA) and Community Health Committees (CHC).

ACTIVITIES AND EXPECTED RESULTS:

MCDI SA will carry out three separate activities in this Program Area.

ACTIVITY 1: Training of Healthcare Workers

MCDI SA will continue to work toward improving the capacity of local health workers to provide quality VCT services and to educate the community on the importance of VCT in preventing HIV transmission and as an entry point for treatment and care. A core team of sub-district trainers will be trained on VCT, home based-care, antiretrovirals (ARVs) and tuberculosis (TB) treatment adherence. In turn, they will train facility nurses on National Department of Health (NDOH) VCT protocols, so that each primary health care facility will have at least two nurses trained on the protocols.

ACTIVITY 2: Establishing and Strengthening Support Groups

MCDI SA has demonstrated that one key way to combat stigma and discrimination in health facilities and in communities is through providing easy access to HIV and AIDS support groups. Existing HIV and AIDS support groups in Ndwedwe sub-district will be strengthened to become eligible to be registered as cooperatives. Sub-districts will be able to work closely with other organizations in a self-sustainable and self-sufficient entity. MCDI SA will also identify viable VCT and PMTCT sites in other sub-districts of Ilembe District to establish additional HIV and AIDS support groups, with the goal of strengthening their capacity to become sustainable registered cooperatives. Support groups members will receive training and education on counseling and advocacy. Support group facilitators, known as Community Development Facilitators (CDFs) will receive ongoing training in promoting VCT services and the related HIV and AIDS, TB,

antiretroviral treatment (ART) and nutrition issues from MCDI SA and NAPWA.

ACTIVITY 3: Information, Education and Communication

A mobile education unit, staffed by two trained HIV-infected individuals from NAPWA's support groups, will travel between tribal authorities to conduct information and education campaigns at, and in close proximity to, VCT sites. This will assist to: (1) raise knowledge and awareness about VCT services for HIV and AIDS, STIs and TB patients; and (2) explain how stigma, discrimination and sexual abuse are undermining the health and well-being of their families, friends and neighbors.

Community church groups, traditional healers and traditional leaders will be trained and enlisted to actively participate in these IEC campaigns. Based on successful workshops conducted in Ndwedwe sub-district as part of a previous project, MCDI SA will hold additional workshops for influential community members to educate them on VCT services and the harmful effects of stigma and discrimination. Support group members will be included in the training to discuss their own experiences with stigma and discrimination and the benefits of using VCT services.

These results contribute to the PEPFAR 2-7-10 goals by improving access to, and quality of counseling and testing services in order to identify HIV-infected persons and to increase the number of persons receiving ARV services.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	30	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	3,500	☐
Number of individuals trained in counseling and testing according to national and international standards	50	☐

Indirect Targets

Although MCDI is directly providing CT services, they are also indirectly supporting the overall Ilembe District CT program. Project activities done to support ongoing DOH services, establishing of VCT service quality assurance, and training of all facility nurses on VCT protocols will provide sustainable benefits to all pregnant community members.

Target Populations:

Community-based organizations
Faith-based organizations
Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
Girls
Boys
Secondary school students
Religious leaders
Traditional healers
Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	NEW APS 2006
Prime Partner:	McCord Hospital
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7907
Planned Funds:	$ 176,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This McCOrd Hospital and Zoe Life (McCord/Zoe Life) activity also relates to TB/HIV (#7910), Basic Health Care and Support (#7912), PMTCT (#7906) and ARV Drugs (#7908) and ARV Services (#7909), described elsewhere in the COP.

SUMMARY:

McCord/Zoe Life aim to increase capacity to expand integrated counseling and testing (CT) services within the framework of a comprehensive HIV care and treatment program in seven sites-- four municipal clinics and three non-governmental organizations (NGOs). Capacity will be developed by (a) training of voluntary lay counselors at the NGOs to provide best-practice services, (b) mentorship of NGO and municipal counselors to provide integrated, provider-initiated CT services, and (c) strengthening continuity of care post-CT through referral of HIV-infected clients by counselors to the HIV care and treatment services. The emphasis areas are the development of referral systems between vertical programs, human resource support, development of a training curriculum aimed at CT of children, strengthening the local organizational capacity to increase CT services, quality improvement, supportive supervision, and in-service training of staff. Specific target populations are the general population, refugees and internally displaced persons (through the KHWEZI AIDS Project in central Durban), and workers within the business community. Counseling and testing will be provided in French and Swahili in the KHWEZI AIDS project to reach refugees and asylum seekers (key legislative issue) from Central and West Africa who currently reside in the Durban area.

McCord Hospital receives funding for PMTCT and ARV treatment through the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). This program described here focuses on strengthening the capacity of public sector facilities, and it is distinct from the hospital-based program funded by EGPAF.

BACKGROUND:

Counseling and testing is the entry point to prevention, care, treatment and support of HIV-infected persons. If access to care and treatment is to be accelerated, then access to CT should be aggressively pursued. In KwaZulu-Natal, lay counselors in municipal and local health authorities have traditionally provided a stand-alone vertical service to persons requesting HIV testing. Uptake of VCT services has largely been a result of the PMTCT program, with referral from other programs (sexually transmitted infections (STI) and tuberculosis (TB)) and self-referral contributing a small percentage to the uptake of CT. In the NGO setting, patients are largely referred for CT from community health workers who suspect advanced HIV disease. Thus, apart from PMTCT where CT is provider-initiated, the bulk of CT services are requested by clients who are already symptomatic with AIDS and who require a definitive diagnosis and ARV treatment.

The emphasis of this new project would be to shift the trend of voluntary counseling and testing (VCT) to a more universal, provider-initiated opt-out service designed to increase uptake of services and to promote early diagnosis of HIV while patients are still well enough to access wellness and health promotion services. This project would also emphasize increasing opportunities to counsel and test children. In addition to increasing uptake of CT, this project seeks to ensure that clients who learn of their HIV status will be seamlessly integrated into care, support and treatment services. Lastly, this project seeks to take CT into the business community to workers who would not otherwise have an opportunity to be counseled and tested. These activities are supported by the KwaZulu-Natal Department of Health (KZNDOH). Activities within the municipal clinics will be undertaken with the support of the eThekwini (Durban) Municipality. Gender issues (key legislative issue) will be addressed by taking VCT services into the business community, where many employed men have no access to services. In addition, counselors will proactively encourage partners of women tested in PMTCT services to access testing. Where possible, the technical support team will investigate the possibilities of extended hours of CT services to include weekends or evenings.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

McCord/Zoe Life will work with three NGOs currently providing psychosocial support to HIV-infected clients in their communities using voluntary lay counselors. These voluntary lay counselors have been trained by a variety of organizations. In order to standardize the quality of counseling which will be offered through this project, McCord will train all participating lay counselors. Training will be conducted over 10 days according to the South African national counseling guidelines (minimum standard). Lay counselors employed by the four municipal clinics will have benefited from the 10-day training course as a pre-employment requirement and will not require further training in CT. Staff from all seven sites will be trained in VCT of children to increase confidence and skill in this area. Counselors will be trained to conduct pre- and post-test counseling with caregivers and children where appropriate. Clinical staff will be trained in testing of children, which includes skills to draw blood from small children or babies. This is currently a barrier to widespread testing of small children outside of a hospital setting. Counselors who have not already had exposure to training in couple counseling will be trained and urged to encourage partner or family attendance at clinic or NGO activities with the view of encouraging testing and other palliative care services.

ACTIVITY 2: Workshop in Provider-Initiated Counseling and Testing Within a Multidisciplinary Team

All staff who participate in this project will attend a preparatory workshop on the concept, advantages and implementation challenges of provider-initiated or opt-out CT services. During this workshop, the seven sites will be assisted in formulating an approach to implementing provider-initiated CT or opt-out counseling as an augmentation to their current services, which would include PMTCT, STI, TB, children's clinic, immunization services. Staff will be assisted to include lay counselors into a multidisciplinary team which will span across vertical programs. Staff will be assisted to develop referral systems which are effective and ensure continuity of care between VCT, HIV care and treatment and the other programs. Special attention will be paid to increasing confidence in counseling and testing of children.

ACTIVITY 3: Technical Support to Implement Provider-Initiated or Opt-Out CT

All sites will be supported technically to implement provider-initiated or opt-out CT through weekly mentorship of counselors, facilitation of multidisciplinary and inter-program referrals, and problem solving. McCord/Zoe Life will assist sites to strengthen monitoring and evaluation systems linked to CT. Information relating to the implementation of CT services will be reviewed and fed back to staff at the sites for ongoing quality control and problem solving. Counselor mentors will monitor quality of counseling, assist with complex cases and strengthen referrals. Clinical support will be given to staff that require assistance with testing of children.

ACTIVITY 4: Human Resource Augmentation

In sites where uptake of CT exceeds the staff capacity, PEPFAR-funded counselors will be employed to increase capacity whilst the organization motivates for increasing human resources from the KZNDOH or from other funding sources.

The McCord Hospital/Zoe Life activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by strengthening the public sector and expanding access to 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, Quality Improvement 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 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		☑
Number of service outlets providing counseling and testing according to national and international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	13,750	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Business community/private sector
Family planning clients
Doctors
Nurses
HIV/AIDS-affected families
Infants
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
Pregnant women
Girls
Boys
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Other

Coverage Areas

KwaZulu-Natal

Table 3.3.09: 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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7911
Planned Funds:	$ 580,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Africa Centre's Hlabisa CT activities also relate to ARV Services (#7275), Basic Health Care and Support (#7274), TB/HIV (#7913) and PMTCT (#7914)

SUMMARY:

The Hlabisa antiretroviral treatment (ART) program aims to deliver comprehensive, integrated, safe, effective, efficient, equitable and sustainable ART and related services to all who need it in Hlabisa district. Voluntary counseling and testing (VCT) is part of this program in Hlabisa District Department of Health (DOH), rural KwaZulu-Natal, South Africa. The target population for the program is adults and people affected by HIV and their families. The major emphasis area of this program is community mobilization/participation. Minor emphasis areas include information, education and communication (IEC), local organization capacity development, and quality assurance and supportive supervision.

BACKGROUND:

The Africa Centre for Health and Population Studies (Hlabisa ART Program) is a partnership between the KwaZulu-Natal Department of Health (KZNDOH) and the Africa Centre, a population research department of the University of KwaZulu-Natal. The Hlabisa ART Program is comprehensive and based on integration. VCT related activities fall within this program. The rogram is based in Hlabisa District, a rural health district in northern KwaZulu-Natal, and provides healthcare to 220,000 people at one government district hospital and 13 fixed peripheral clinics. The ART Program is embedded in the DOH antiretroviral therapy roll-out where the Africa Centre and KZNDOH work to complement each others abilities and resources in providing ART. The Africa Centre has expertise in infectious diseases and management that are not available at the district DOH. In addition to clinical staff and infrastructure, the district DOH provides the necessary drugs, laboratory tests and rapid test kits for effective roll-out.

With FY 2007 funds, the Africa Centre will continue to improve and expand VCT services by providing additional human resources and training. Africa Centre will link VCT services to PMTCT services, TB/HIV, palliative care, and treatment programs. Increased attention will be given to addressing gender inequality (including increasing male involvement in VCT and care) followed by the promotion of ART services amongst men and children.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

PEPFAR funding will be used to fund three VCT centers with two VCT counselors per center. As part of capacity building, counselors are recruited from the local area, and trained to do the counseling. Counselors will receive mentoring and supervision on a regular basis by Africa Centre VCT supervisors. In addition, counselors will meet to discuss their work with their peers. Counselors will participate in short courses to refresh their counseling skills. These courses will incorporate education on new initiatives that had not been a part of their initial training.

ACTIVITY 2: Counseling

Counseling centers have been established in partnership with the Africa Center's main funder, the Wellcome Trust-UK. These centers will be expanded with PEPFAR funding and promoted in the community. Moving away from clinics and offering the VCT in a broader range of settings (e.g. close to a supermarket, in town), the Africa Centre hopes to attract hard-to-reach people to VCT. Further, it is hoped that VCT centers in non-clinical settings will help to minimize the stigma attached to taking up HIV testing and counseling. The counseling centers will offer rapid testing with pre and post-test counseling. VCT services will follow SA Government protocols. VCT counselors will refer testers to appropriate further services, including the ART program, the TB program and government support services (disability grant, food help). VCT counselors will encourage testers to disclose their status to partners. Prevention counseling will be especially aimed at people who are

at increased risk for HIV and will be tailored to the specific needs of the patient. Those receiving VCT will be counseled on personal risk reduction including messages about partner reduction and behavioral changes to achieve healthy life styles. Counseling and testing takes place in separate closed rooms in order to ensure confidentiality. All testers will receive their test results during the post-test counseling session.

ACTIVITY 3: Community Mobilization

The Africa Center road shows (mobile IEC services) and other community events will be used to promote VCT. Specifically, the community will be informed that rapid testing will be offered at the three VCT sites. The road shows will also be the forum to reduce the stigma around visiting a VCT center. All possible efforts will be made to encourage couples and youth to receive counseling and testing.

ACTIVITY 4: Referral and Linkages

Africa Center will strengthen the referral system from the DOH TB program to VCT by providing training to direct observation treatment supporters (DOTS) on the need for HIV testing for patients who receive TB treatment. HIV-infected people will be referred for CD4 testing and treatment when applicable. The counselors will inform the testers on where to enroll in the ART program and on how to access government support programs, such as disability grants and food aid.

These activities will contribute to the PEPFAR goals of 2-7-10 by contributing to the 10 million people who will receive care through PEPFAR assistance by providing counseling and testing to many individuals in Hlabisa district.

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

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of service outlets providing counseling and testing according to national and international standards	3	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	2,000	☐
Number of individuals trained in counseling and testing according to national and international standards	6	☐

Target Populations:

Adults
HIV/AIDS-affected families
People living with HIV/AIDS
Pregnant women
Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	South African Clothing & Textile Workers' Union
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7932
Planned Funds:	$ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Southern African Clothing and Textile Workers Union programs aims to provide comprehensive prevention, care and treatment services, described in Condoms and Other Prevention (#7933) and ARV Services (#7934).

SUMMARY:

This activity will provide access to comprehensive voluntary counseling and testing (VCT) services in five provinces. The Southern African Clothing and Textile Workers Union (SACTWU) program will also provide training, support and supervision to VCT counselors. SACTWU has five existing VCT sites and intends to establish two additional sites in KwaZulu-Natal and one site in Western Cape, the two provinces with the largest membership. The emphasis area is human resources, with minor emphasis on commodity procurement, infrastructure, quality assurance and supportive supervision, training, and information, education and communication. Target populations include factory workers, nurses and other healthcare workers.

BACKGROUND:

The Southern African Clothing and Textile Workers Union is South Africa's largest trade union organizing textile and clothing workers. It also organizes footwear, leather and retail workers. SACTWU members form part of the economically active population that has been identified as hardest hit by the epidemic and, due to work constraints, cannot access offsite VCT services. Onsite services allows access to all employees including the nearly 66 percent of SACTWU's membership which is female.

SACTWU has a membership of approximately 110,000 members nationally. The SACTWU AIDS Project is a national program that provides services in five provinces, KwaZulu-Natal, Western Cape, Gauteng, Eastern Cape and Free State. The SACTWU AIDS Project was initiated in 1998 and developed a National Comprehensive Program.

Prior to FY 2007 SACTWU received PEPFAR funding as a sub-grant from the Solidarity Center. The voluntary counseling and testing (VCT) program was initiated in June 2002 and is ongoing nationally, and received PEPFAR funding in FY 2006 through the sub-agreement. In FY 2007 SACTWU will become a prime partner and will receive direct funding.

ACTIVITIES AND EXPECTED RESULTS:

SACTWU will carry out two separate activities in this Program Area.

ACTIVITY 1: Capacity Building for VCT Services

This activity will provide access to workplace VCT services for SACTWU members and their dependents who are members of the communities in the five provinces. SACTWU has three general settings for service delivery: 1) the clinic setting, 2) the regional office setting, and 3) stand-alone sites within factory-based settings. The program also includes training, support and supervision of VCT counselors using the National Department of Health (NDOH) training model. PEPFAR funds will be used for human resources to employ nurses and counselors who will provide VCT services, infrastructure (minor refurbishment), procurement of test kits, quality assurance using NDOH guidelines and supportive supervision and capacity development of the counselors. The nurses will provide a rapid test while lay counselors will perform pre and post-test counseling.

ACTIVITY 2: Commodity Procurement

SACTWU will purchase rapid test kits and other expendable materials from a competitive pharmaceutical supplier. Purchasing staff will make sure that the tests used are recommended by the NDOH.

In FY 2007 SACTWU will provide VCT nationally and train new lay counselors. These activities will contribute to the overall PEPFAR objectives to reach 10 million people in

care.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	3,000	☐
Number of individuals trained in counseling and testing according to national and international standards	100	☐

Target Populations:

Adults
Business community/private sector
Nurses
Other Health Care Workers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7983
Planned Funds: $ 250,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to EngenderHealth's activities in AB (#7566), as well as Condoms and Other Prevention (#7567).

SUMMARY:

EngenderHealth's Men as Partners (MAP) program aims to challenge 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 behaviors. To do this, MAP uses a range of strategies, including workshops, community education, media advocacy and public policy, to encourage young and adult men to follow a comprehensive ABC strategy, and to be counseled and tested for HIV. The primary emphasis area is Information, Education and Communication (IEC), with additional emphasis on Development of Network/Linkages/Referral Systems, Community Mobilization and Participation, and Training. Target populations include men, women, university students, discordant couples, people living with HIV (PLHIV), healthcare providers, and community leaders.

BACKGROUND:

EngenderHealth has received USG funding since 1998 to support faith-based organizations (FBOs), non-governmental organizations (NGOs) and the South African Government (SAG) to implement Men As Partners programs in South Africa. EngenderHealth has used workshops, community education, IEC materials, media advocacy and policy development to promote abstinence, faithfulness, correct and consistent condom usage, reduction of sexual partners and to increase men's use of HIV services, including VCT. Responding to the SAG's Stakeholders' Consultation on Social Mobilization, EngenderHealth has provided focused training and technical assistance to over 30 public sector and civil society organizations over the last 24 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. EngenderHealth was integral in the preparation and hosting of the first 365 Days of Action to End Gender Violence Conference in May 2006, which resulted in a Task Team to take the resolutions forward. Through its training program, 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 them to abstain from sex, reduce sexual partners, reduce risk-taking behavior, and take an active stand in their own lives and in the communities against Violence on Women and Children. The MAP program was recently selected as a finalist for the Red Ribbon Award at the XVI International AIDS Conference in the category of "Addressing Gender Inequalities."

With FY 2007 funding, EngenderHealth will focus on two semi-urban areas and one rural area to establish baseline to monitor over time the impact of the MAP program. EngenderHealth will also hire Monitoring and Evaluation staff to look at establishing baseline information at the three sites, develop and test tools for the purpose of evaluation, replication and rapid scale up of the MAP program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: University-Based Counseling and Testing

With PEPFAR funding, EngenderHealth will continue to support VCT work that has been done on five government-supported university campuses, to increase access of young men and women to VCT services. Peer Educators will be trained according to SAG guidelines, to promote VCT through workshops and community mobilization on campus. Educational materials, which will also follow SAG policies, will be designed, developed and tested to further spread the message. A monitoring and evaluation system will be designed and utilized to track the effectiveness of the activities on campuses. Referrals for TB screening

will be conducted, as well as referrals for CD4 count and ARV services for those who test positive for HIV. A follow-up system will be established to ensure that those referred do get the necessary services. Activities will be carried out through three components: support for VCT activities at five universities through sub-agreements; developing a referral system to VCT sites; and promotion of VCT among students. Activities will also include training for counselors, which will focus on gender-specific counseling, couple counseling, and stigma reduction.

Additionally, VCT outreach days will be arranged to take the services to the wider campus population, reaching those who do not use university health clinics. During these outreach days, testing booths will be set up at strategic points throughout the campus and VCT services offered to all. These booths will be designed to ensure confidentiality. Students will be mobilized to come forward for testing through posters, campus radio and other media. Referral systems for HIV-infected students to existing support groups and medical services will be established, and those students testing negative will receive re-enforced prevention messages. These activities will continue to be conducted in concert with the work at tertiary institutions supported by Johns Hopkins University and its sub-partner, DramAidE (activity flag #7532).

ACTIVITY 2: Community-Based Counseling and Testing

With FY 2007 PEPFAR funding, EngenderHealth will expand their reach of VCT services through the establishment of several new testing sites, each of which will be staffed by trained counselors and nurses. Special community VCT drives will also be arranged to promote VCT services specifically for men in the community. Funding will also support the acquisition of a mobile VCT van, staffed with a nurse and counselors, to increase men's access to VCT services in Gauteng Province. The mobile clinic will be designed to ensure confidentiality. Experience has shown that mobile testing will result in reaching a large proportion of the population that would not visit clinics. This activity will improve and expand on the work already being done in the inner-city area of Johannesburg in conjunction with the Reproductive Health Research Unit (RHRU). Trained Peer Educators will be an integral part of promoting VCT and mobilizing the community for VCT service uptake.

As with the university-based VCT activity, community-based VCT will also include SAG-approved training for counselors, which will focus on gender-specific counseling, couple counseling, and stigma reduction. Referral systems for HIV-infected people to existing support groups and medical services will be established, and those testing negative will receive re-enforced prevention messages. A follow-up system will be established to ensure that those referred do get the necessary services.

ACTIVITY 3: Training

EngenderHealth will train healthcare providers, according to SAG policies, to improve VCT services, taking into account male-specific needs. This improvement of services will in turn increase men's utilization of HIV services, especially VCT, TB Screening, ARV uptake, ARV adherence, and their support for their partners' participation in these services, especially prevention of mother to child transmission (PMTCT). EngenderHealth's programs will also improve the quality and availability of male-friendly HIV services.

These activities contribute to the PEPFAR goal of providing care to 10 million HIV-affected individuals through an increased number of people being tested and knowing their status, resulting in fewer infections; higher gender equality through counseling (individuals/couples); increased lifespan due to timely treatment of opportunistic infections, and strengthened linkages between services offered by government and other organizations.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	10	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	8,000	☐
Number of individuals trained in counseling and testing according to national and international standards	20	☐

Target Populations:

Adults
Community leaders
Discordant couples
People living with HIV/AIDS
University students
Other Health Care Workers

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Foundation for Professional Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7987
Planned Funds:	$ 1,100,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is integrated with the Foundation for Professional Development's (FPD) activities in South Africa under ARV Services (#7593), ARV Drugs (#7985), TB/HIV (#7985), and Strategic Information (#7594).

SUMMARY:

This FPD project focuses on promoting early diagnosis of HIV as an entry point to wellness programs and access to prophylactic treatment. FPD will expand counseling and testing (CT) activities from institutional based CT at ART sites to introduce new easily accessible CT at sites based in civil society e.g. pharmacies, faith-based organizations (FBOs), tertiary academic institutions and private medical practices. FPD will focus on offering routine CT (RCT) for all patients admitted to public sector hospitals where FPD supports ART services. The major emphasis area for these activities is human resources but several other emphasis areas (including development of networks/referral mechanisms, information education and communication, and training) support the success of the overall effort. Target populations for these activities include out-of-school youth, adults, public and private healthcare workers, CBOs, FBOs and NGOs. The activities also directly and indirectly target people living with HIV (PLHIV) and most at risk populations.

BACKGROUND:

FPD is a South African private institution of higher education working exclusively in the health sector in southern Africa. PEPFAR funding has allowed large-scale training and substantially increased access to ART. FPD has not received PEPFAR funding for CT activities in the past, but CT services are an integral part of the comprehensive care package offered at a number of FPD supported clinics since FY 2004. To date, FPD has provided training for over 400 clinicians and nurses on VCT. Coordination with provincial Departments of Health (DOH) takes place through Memorandums of Understanding (MOUs). The project will focus on various gender-related activities as described in Activity 5. It is envisaged that FPD will be the main project implementer, but given that this is a new project activity, sub-agreements with local NGOs and FBOs may be used to increase community participation and to increase CT services.

ACTIVITIES AND EXPECTED RESULTS:

FPD's activities will be aimed at strengthening the existing healthcare system, promoting closer cooperation between the public sector and civil society institutions, and developing human capacity. It is expected that all activities will offer sustainable and long-term benefits for the South African healthcare system. Another sustainability element comes from a public-private partnership (PPP) with an international NGO, Sole of Africa, who has agreed to donate large numbers of rapid tests to FPD. The project will focus on expanding CT services mainly in the geographical areas around the ART services that FPD supports by:

ACTIVITY 1: Support to the South African Government

At the sites where FPD is supporting treatment activities FPD will increase dedicated staff who will focus on expanding CT services for couples, infants and children and adults, as well as cross-testing (testing STI and TB patients for HIV and vice versa). Dedicated CT nurses and counselors will offer RCT for all patients moving through these healthcare facilities. Standard registers and negotiated performance targets will be used to drive this activity and monitor its implementation.

PEPFAR funds will largely be used for human resources (e.g. nurses and lay counselors). PEPFAR funds will also be utilized for training and to address minor infrastructure needs where necessary for the delivery of CT services at government sites (and NGO & FBO sites). PEPFAR funds will be utilized for the procurement and distribution of HIV test kits if necessary and may also be utilized CD4 count testing where such tests are required to increase access to care.

ACTIVITY 2: Establishment of New VCT Sites

FPD will introduce new civil society based VCT services at easily accessible sites such as private medical practices, private pharmacies, tertiary educational facilities, NGOs and FBOs. Outreach activities will be introduced to create awareness of these services in the larger community with specific emphasis on at risk groups and vulnerable populations. The introduction of new testing sites at NGOs, FBOs, student healthcare services, private practices and private pharmacies will ensure the widespread and sustainable availability of VCT services. Emphasis will be placed on promoting client-friendly rapid testing facilities. The introduction of VCT services in venues that are not perceived as having an HIV or AIDS specific connotation (private pharmacies or private medical practices) will contribute to overcoming stigma induced barriers to accessing VCT due to fears of being seen at an "AIDS facility". Staff will be trained on proper recording and data management.

ACTIVITY 3: Human Capacity Development

FPD will provide training in VCT services for medical practitioners, lay counselors and nurses to ensure strict adherence to VCT protocols and high quality counseling.

This project will place specific emphasis on gender issues. All VCT staff will be trained on: couple counseling; identifying and referring of victims of sexual abuse and violence; and stigma reduction. The program will address gender by creating an ARV related set of services that will increase gender equity through mitigating the burden of care on women. At the time of VCT and other ARV related services women will be identified and -- if they fit the profile -- will be referred to a number of faith-based programs that also support the clinics and VCT sites. These faith-based programs provide women with resources ranging from accommodation, to nutritional support and job creation programs. Male norms and behaviors are addressed in the counseling provided at these facilities and all staff actively work towards reducing violence and coercion by identifying victims of violence. The FBO partners provide a shelter for female victims of violence that are identified through the project activities.

ACTIVITY 4: Linkages and Referrals

The strengthening and expansion of referral networks and linkages with care and treatment services for clients identified as HIV-infected will be a central focus of the project. FPD will link with local CBOs, NGOs, and FBOs to increase demand for VCT services and to help with referral and follow up. All VCT staff will be trained on referrals and linkages. Each VCT site will have a list of local service providers that patients can be referred to. All referrals will be bi-directional and followed up to make sure that clients are accessing the services and providers are providing the services.

PEPFAR Plus up funds will largely be used for human resources (e.g. nurses and lay counselors) in support of CT services. PEPFAR funds will also be utilized for training and to address minor infrastructure needs where necessary for the delivery of CT services at government sites. The government will provide test kits. Funds may also be utilized for CD4 count testing where such tests are required to increase access to care.

FPD will also expand new civil society based VCT services at easily accessible sites such as tertiary educational facilities, NGOs and FBOs. Outreach activities will be introduced to create awareness of these services in the larger community with specific emphasis on at risk groups and vulnerable populations. The introduction of new testing sites at NGOs, FBOs, student healthcare services will ensure the widespread and sustainable availability of VCT services. Emphasis will be placed on promoting client-friendly, provider initiated, rapid testing.

This series of activities will contribute to the PEPFAR goals of 2-7-10 by providing care to many through high quality, appropriate counseling and testing.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	25	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	29,000	☐
Number of individuals trained in counseling and testing according to national and international standards	500	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Non-governmental organizations/private voluntary organizations
Out-of-school youth
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other 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

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: HIVCARE
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7988
Planned Funds: $ 250,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This HIVCARE activity also relates to activities described in Basic Health Care and Support (#7989), ARV Services (#7312), and ARV Drugs (#7311).

SUMMARY:

HIVCare will use FY 2007 funds to work with the Free State Department of Health (FSDOH) to provide antiretroviral treatment in private health facilities to patients who do not have medical insurance (either through referrals from the public sector, or self-referral). The Free State has mainly a rural population, with only two major metropolitan areas (Bloemfontein and Welkom). In addition, the government rollout of HIV care and treatment has been geographically limited with only one treatment site in each of the five districts.

The Medicross Medical Centre, a well equipped private primary health center, provides the main resource base in conjunction with three other sites in Bloemfontein and another one in Welkom. The center will provide an effective means of providing HIV care and treatment to patients who are either referred from state facilities or who access the sites 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 networks, linkages and referral systems, quality assurance and supportive supervision. The target population includes men and women; families (including infants and children) of those infected and affected factory workers and other employed persons, and government employees - specifically teachers, nurses and other health workers. A further specific population that will be targeted will be secondary school children. 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:

The HIVCare project began in June 2005 with PEPFAR funding. The main aim of the program was to match the FSDOH with partners from the private sector (in this case Netcare, the largest private sector health provider in South Africa, through their primary health centers) in order to build private sector capacity and absorb some of the burden from state facilities. Many FSDOH centers have waiting lists of people for ARV treatment. Patients from these waiting lists who meet the eligibility criteria for treatment, are referred from those public sector clinics to one of the HIVCare primary health centers in Bloemfontein or Welkom for care and treatment. HIVCare will be able to serve the population in need through its four sites in Bloemfontein and single site in Welkom. The FSDOH is a collaborating partner in this public-private partnership.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Provision of Medical Services

The HIVCare treatment sites will provide all medical services related to the delivery of HIV care and treatment. In addition they will provide voluntary counseling and testing (VCT) services. Management and coordination activities will be provided by HIVCare. Active marketing of VCT service will only be done within local secondary schools as part of an HIV awareness and prevention strategy although it is expected that word of mouth and the central location of the sites will provide the desired accessibility for the public and will furthermore ensure that the required patient numbers are achieved.
In addition to clinic referrals, Free State government employees will be encouraged to make use of the HIVCare services. The HIVCare centers specifically are being promoted among government employees (who do not have medical insurance) in the Bloemfontein area as independent testing and treatment sites where confidentiality can be ensured.

ACTIVITY 2: VCT

Patients attending the center for testing receive comprehensive voluntary counseling and

testing. Persons testing positive, with their consent, are screened for treatment and care options including staging tests (e.g. CD4) to determine the level of disease progression. Those that meet the clinical criteria will be referred to the treatment program. In order to provide these services, five additional nursing sisters (registered nurses) will be trained in VCT services. Persons participating in VCT will be provided with a call center number which they will be able to use to access further advice and /or information. Literature on HIV and related matters will also be provided.

ACTIVITY 3: Public Private Partnership

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, HIVCare will expand its existing project to target children as part of its continuum of care. This activity targets girls and boys of mainly secondary school age through messages of awareness of HIV care and treatment. A teen center catering for the specific needs of this age group has been established and PEPFAR funding will be used to continue the treatment services already started. VCT that takes place at this center will be provided in an environment that is sensitive to the special needs of this group and in line with the South African laws and regulations pertaining to children and HIV.

By providing comprehensive VCT services to patients and promoting ARV services for a significant population (people without private insurance and school age children) HIVCare is contributing to the PEPFAR goals of placing 2 million people on ARV treatment 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	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	4	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	2,520	☐
Number of individuals trained in counseling and testing according to national and international standards	5	☐

Target Populations:

Adults
Business community/private sector
Nurses
Infants
Teachers
Girls
Secondary school students
Other Health Care Worker

Coverage Areas

Free State

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University Research Corporation, LLC
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7991
Planned Funds:	$ 1,400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to activities in Basic Health Care and Support (#7429), ARV Services (#7428), TB/HIV (#7430), PMTCT (#7431) and TB/HIV (#7626).

SUMMARY:

University Research Corporation (URC) works with the national and provincial Departments of Health in South Africa to expand access and uptake of HIV counseling and testing (CT). URC's major strategy is to introduce provider-initiated CT, with the option to opt-out, to reduce missed opportunities for HIV identification and further spread of HIV in the country. URC will use a collaborative approach for rapidly expanding the CT services. The approach will include: integrating services (CT with antenatal care, sexually transmitted infections (STI), tuberculosis (TB) and general clinical service areas); training program managers and healthcare providers; placing temporary clinical staff to launch the CT services; and strengthening supervision and monitoring systems. Support will also be provided to improve recording and reporting at all levels. The major emphasis area is local organization capacity development, with minor emphasis on quality assurance and supportive supervision, network/linkages/referral systems, and training. The activity targets public health workers, community-based organizations (CBOs) and faith-based organizations (FBOs), program managers and community volunteers, youth and adults, and STI, TB, and general clinic attendees.

BACKGROUND:
Uptake of CT remains low due to stigma, as well as perceptions about poor follow-up and treatment options available for people with HIV and AIDS. In 2006, URC was awarded the provider-initiated CT program in South Africa. The current program is focusing on seven provinces (Mpumalanga, KwaZulu-Natal, Limpopo, Gauteng, North West, Free State and Eastern Cape) to increase uptake of CT services. The basic strategy is to help healthcare facilities introduce provider-initiated CT. This is is achieved by integrating provider-initiated CT, with the option to opt-out, with TB, STI, antenatal care and other general clinical services targeting both adults and youth.

In FY 2007, URC will continue using the district-based CT service expansion model whereby CBOs and FBOs as well as public and private healthcare facilities will play a role in increasing uptake of CT through referrals and direct provision of high quality provider-initiated services. In clinics that lack the requisite number of staff or the existing staff does not have the appropriate skills for initiating CT, URC will place temporary staff (counselors and testers) to rollout the CT services. The maximum duration of temporary staff assignments to a facility will not exceed six months. URC will develop the capacity of healthcare workers in their ability to provide high quality provider-initiated CT services, including post-test counseling for both HIV-infected and HIV-negative persons.

ACTIVITIES AND EXPECTED RESULTS:

URC will carry out seven separate activities in FY 2007.

ACTIVITY 1: Assist NDOH to Streamline Policies on Provider-initiated HIV CT

URC will work with the National Department of Health (NDOH) to develop a policy framework to streamline the integration of provider-initiated CT with various clinical services (TB, STI, antenatal care, pediatric care, etc.). URC will support policy dialogue workshops at national and provincial levels to expedite the development of the policy framework.

ACTIVITY 2: Develop District-based CT Expansion Strategy

URC, in consultation with provincial district health offices, will identify target districts. All facilities in a district will be covered under URC's CT program. URC will assist each focus district in developing a strategy for increasing uptake of provider-initiated CT services. A typical strategy will have the following elements: clinical services and facilities to be targeted for integration with provider-initiated CT; key performance indicators (number of people to be trained; number of people who will receive the CT services); training

schedule (who will be trained, when will they be trained); supervision and mentoring (who will be responsible for providing supervision and mentoring to facilities to ensure the CT is being integrated and the quality of services are per national standards, etc.). Each district will establish a CT expansion team representing HIV, maternal and child health, TB, and STI directorates. These teams will be responsible for reviewing results every three months to determine if CT expansion strategies are producing desired results.

ACTIVITY 3: Establish Baseline CT Uptake Levels in Each New Facility

URC staff will review clinic logs and patient records to establish baseline CT uptake, and referrals for antiretroviral treatment (ART) in various clinical settings (TB, STI, antenatal health clinic, etc.). These assessments will help the facility teams identify clinical services that are offering CT as well as the levels of uptake. The rapid assessments will also examine the quality of services that may be affecting the CT uptake. The assessments will target both service providers and CT clients (those who accept and those who opt-out). Observations, chart and record reviews, and interviews are some of the approaches that will be used for data collection.

ACTIVITY 4: Training

URC will work with the departments of health to train clinic staff (doctors, nurses, midwives, counselors, and testers) in provider-initiated CT. Training will focus on how to provide pre-test information and how to provide post-test counseling to HIV-infected and HIV-negative persons. The training will also include a module on the management of provider-initiated CT, which covers logistics, recording and reporting, referral systems for HIV testing (for sites that are unable to provide testing within their sites) and ART. Specific case studies will be used and participants will work in groups to identify gaps in CT services and suggest possible solutions. URC will provide job-aids, wall charts, and other needed materials to improve compliance with clinical and counseling guidelines.

ACTIVITY 5: Referrals and Linkages

Not all service providers or facilities will be able to offer CT within their facilities. In such cases, URC will work with provincial and district departments of health to develop referral linkages to ensure that clients have easy access to services. We will also develop linkages between CT sites and sites offering ARV treatment.

ACTIVITY 6: Compliance Audits

URC will conduct annual compliance assessments in a sample of participating facilities to assess whether the staff is in compliance with the national CT guidelines. These assessments will also examine the quality of performance data reported to the program.

ACTIVITY 7: Strengthening Quality Assurance and Supervision System

URC will train district and facility-level supervisors in quality assurance and quality improvement methods and facilitative supervision techniques for improving the quality of CT services.

These activities are expected to increase uptake of HIV CT in 500 healthcare facilities by assisting them to rapidly expand CT services. Facilities receiving URC assistance will provide HIV CT results to 205,000 men and women as a result of the integration of HIV CT with other high volume health services. URC will train 1,400 healthcare workers in CT integrated with antenatal care, TB, STI and general health services.

By focusing on promoting the uptake of counseling and testing through community structures and increasing local capacity, URC will contribute to the PEPFAR goals of 10 million people in care and 7 million infections averted.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	500	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	145,000	☐
Number of individuals trained in counseling and testing according to national and international standards	1,400	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Doctors
Nurses
Non-governmental organizations/private voluntary organizations
Pregnant women
Girls
Boys
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8215
Planned Funds: $ 350,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The CDC's Division of STD prevention activities also relates to Condoms and Other Prevention (#8216) and PMTCT (#8218).

SUMMARY:

This project aims to initiate high quality HIV counseling and testing (CT) services into existing sexually transmitted infections (STI) clinical services. The major emphasis area is information, education and communication; minor emphasis areas are development of referral systems, training healthcare providers, and quality assurance and supervision to support high quality services. This activity falls under one area of legislative interest: stigma and discrimination. The activity targets adult and adolescent men and women of reproductive age. Although not specific targets, other most-at-risk populations (e.g., sex workers, clients of sex workers, truckers, sex partners of HIV-infected persons) are expected to use these community services.

BACKGROUND:

People with newly diagnosed sexually transmitted infections (STIs) are at greatly increased risk for contracting other STIs, including HIV. The STI diagnostic encounter provides an opportunity to encourage CT in this high risk population. 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-saving antiretroviral therapy. Prevention counseling is beneficial regardless of HIV status, and likely particularly beneficial to uninfected individuals who remain at continued risk of acquiring HIV. The STI encounter can also identify 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 PEPFAR, supports routine offering of HIV CT services in a high volume, public community facility. The proposed approach is to normalize CT by sensitizing healthcare providers and offering a simple and proven-effective CT model that has been conducted in STD clinics and other settings internationally. The model employs confidentiality and a respectful approach (reducing stigma and discrimination) while promoting HIV testing. The prime partner, CDC's Division of STD Prevention, will work through a subcontract with the parastatal national STI Reference Centre (STIRC) to oversee the project, hire staff, and procure needed commodities. The implementing organization will be an existing public STI clinic or primary care site already working with STIRC and willing to initiate routine CT services. It is assumed that the program will scale up and allow tools/curricula to become widely available in South Africa.

ACTIVITIES AND EXPECTED RESULTS:

A program needs assessment will be conducted to identify current barriers to routine CT in the facility and the community. Based on assessment results, an existing simple and proven-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 for 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 specially trained in CT) will provide prevention counseling that strongly encourages HIV testing and uses a goal setting approach to reduce high risk behavior through the patient's chosen goal such as faithfulness with a concordant partner, consistent and correct condom use, or other means.

Specific activities include: (1) Conduct program needs assessment to understand barriers to CT; (2) Hire one clinic supervisor to oversee activities and provide quality assurance (QA) and data collection; (3) Hire two prevention counselors to provide CT; (4) 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; (5) Train all (approximately ten) healthcare providers on encouraging CT, confidentiality, respectful approaches (clinic wide training); (6) Develop referral system and tracking system to determine if referred patients achieved expected services; and (7) 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 include: (1) Identify HIV-infected persons to allow speedy referral to HIV clinical services; (2) Provide proven effective prevention counseling for HIV uninfected clients at high risk for sexual HIV acquisition; (3) Development of 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. Achievements over the past 12 months include: (1) initial technical trip and site visits, (2) development and submission of protocol to Gauteng provincial officials and CDC, and (3) development of training materials.

These results contribute to PEPFAR 2-7-10 goals by preventing new HIV infections with risk-reduction counseling aimed at behavior change, identifying new HIV infections through increased testing and referring more people to antiretroviral therapy and other health services.

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

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of service outlets providing counseling and testing according to national and international standards	4	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,800	☐
Number of individuals trained in counseling and testing according to national and international standards	30	☐

Target Populations:

Adults
Doctors
Nurses
USG headquarters staff
Other Health Care Worker
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gauteng

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Mpilonhle
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8247
Planned Funds:	$ 260,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to Mpilonhle activities in the program areas of AB (#8238), Condoms and Other Prevention (#8241), Care for OVC (#8246) and Basic Health Care and Support (#8243).

SUMMARY:

Mpilonhle's voluntary counseling and testing (VCT) activities include (1) schools-based health screening, and (2) community-based health screening. These services will be delivered through mobile clinics and mobile computer laboratory facilities to 12 secondary schools and 24 community (non-school) sites at Umkhanyakude District in rural KwaZulu-Natal province.

Emphasis areas are: human resources in the form of salaries for health counselors performing VCT; infrastructure in the form of mobile clinics and electronic medical record systems; strategic information in the form of data collection on rates of acceptance of pre-test counseling, testing, results, and post-test counseling, data on HIV status, and data on sexual behavior; and development of network /linkages/referral systems through the referral. Targeted populations are secondary school students and adults in the general population.

BACKGROUND:

This is a new activity that will be implemented by the prime partner, a new non-governmental organization (NGO) named Mpilonhle. The program has broad support from district and provincial South African government leadership. The whole infrastructure will be established using the PEPFAR funds to purchase mobile vans, equipment and operational costs to run the program. Mpilonhle will implement activities in Umkhanyakude District, the poorest and most rural district in KwaZulu-Natal province, and one with high HIV prevalence. The activity will consist of activities in 12 representative rural secondary schools that suffer from physical remoteness, poor health conditions, and generally inadequate resources, and in 24 community (non-school) sites. Partners include the Department of Education, the South African Democratic Teachers' Union, District Health Services, and district and municipal leadership.

ACTIVITIES AND EXPECTED RESULTS:

Mpilonhle will conduct five activities in this Program Area.

ACTIVITY 1: Schools-based Health Screening

A health counselor will provide secondary school students with an annual individualized health screening that includes VCT, screening and referral for common health problems, counseling or referral to further services for PMTCT, ART, TB and psychosocial support, and referral to a social worker for assistance with accessing government grants and support for people living with HIV (PLHIV). School principals, local Department of Education officials, district and municipal mayors and focus groups of teachers and students have expressed the community's acceptance of schools-based VCT.

ACTIVITY 2: Community-Based Health Screenings

This will be conducted by health counselors at 24 community-based sites outside of schools. Community-based health screenings will consist of a core of HIV preventive services including individualized VCT; personalized ABC counseling, and condom provision to sexually active individuals; referrals to other community-based services for PMTCT, ART, TB and psychosocial support; referrals to a social worker for assistance with accessing government grants and support for OVC or PLHIV; general health screening and referral for care and other services as required; basic computer training to community members; and group HIV and health education sessions.

ACTIVITY 3: Mobile Facilities

These counseling activities will be provided through mobile facilities. Each mobile facility will consist of a paired-up mobile clinic and mobile computer laboratory, staffed by one primary care nurse, four health counselors, one health educator, and one computer educator. Each mobile facility will visit a participating secondary school one week per month for eight months per year. This will allow each mobile facility to serve four secondary schools per school year. The project will have three mobile facilities, allowing Mpilonhle to serve 12 secondary schools in total. Each participating secondary school has an average of 800 students, and will offer the first three activities described above. Six of the 12 schools have been pre-selected.

ACTIVITY 4: Voluntary Counseling and Testing

VCT will be conducted using the parallel testing algorithm, with the results available along with post-test counseling during the same screening session. A blood sample will be drawn by the nurse and sent for ELISA testing at a reference laboratory for discordant results. Health counselors will be trained in SAG-approved VCT training programs and will use SAG-approved HIV and AIDS VCT protocols. Health screening will use an Electronic Medical Record (EMR) system implemented on handheld computers programmed with health screening guidelines, algorithms, and series of questions that must be followed by the counselors. These will save individual screening results into a medical record. EMRs facilitate collection of timely, high quality and easily analyzable data. EMRs also contribute to quality control by minimizing missing data, and enforcing and monitoring conformity to protocols and guidelines. The data collected by the EMR system will include indicators of acceptance of pre-test counseling, testing, results, post-test counseling, data on HIV status, and on sexual behavior.

Persons who are HIV-infected will be referred to the program nurse for further evaluation, including CD4 testing which will be done at Department of Health laboratories. Persons who meet initial screening criteria for antiretroviral treatment (ART) will be referred to the Hlabisa Health sub-district ART program at one of the DOH clinics. Persons screened for TB will also be referred to district clinics.

ACTIVITY 5: Human Capacity Development

Sustainability of activities is facilitated by building human capacity in remote rural areas. Mpilonhle will maximize the capacities and skills of relatively abundant lay health workers to enable them to perform critical yet currently scarce services such as HIV counseling, health screening and personalized risk assessment, and health education. This skills development in lay health workers will shift the burden of these activities away from relatively scarce professional health workers like nurses and doctors. Mpilonhle will build the technical expertise and capacities of lay health workers through rigorous training and regular refresher courses and through the technological support provided by the information technology components of the program. Sustainability is also facilitated by political commitment from district and municipal governments, and the local Department of Education to scaling-up and to fund-raising in support of such scaling-up.

These activities will contribute to PEPFAR 2-7-10 goals of promoting counseling and testing for HIV among secondary school students and adults in the general population.

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
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		☑
Number of service outlets providing counseling and testing according to national and international standards	36	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	7,997	☐
Number of individuals trained in counseling and testing according to national and international standards	21	☐

Target Populations:

Adults

Secondary school students

Other Health Care Workers

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Project Support Association of Southern Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8254
Planned Funds:	$ 150,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This Project Support Association of Southern Africa (PSASA) activity is linked with activities described in the Basic Health Care and Support (#8250) and OVC (#8251) program areas. Activities in this program area are linked to activities under Family Health International (FHI) activity (#7953).

SUMMARY:

The PSASA will use FY 2007 funding to expand access to integrated services for HIV-infected/affected individuals in home-based care (HBC) programs by strengthening the linkages between HBC and voluntary counseling and testing (VCT). This will be done by establishing referral mechanism with FHI's Mobile Support Units (MSU) and through strengthening referral systems with provincial Department of Health clinics. PSASA will refer HBC clients and community members to VCT from underserved areas in Mpumalanga and KwaZulu-Natal provinces. The emphasis areas for the following activities are the development of network/linkages/referral systems, training and local capacity development. Target populations addressed are people living with HIV (PLHIV) and their families, health professionals, volunteers, and caregivers.

BACKGROUND:

PSASA is a non-profit organization whose mission is to create community partnerships that enhance their ability to prevent, mitigate and alleviate the impact of HIV and AIDS of which home-based care (HBC) programs are an integral component. Care at the home and community level is a strategy within the South African Government's 'HIV and AIDS/STD Strategic Plan for South Africa'. PSASA has established and continues to support over 60 HBC programs. Many of these were established in partnership with the Mpumalanga Department of Health from 1998 onwards. In 2004, 127,614 clients received direct support from a PSASA project and over 32,000 household members received training from community caregivers. Currently, PSASA will refer HBC clients to VCT when a government clinic is nearby; however, much of the population lives in areas where access to VCT is limited. These projects will be expanded under PEPFAR as part of PSASA's ongoing core activities.

Tighter links between HBC and VCT and ARV Services will afford men and women the opportunity to improve their overall quality of life through integrated services. This project addresses the need to establish formal referral and follow-up mechanisms for VCT and antiretroviral treatment (ART)and other essential healthcare services in HBC programs where clients are often in need of ART.

Through the use of MSUs, PSASA's referred clients will have better access to VCT, diagnosis and treatment of sexually transmitted infections (STIs), ARV services, and family planning (FP). These integrated mobile services target HIV-infected individuals and their families, orphans and vulnerable children (OVC) and their families, HBC caregivers, as well as the surrounding communities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: VCT Referral

In close collaboration with the Mpumalanga Department of Health, PSASA will, through referral, expand access to quality integrated services for infected and affected individuals. Services that will be targeted for referral to MSUs will be: VCT, ARV services and STI screening in rural and underserved areas.

These projects in Mpumalanga, where existing home-based care programs are operating, will have limited associations with existing referral facilities such as private or government VCT providers. A Testing Coordinator will provide training in VCT referral, follow-up, and communication skills to each of the HBC Coordinators. Mentoring and didactic case scenarios will also be used. The HBC Coordinators will assist the HBC worker to counsel one person or family per week and encourage or refer them for VCT. The testing itself will be conducted by FHI but follow up counseling will be done by the home-based care

workers.

PSASA will strengthen links between the HBC program and the VCT facility in 37 municipalities where PSASA-run HBC programs will not be reached by the MSU and where government or private access to VCT is available. A tracking system will be formalized to track VCT referrals. HBC workers, of which many are traditional healers, will receive additional training in VCT referral and follow-up. This will be augmented through VCT mentorship and follow-up by project coordinators.

PSASA will continue to provide ongoing basic care and support services for its clients and refer clients and their family members, OVC and their family members and community members for VCT. In many cases, PSASA home-based care workers will accompany individuals (with consent) for VCT.

Working with the Testing Coordinator, the PSASA home-based care workers conduct community outreach to promote VCT.

These activities will contribute to the PEPFAR 2-7-10 goals by increasing the number of people receiving counseling and testing and by increasing the number of people receiving ARV treatment.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Indirect Targets

PSASA is conducting this activity in partnership with FHI. FHI is actually conducting the counseling and testing activity, however, PSASA is utilizing its sixty-three home-based care projects to participate in the HIV testing component. Care workers are expected to counsel one person or family per week and encourage or refer for HIV testing. The carers will assist with the overall testing process. Over 5000 tests with given results should be undertaken and an estimated 1000 clients should be referred (95% adult, 5% children) for further assessment for ARVs. Since FHI is doing the service delivery component, they are claiming the direct targets.

Target Populations:

Adults
Family planning clients
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Pregnant women
Volunteers
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Traditional healers
Other Health Care Workers

Coverage Areas

KwaZulu-Natal

Mpumalanga

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	LifeLine North West - Rustenburg Centre
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8255
Planned Funds:	$ 157,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is linked to LifeLine Rustenburg activities described in AB (#8271), Condoms and Other Prevention (#8252), and Basic Health Care and Support (#8253) program areas.

SUMMARY:

LifeLine Rustenberg will utilize mobile units to enable counselors and nurses to provide voluntary counseling and testing (VCT) services in Bojanala district in North West province. Clients will receive a group HIV information session, individual pre-test counseling, followed by a rapid test using serial testing algorithm as recommended by National Department of Health (NDOH). Finally a post-test counseling session will be done with individual clients with further referrals provided, if necessary. VCT sessions via the mobile unit will take place at designated areas populated with individuals with high risk behaviors. VCT sessions will follow strict policies of informed consent and confidentiality. The above activity also includes couple HIV counseling and testing.

The major emphasis area is information, education, and communication with training, community mobilization/participation and the development of network/linkages/referral systems as minor emphasis areas.

Target populations include men and women, boys and girls with the proper consent for VCT. Though they are not targeted directly, the project hopes to reach out to certain most at-risk populations, including sex workers, truck drivers, and mobile populations.

BACKGROUND:

LifeLine Rustenburg, a new PEPFAR partner, is a non-governmental, non-profit, community-based organization that has four main areas of service to the community, namely, the provision of: (1) primary mental health counseling and emotional crisis intervention services in frontline support of the formal government and private sector mental health services; (2) HIV and AIDS related counseling, VCT, education, awareness, empowerment and other services in support of efforts to combat the spread of HIV and to empower those already infected to lead productive lives; and (3) life skills and empowerment training services in support of individual and community upliftment and capacity building.

LifeLine Rustenburg is affiliated with LifeLine Southern Africa which, in turn, is affiliated with LifeLine International. Affiliation is awarded annually, based on maintenance of standards, adherence to policy and procedures and acceptable performance in areas of service. LifeLine Rustenburg has a close working relationship with the national office - they are informed on all projects and services run by LifeLine Rustenburg. Biannual consultative meetings are held and quarterly reports submitted.

LifeLine Rustenburg has been operational since May 1991 and serves an area of approximately 200 kilometer radius. Main activities are: (1) personal empowerment and life skills training, especially among youth in the district; (2) drop-in counseling service during office hours from Monday to Friday and private interview counseling by appointment; (3) provision of counseling services in health facilities and local communities; (4) training on specialized HIV and AIDS counseling for health workers from a variety of communities, health facilities, hospitals and mobile units; (5) establishment of a partnership with the North West Department of Health through which LifeLine Rustenburg trains, supplies, and supervises 200 counselors at 147 health clinics throughout the Bojanala District; (6) crisis team services on a 24-hour basis, where a share call number is available throughout the country; (7) support in establishment of LifeLine centers in Mafikeng in North West and in Botswana; (8) training provided to home-based caregivers in counseling skills; and (9) support to capacity building of lay counselors of other NGO/CBOs on HIV and AIDS counseling, care and support.

Lifeline Rustenburg's major CT activity includes the selection of the areas populated with individuals with high risk behaviors for community-based VCT. This will be conducted in conjunction with the Bojanala District Department of Health (DOH). LifeLine will report to

the Department of Health on its activities which will be consistent to the SAG protocols.

LifeLine Rustenburg will also address issues of stigma and discrimination to increase uptake of VCT. Gender issues are addressed such that counseling and testing improves access to services for men and women. Statistics show that less men participate in VCT at public health facilities than women. Pre- and post-test counseling sessions enable individuals to examine their role as a male or female and are encouraged to outline a plan of action for behavior change to prevent HIV infection.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Voluntary Counseling and Testing

LifeLine will provide an easily accessible VCT service targeted towards the communities around Rustenburg and Bojanala District. The aim is to increase individual's knowledge of personal HIV status and when necessary, refer infected and affected individuals to appropriate care and support services. The VCT effort seeks to ensure that the general public has easy access to necessary information, counseling and testing, and required referrals for HIV services. Services will focus on group information sessions, individual or couple pre-test counseling sessions, which include informed consent, testing and confirmatory testing where necessary, and finally individual or couple post-test counseling sessions with required referrals for HIV and other services. VCT services will be available at the LifeLine center for members of the local communities. Mobile units will be staffed by three nurses and eight counselors who will conduct VCT in hard-to-reach areas.

Sustainability is achieved by persistently pursuing ongoing funding for the project, from PEPFAR and the South African Government. Equipment purchased for the project will not need to be replaced for many years to come. Salaries and other costs can be sustained through increased corporate training.

Human capacity development takes place in a variety of self development courses; is carried out in the form of preliminary and ongoing training such that the services provided are of the highest quality and proficiency.

LifeLine's counseling and testing activity will contribute to PEPFAR objectives by averting 7 million new HIV infections and caring for people living with HIV and AIDS.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	2,400	☐
Number of individuals trained in counseling and testing according to national and international standards	11	☐

Target Populations:

Adults

Girls

Boys

Key Legislative Issues

Stigma and discrimination

Coverage Areas

North-West

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Xstrata Coal SA & Re-Action!
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8258
Planned Funds:	$ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This Xstrata Coal South Africa (Xstrata) activity also relates to Basic Health Care and Support (#8257) and ARV Services (#8260).

SUMMARY:

Xstrata is a new PEPFAR partner, receiving funding in FY 2007 for a public-private partnership with the Mpumalanga Department of Health. The implementing partner for this is Re-Action! Consulting (RAC). RAC will facilitate a co-investment partnership with Xstrata to provide support for strengthening targeted government clinics, expanding access to HIV and tuberculosis (TB) prevention, diagnosis and treatment in two districts of Mpumalanga. The project will build on a public-private model for strengthening HIV and TB service delivery that Xstrata and RAC has already begun to implement in the province with funding from Xstrata. Xstrata and RAC will work through established partnerships with local government, the provincial Department of Health, community groups, and private providers. Project deliverables have been defined in response to specific requests for assistance from the Mpumalanga Department of Health. Target populations for the project are men, women and children in in the the two underserved communities of Breyten and in KwaQuqa (Witbank) in Mpumalanga.

BACKGROUND:

Xstrata is a subsidiary of a multi-national mining group committed to practical ways of achieving sustainable development and contributing to the social welfare of employees and their communities. The company employs 4,000 people at 11 mines (collieries) located within the socio-economically deprived Coal Powerbelt region of Mpumalanga. This funding partnership will enable further scaling up of the Community Extension component of Xstrata's well-established comprehensive workplace HIV and AIDS program (uBuhle Bempilo, or The Beauty of Life), managed by RAC.

The project is based on implementing a public-private service-strengthening model that will capacitate available government providers to deliver HIV-related prevention, diagnosis, treatment and care within target districts. The scope of assistance is being finalized within a Memorandum of Understanding between Xstrata and the Mpumalanga Department of Health, and responds to specific requests for support by the provincial HIV and AIDS Unit, and fits within a broader range of interlinked community development investments by Xstrata.

The project will draw on technical collaborations with the World Health Organization's (WHO) HIV and AIDS Department and Stop TB Partnership to provide assistance in implementing training and service monitoring, based on the Integrated Management of Adult and Adolescent Illness (IMAI) approach that is aligned with the 'Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa' and has already been adapted for South African implementation. This will contribute to strengthening district-level primary healthcare service networks and district service management, with a strong focus on improving human resource capacity. Partnerships with other PEPFAR contractors in the province will be established to achieve synergies in implementing project activities.

ACTIVITIES AND EXPECTED RESULTS:

Three activities are implemented to strengthen the provider-initiated counseling and testing services provided in two areas of Mpumalanga, in collaboration with the Mpumalanga Department of Health.

ACTIVITY 1: Community-based HIV counseling and testing

Eight accredited voluntary counseling and testing (VCT) providers will be trained to provide VCT services at community level. HIV testing and counseling services (based on rapid test protocols) will actively be offered to community members. Test kits will be provided by the Mpumalanga Department of Health.

ACTIVITY 2: Assistance to small and medium-sized businesses (suppliers and other local businesses) to manage the impacts of HIV and AIDS on their employees

Ten small, medium and micro-enterprises will be offered HIV testing and active recruitment into the Xstrata facilities for employees. Test kits will likely be provided by the Mpumalanga Department of Health, and Xstrata.

ACTIVITY 3: Community mobilization

Health promoters will be trained to provide basic household health risk assessments to 1,500 households in the community. The "I Know! the way to live" campaign will be utilized to enhance social marketing of HIV care and treatment in the community.

The area of legislative interest that will be addressed through community mobilization will be stigma and discrimination. Household risk assessments and community health promoters will engage in social marketing of the "I Know! the way to live" campaign to dispel stigma and discrimination and encourage community members to participate in CT.

By providing support for counseling and testing in underserved communities, Xstrata is contributing to the 2-7-10 PEPFAR goals.

Emphasis Areas	**% Of Effort**
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
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of service outlets providing counseling and testing according to national and international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,750	☐
Number of individuals trained in counseling and testing according to national and international standards	20	☐

Target Populations:

Adults
Business community/private sector
Community-based organizations
Nurses
Other Health Care Worker

Coverage Areas

Mpumalanga

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Ubuntu Education Fund
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8265
Planned Funds:	$ 100,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This Ubuntu Education Fund (Ubuntu) activity also relates to activities in AB (#8261), Condoms and Other Prevention (#8266) and Basic Health Care and Support (#8263) and OVC support (#8272).

SUMMARY:

Ubuntu will expand and improve comprehensive counseling and testing (CT) linked to prevention, care and treatment services at two clinic sites and a non-medical site, which is part of Ubuntu's multi-purpose community center in Port Elizabeth, Eastern Cape. Emphasis areas include quality assurance and supportive supervision, development of networks, training, and human resources. Target populations include adults, HIV-negative and HIV-infected pregnant women, family planning clients, out-of-school youth, discordant couples, HIV-affected families, HIV-infected infants and children, caregivers of orphans and vulnerable children (OVC), people living with HIV (PLHIV), nurses and other healthcare workers.

BACKGROUND:

In 2005, Ubuntu began providing comprehensive CT and access to care and treatment services at KwaZakhele Day Hospital, a large outpatient public healthcare center located in the middle of an informal settlement. Voluntary counseling and testing (VCT) services are linked to community outreach in and around the clinic, and focus on VCT uptake and treatment availability. VCT counselors are trained to provide family and couple counseling, and risk reduction counseling to clients who test HIV positive. Counselors they assist with partner referrals to reduce onward HIV transmission and ensure access to PMTCT services. Clients who test negative, but who display high-risk behavior, also receive risk reduction counseling. VCT counselors ensure that clients testing seropositive receive CD4 testing and obtain their results. Counselors enroll HIV-infected clients into Ubuntu's comprehensive family case management program providing care and support services. The district and provincial health departments support Ubuntu's strategy to work with and capacitate public clinics and hospitals to support VCT uptake. VCT counselors received a 10-day training from Hope Worldwide that meets national and international standards.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Expansion of VCT

This activity builds on existing services at KwaZakhele Day Hospital and serves as an entry point to comprehensive HIV and AIDS care services at public clinics. In 2008 Ubuntu will expand VCT services to Zwide Clinic. There will be three VCT staff at each of the two sites; staff will consist of a professional nurse skilled in HIV management and two VCT counselors. Both sites feed into Dora Nginza Hospital. The VCT teams will be deployed full-time at the sites and their mandate will include in-service training, quality assurance and provision of technical support to ensure that patients receiving antenatal or family planning services, or presenting with AIDS-related opportunistic infections, are offered VCT and integrated HIV management, particularly in antenatal and tuberculosis (TB) services. The professional nurse will provide technical support to nursing staff and clinic lay counselors.

ACTIVITY 2: Expansion of Couple and Family Counseling

The Zwide Clinic team will build on success-to-date in providing couple and family counseling, and the team will focus on increasing male uptake of VCT. Ubuntu reaches couples in two ways: (1) by conducting outreach to encourage couples to access VCT and (2) by requesting people testing seropositive to refer and accompany their partner(s) for VCT. Ubuntu provides couple counseling sessions based on safer sex, family planning and supporting a partner living with HIV to discordant couples. Parents testing seropositive are asked to bring their children for VCT, and OVC and children with parents who are enrolled in our HIV care services are routinely offered counseling and testing. Children are counseled and tested with their guardian's consent and in their presence. The CT program is fully integrated with treatment services at the clinic sites; VCT counselors also

provide treatment readiness and adherence counseling. These sites also manage pediatric HIV patients after they are referred back from the Paediatric ARV Unit at Dora Nginza Hospital. Children living with HIV are highly underserved in target areas and Ubuntu is pursuing every opportunity to identify them.

ACTIVITY 3: Counseling and Testing for Pregnant Women and Infants

Services also focus on uptake of PMTCT services by pregnant women. Pregnant women and infants need to be identified earlier for more timely enrolment into treatment. Women and infants enrolled in PMTCT programs are monitored to ensure compliance with PMTCT protocols. VCT staff develop risk reduction plans with the client as part of ongoing counseling, and this also serves to reduce onward HIV transmission and prevent HIV infection in individuals identified with higher risk behavior. Clients with symptomatic sexually transmitted infections (STIs) are referred to onsite treatment. Male and female condoms are available to all clients accessing VCT. All clients testing seropositive are referred for CD4 testing, and referred for enrolment in treatment readiness if indicated. They are enrolled in Ubuntu's onsite care services including a support group, food garden and family case management services. Clinic sites maintain a daily registry of all clients accessing pre- and post-test counseling disaggregated by gender, age, and test results. Results are collated monthly and submitted in standardized reports to the National Department of Health (NDOH).

ACTIVITY 4: Non-Medical VCT Centers

In 2008 Ubuntu will open a non-medical VCT center at the organization's offices in Zwide. Non-medical sites provide access to higher risk populations, particularly youth and men. The provincial and district health departments strongly support Ubuntu's initiation of non-medical VCT provision. There is significant unmet demand for VCT services especially in a non-specialized site that reduces stigma by providing other services and that ensures confidentiality and a youth-friendly approach. The VCT center will be part of a community center providing an array of other programs including a health resource library, career center and computer laboratory. The VCT center will be staffed by three full-time counselors and a professional nurse. The center will be open five days a week on a walk-in basis. The NDOH has agreed to provide rapid test kits.

ACTIVITY 5: Referrals to Onsite Care Services

Clients accessing VCT services will be referred to onsite care services if they test seropositive. Ubuntu's care program is integrated with clinical services in HIV management including CD4 testing, ART readiness and adherence, ongoing psychosocial support and counseling, risk reduction and couple counseling, referrals to PMTCT, access to income grants, home-based care, nutritional support, support groups and referrals to other service providers. Ubuntu has developed strong referral partnerships to help establish a continuum of care for PLHIV and their families, and to coordinate access to service providers including clinics and hospitals, the Department of Social Development, the Department of Home Affairs, Childline, the Rape Crisis Centre at Dora Nginza Hospital, the National Institute for Crime Prevention and the Reintegration of Offenders (NICRO), Family and Marriage Society of South Africa (FAMSA), community-based organizations, non-governmental organizations, community home-based care providers and hospice services.

Ubuntu's services will contribute to the PEPFAR 2-7-10 goals by improving access to and quality of CT services for highly vulnerable populations to identify HIV-infected persons, reduce onward transmission of HIV between serodiscordant partners and from mother-to-child, and improve health and timely entry to ART through early diagnosis of HIV infection.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	3	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	3,000	☐
Number of individuals trained in counseling and testing according to national and international standards	10	☐

Target Populations:

Adults
Family planning clients
Nurses
Discordant couples
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Eastern Cape

Table 3.3.09: 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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8276
Planned Funds:	$ 300,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This Human Sciences Research Council (HSRC) activity also relates to HSRC's activities described in the PMTCT (#7315), Injection Safety (#7316), Condoms and Other Prevention (#7314) and Strategic Information (#7313) program areas.

SUMMARY:

HSRC will use PEPFAR funds to conduct a targeted evaluation of counseling and testing (CT) activities in South Africa. The purpose of this activity is to obtain information on current CT practice, with a view to promote good program practices. The targeted evaluation will consist of two components: (1) a survey of current CT practices among a purposive sample of CT providers; and (2) an evaluation of different models of delivery of CT. Once the evaluation has been completed, the HSRC will host a one day symposium for CT program managers and policymakers to discuss the results and to plan for appropriate action based on the findings. At this symposium, the HSRC will facilitate the development of an implementation plan to ensure that the results of the targeted evaluation are turned into action. This targeted evaluation will provide strategic information on CT practices in South Africa and will inform policy and guidelines relating to CT. Specific target populations are policy makers, including national, provincial and local government, and those providers (nurses, doctors, counselors) and managers responsible for CT program implementation at all levels working in the public sector, private sector, or for voluntary organizations.

BACKGROUND:

Currently an estimated 5.5 million people in South Africa are infected with HIV. CT service utilization is low, partly due to low risk perception, denial and stigma associated with HIV and AIDS. Health service factors such as availability and accessibility, confidentiality of services and health staff attitudes may also contribute to low HIV CT uptake. In South Africa, the majority of people who are infected with HIV are not aware of their infection status. In a national household survey of HIV conducted by the HSRC in 2005, >50% of those who tested HIV-positive did not perceive themselves to be at risk. A substantial portion of people who test HIV-positive already have advanced HIV disease at the time of testing, and consequently do not access ART until it is too late. Among HIV-infected persons and at risk HIV-negative persons, CT is a point of accessing prevention programs. Knowing one's HIV status can serve as an incentive to practice safer sexual behavior, especially if HIV testing is combined with quality HIV prevention counseling. Be faithful is one of the primary components of behavioral HIV prevention strategies, yet many people in discordant partnerships become infected with HIV by being faithful to HIV-infected partners who don't know, or who don't disclose, their HIV status. It is thus critical for the use of CT services in South Africa to be scaled-up in order for HIV prevention, treatment and care initiatives to be more effective. Currently there is consensus that HIV testing should only be done with consent, but there are no national guidelines for providing effective quality CT services. CDC guidelines for counseling and testing recommend routine (opt-out) testing as a means to identify undiagnosed HIV-infected people and referring them for care and positive prevention programs. Botswana has a national policy of routine HIV testing. However there is resistance to adopting routine HIV testing in South Africa, primarily because of confidentiality concerns and fear that people may be tested without consent. A number of service providers have taken initiatives to improve HIV testing and counseling services in South Africa by providing community-based or mobile services, and by introducing couple counseling. Current HIV testing and counseling practices in South Africa are not well documented.

ACTIVITIES AND EXPECTED RESULTS:

This new project will carry out a targeted evaluation of a purposive sample of CT services in South Africa. The HSRC will include services that have a reputation for best practice or for offering innovative forms of CT including mobile CT, home-based CT, and couple CT. The sample will also select CT services that differ by type of provider (public, private, NGO); models of delivery; and that include a range of geographic settings throughout South Africa, both urban and rural. The HSRC will request permission from the appropriate authorities in advance. This project will be conducted by the HSRC in collaboration with

CDC partners and with the National Department of Health (NDOH).

The HSRC will evaluate models of delivery in terms of structure (design), processes, and performance. The framework will assume that effectiveness or performance of a delivery model is a function of supply side or provider factors (e.g. facilities, quality, access) and demand or user factors (e.g. attitudes, knowledge, practices) and underlying factors such as socioeconomic status, culture, geographic setting etc. Structured and semi-structured interviews and field observations will be conducted with service managers, frontline service providers, and clients. Statistics will be gathered on numbers of clients tested, reasons for testing, HIV seroprevalence among clients, and client demographics (gender, age). Information will be collected on charges for services (if applicable), staff training, staff supervision, quality assurance practices (for counseling as well as testing), types of HIV tests used (rapid or slow ELISA), counseling models used and whether the model is theory-based and/or evidence-based, social marketing and outreach activities, policies and practices relating to consent and disclosure, and integration and linkages with other relevant health and social services. For a limited number of services using different models of delivery, more in-depth information, including cost information, will be gathered for purposes of a comparative evaluation. The HSRC will try to include examples of integrated, stand-alone, and mobile or home-based services in the evaluation, as well as different forms of counseling delivery (e.g. individual, couples, and small group).

The study results will be written up in the form of a report published by the HSRC Press and a copy will be available on the HSRC website. In addition, HSRC will develop a policy brief for government use. Once the study has been completed, a one-day symposium, directed at CT policymakers and providers will be held to present and discuss the results and to plan for appropriate action based on the findings. Select CT providers that are examples of best practices or innovative CT strategies will be invited to speak at the symposium. The HSRC will also investigate the need for the production of short briefing documents.

This activity will gather evidence relevant for effective and cost-effective scaling up of CT services in South Africa, thus contributing indirectly to the overall 2-7-10 PEPFAR objectives (2 million individuals on treatment, 7 million infections averted and 10 million people in care). The results of this activity will be used to improve quality of CT services, which should impact indirectly on the number of people tested and referred to treatment, care and support.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	51 - 100

Target Populations:

Community-based organizations
Nurses
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
Nurses
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: RHRU (Follow on)
Prime Partner: Reproductive Health Research Unit, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9445
Planned Funds: $ 1,125,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG

This activity also relates to activities described in the Condoms and Other Prevention (#9449), TB/HIV (#9444), Basic Health Care & Support (#9448), and ARV Services (#9446).

SUMMARY:

The Reproductive Health and HIV Research Unit's (RHRU) PEPFAR-funded program, subsequently referred to as the "Follow-on to the RHRU Program" (FRP), will be re-competed through an Annual Program Statement for 2007.

PEPFAR funds will support FRP to continue to directly provide voluntary counseling and testing (VCT) 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. FRP will provide training and mentoring in voluntary counseling and testing to Department of Health (DOH) staff, to ensure that VCT is integrated into TB, STI and contraceptive services at all levels. Major emphasis in this program area is on quality assurance and supportive supervision, with additional emphasis on the development of network/linkages/referral systems, human resources, and training. These activities target HIV-affected families (children, youth and adults), sex workers, men, pregnant women, discordant couples and public health workers.

BACKGROUND:

RHRU, which is affiliated with the University of the Witwatersrand in Johannesburg, currently provides technical support to the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa, which includes the national ARV roll-out strategy. Under PEPFAR funding since FY 2004, RHRU has provided regular on-site support, direct treatment, training and quality improvement to DOH sites in three provinces (Gauteng, KwaZulu-Natal and North West). The FRP will continue these activities, and will initiate an inner city program focusing on providing support to a complete up and down treatment referral network. In addition, FRP will continue the provision of VCT, palliative care and prevention services. FRP will seek to develop models of service delivery that can be replicated and expanded, and produces findings from lessons learned and targeted evaluations to disseminate and share with others.

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 healthcare programs such as TB, family planning and STI treatment is critical. In FY 2007, FRP will continue to focus on further strengthening DOH adult and pediatric treatment, and on continuing the development of a family-based approach to HIV care and treatment in the public sector. Furthermore, FRP will continue to develop strategies to address underserved communities affected by HIV, such as couples, high risk groups such as young people, and gender based interventions with women at risk, including pregnant women and sex workers, and men. FRP will place a strong emphasis on quality assurance for all interventions supporting VCT and will draw on the tools that have a proven track record in terms of improving quality of care, such as pocket reminders for counselors, wall charts with trigger messages for clients and counselors, and routine performance assessments.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Voluntary Counseling and Testing

PEPFAR funds will support FRP to continue to directly provide VCT services, and to expand services tailored to target groups such as couples, children, families, men, pregnant women, and sex workers 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. Both groups will benefit from fertility and family planning advice. FRP will work closely with the national DOH and will seek to ensure that VCT is integrated into other health programs at all levels. In addition, FRP will focus on integrating VCT into TB, STI and family planning services.

ACTIVITY 1.1: Gender-based Voluntary Counseling and Testing

Approximately 70% of individuals currently accessing ARVs are women. FRP will develop a program which aims to address this gender inequality, and to increase the number of men who obtain HIV services. This will be done through the development of male-friendly VCT methods, such as family-centered counseling and testing, and interventions to encourage health-seeking behaviors. This program will contribute towards increasing gender equity in HIV and AIDS programs.

ACTIVITY 1.2: Family-Centered Testing

Children and families have special needs that will be addressed in the program. Previous work in antenatal clinics and in pediatric treatment will have given FRP the opportunity to promote family testing to DOH staff and community social workers, and to develop approaches to this activity. A youth-friendly VCT model will be developed and implemented in the inner city of Johannesburg. Age-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.

ACTIVITY 2: Human Capacity Development

FRP will train counselors, doctors, nurses, and other healthcare workers to provide comprehensive and appropriate VCT services, in line with South African guidelines. This includes appropriate referral, and updates on new practice and current debates in an evolving field. In addition, FRP staff will provide mentoring to local NGOs, lay counselors, and DOH staff in the public sector facilities in which they work, through weekly supportive supervision sessions with all counselors and regular meetings to discuss the development and application of new practices.

PEPFAR Plus Up funds will support RHRU to continue to directly provide VCT services, and to expand services tailored to target groups such as couples, children, families, men, pregnant women, and sex workers 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. Both groups will benefit from fertility and family planning advice. RHRU will work closely with the national DOH and will ensure that VCT is integrated into other health programs at all levels. RHRU will focus on integrating VCT into TB, STI and family planning services. RHRU will train counselors, doctors, nurses, and other healthcare workers to provide comprehensive and appropriate VCT services, in line with South African guidelines, and will encourage provider initiated CT in all government assisted sites.

These activities expand VCT 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	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	11	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	25,250	☐
Number of individuals trained in counseling and testing according to national and international standards	700	☐

Indirect Targets

RHRU can not quantify any indirect targets, although significant support to the national HIV and AIDS care and treatment program is given via training. RHRU provides ARV, CT and Palliative Care trainings to public service health providers in 3 provinces.

Target Populations:

Adults
Commercial sex workers
Family planning clients
Doctors
Nurses
Discordant couples
HIV/AIDS-affected families
People living with HIV/AIDS
Pregnant women
Girls
Boys
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Table 3.3.09: Activities by Funding Mechanism

Mechanism: CDC Umbrella Grant
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12417
Planned Funds: $ 287,000.00
Activity Narrative: SUMMARY:
CARE is a CDC Umbrella Grants Management partner who will provide funds to Scientific Medial Research (Pty) Ltd (SMR) (formerly known as Tucker Strategy), a health strategy consulting company that has developed a methodology for assessing the PEPFAR Counseling and Testing (CT) partner activities.

ACTIVITY 1 (Pilot Phase):
Under a prior contract, SMR developed a strategy and the Comprehensive HIV and AIDS Quality Assurance (CHAQA) tool. This tool will be used to assess partners so that we identify indicators of success within programs, and identify limitations that may require technical assistance. This assessment will include a review of the project objectives and its relationship to PEPFAR goals, the project's progress to date (including their achievement of targets) and other key issues that contribute to their accomplishments and challenges. SMR will pilot the tool with two selected CDC-funded Counseling and Testing (CT) partners at two selected sites each. The feedback will be given to the South African Government and PEPFAR Activity Managers with recommendations for technical assistance to be provided to the partner. As this initial pilot is focusing on CT partners, it is felt that it could be adapted and used for other activity areas. The validity of the CHAQA tool will be evaluated during the pilot phase.

ACTIVITY 2 (Evaluation for Scale-Up)
Upon conclusion of the pilot phase, the tool will be evaluated for its usefulness among all CT partners and in other activity areas. A report from SMR will detail the outcome and challenges encountered with the tool and will state recommendations for wider use. Scale up of the CHAQA tool will occur following approval with COP 08 funding.

SMR's activity strongly supports the vision in the South Africa 5 year strategy to ensure quality of program implementation.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Target Populations:

Public health care workers
Other Health Care Worker

Coverage Areas

Eastern Cape

Gauteng

Western Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Pop Council SA
Prime Partner:	Population Council
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	15758
Planned Funds:	$ 350,000.00

Activity Narrative: ACTIVITY 7612

Activity 7612 is linked to Population Council's other activities in AB (#7614), Condoms and Other Prevention (#7611), PMTCT (#7613) and ARV Services (#7861).

SUMMARY:
This activity was initiated at the request of the Department of Health (DOH) and has been ongoing for two years. The Population Council (PC), in collaboration with the National Department of Health (NDOH) and the provincial health departments in North West province (NW), is using PEPFAR funding to implement and evaluate the feasibility, acceptability, effectiveness and cost of two models that integrate HIV prevention information and the routine offer of provider-initiated counseling and testing for HIV into Family Planning (FP) services. These models will be implemented in three South African districts in the North West. Integrated services have been implemented in 12 clinics and will be introduced in a further 12 clinics. In addition, referral systems, monitoring and supervision will be strengthened in all three districts and other provinces will be encouraged by the NDOH to consider scale-up of services.

BACKGROUND:
In the context of the HIV epidemic in South Africa (SA) and the South African Government (SAG) commitment to provide ARV treatment, improving access to counseling and testing (CT) for HIV in resource limited settings has broadened from primarily that of a prevention intervention to a key entry point for ARV therapy, care and support services. SA has a contraceptive prevalence rate of 62% and FP services are the most highly utilized public sector service. FP services can serve as an entry point to CT services and also an early entry point to PMTCT. This project aims to incorporate routine provider-initiated CT services into FP to improve the uptake of CT and the use of dual protection. Results so far have indicated positive changes in terms of: provider mentioning CT to clients (increased by 33.6%), provider mention of condoms (improved by 16%), and clients accepting testing (increased 38.6%). CT uptake increased by 24% and 'condom use at last sex' improved by 6.5%, while consistent condom use increased by 10%. These preliminary results indicate that the integration of HIV prevention and the routine offer of CT in FP settings is feasible, acceptable and is effective without compromising the existing quality of FP services. However, there are a number of challenges that still need to be addressed in order to improve the implementation process. These challenges include the need to: (1) strengthen the referral system for HIV-infected clients to improve continuity of care, (2) provide continued support and monitoring to implementation sites to ensure successful integration, (3) minimize the rotation of trained staff at implementation sites, and (4) improve the quality of monitoring data collected at clinic and district level.

ACTIVITIES AND EXPECTED RESULTS:
Population Council will carry out four separate activities in this Program Area.

ACTIVITY 1: Training, Ongoing Quality Assurance and Supportive Supervision
PC is extending training to other healthcare providers (i.e. assistant nurses and lay counselors), to provide HIV prevention information, risk assessment and referral or provision of CT. This activity also involves ongoing monitoring and supportive supervision to 24 project clinics and building capacity for DOH staff at district and provincial levels to sustain supervision. Funds will be used for the printing of information, education, communication (IEC) materials and job aids for integrated services. In addition, FY 2007 funds will be used to strengthen the quality of provider-initiated CT services and to strengthen monitoring at clinic and district level. This will be achieved by working with the districts to amend some of the tools as well as to provide training on their use. Target groups for these activities are healthcare providers, facility managers, program managers, LifeLine counselors (LifeLine is a PEPFAR-funded NGO), district and provincial DOH staff in the Women's Health and Genetics (WHG) and CT programs and district health informatics officers.

ACTIVITY 2: Development of Network/Linkages/Referral Systems
Strengthening referral systems for HIV-infected clients post CT will be one of the major foci in order to improve continuity of care. This activity involves raising awareness on the importance of creating links among treatment, care and support with FP services, so that HIV-infected clients can benefit from an effective referral system. Treatment sites as well

as sites that provide care and support will be identified. Training will be provided to FP providers and lay counselors on appropriate referral and available sites for referral in the location. The target group for this activity includes healthcare providers, DOH program managers as well as community-based organizations and non-governmental organizations.

ACTIVITY 3: Continued Partnership with the National and Provincial Government
As part of aligning PC's work with government policy, PEPFAR funding will be used to enable the activity to work more closely with the NDOH national voluntary counseling and testing (VCT) program and to continue working with the WHG program. PC will support the NDOH by providing technical assistance (TA) to the department in terms of planning for scale-up of effective components and assisting in identifying key policy barriers in implementing integrated HIV and reproductive health services. Target groups for this activity includes national and provincial VCT program staff as well as other NDOH staff under the HIV prevention, treatment, care and support program.

ACTIVITY 4: Creating Conditions for Scale-up and Capacity Building
An evaluation of the effectiveness of integrating HIV into FP services will be completed. Funds will be used to develop and modify evaluation tools, train field workers, and to collect and analyze data. In addition, seminars will be conducted with relevant stakeholders to encourage information dissemination and use. At these seminars, innovative interventions on how to increase CT uptake will be discussed, as well as how to continue strengthening the continuum of care and support for HIV-infected individuals.

This activity will assist the South Africa PEPFAR program to reach its goal in both care and treatment by strengthening the continuum of care.

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	24	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	309	☐

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Education Labour Relations Council
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	19219
Planned Funds:	$ 419,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The voluntary counseling and testing (VCT) activity is a component of integrated service delivery activities through the training of peer education and lay counselors in the workplace; and relates to activities in prevention/abstinence and being faithful as well as condom distribution and sexually transmitted infection program. This activity is a component of a comprehensive prevention education, care and treatment program and activities are described in AB, Policy Analysis and Systems Strengthening, and Condoms and Other Prevention.

SUMMARY:

With an estimate of 12.3 million learners in South Africa, served by 386,600 teachers and more than 26,000 schools managing a response to HIV and AIDS across the education sector requires a comprehensive and substantial effort. Efforts must include a focus on both learners and educators if the impact of HIV is to be mitigated; and it must be recognized that any efforts focused on learners via the education sector cannot succeed without educators also being addressed. The Education Labour Relations Council (ELRC) will implement a comprehensive HIV and AIDS workplace program for the education sector of South Africa.

BACKGROUND:

ELRC is a statutory council which serves the South African education sector nationwide and is comprised of the public sector, the national and provincial departments of education, the private sector and teacher unions representing all primary and secondary public school educators. The ELRC works as an interface between the Department of Education (DOE) and labor organizations for labor peace and a vision of contributing towards the transformation and development of a quality South African public education system. A 2005 Health of Our Educators Report found that 50% of all teacher attrition is linked to complications of HIV and AIDS, resulting in 4000 teachers being lost each year due to AIDS. The general prevalence rate among educators was found to closely parallel that of the national population with an estimate of 12.7% of all DOE employed educators living with HIV. Based on the findings of this report and with FY 2007 PEPFAR funding ELRC will implement a project in 3 South African provinces to educators living with and affected by HIV and AIDS. The target group for this project is teachers, including those living with HIV or those who have family members living with HIV. This is a workplace intervention with minor emphasis areas in information, education and communication, community mobilization, and the development of linkages and networks. A particular focus of this project is the greater involvement of people with AIDS. ELRC will work with HIV positive teachers to ensure they can serve as role models to fellow teachers and to learners.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training Master Trainers and Lay Counselors

Master trainers and lay counselors will receive training on rapid test protocols and VCT. The Master trainers will be responsible for training lay counselors within their educational sector unions as well as increasing the demand for and acceptance of VCT services.

ACTIVITY 2: VCT Services

This activity will provide access to VCT services for teachers and their families. Services will include training, support and supervision of counselors. Peer educators within the education sector will promote HIV counseling and testing as a strategy to prevent HIV. The peer educator will also raise awareness about local community VCT Centers to increase the uptake and accessibility of counseling and testing. For those who test positive, trained lay counselors will offer counseling on how to live with HIV, as well as strategies to mitigate stigma and discrimination in the workplace and education sector.

ACTIVITY 3: Fostering linkages to treatment, care and support

ELRC will work with the implementing education sector unions providing VCT to ensure that linkages with treatment, care and support services are established. ELRC will ensure, via the implementation of a tracking system that all educators testing positive will be provided with referrals as needed. In addition, lay counselors will work with the union to track educations who have been referred and to ensure that they receive the services that they have been referred for. ELRC will develop a comprehensive provincial-based directory of services. This directory will be geared towards educators and their families and will be distributed via the union structures.

These accomplishments will directly contribute to the realization of PEPFAR's goal to prevent 7 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	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**
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		☑
Number of service outlets providing counseling and testing according to national and international standards	3	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	3,000	☐
Number of individuals trained in counseling and testing according to national and international standards	30	☐

Target Populations:

Teachers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	South African Business Coalition on HIV and AIDS
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	19220
Planned Funds:	$ 368,271.00

Activity Narrative: SUMMARY:
This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa. It includes activities in CT, ARV Drugs, ARV Services, Policy Analysis and Systems Strengthening, and Condoms and Other Prevention.

Background:

PEPFAR funds will be used to support a follow on cooperative agreement for implementation of a peer education prevention program for South African workers and managers in SMEs. This is a replacement activity for public-private partnerships since the cooperative agreement with the American Center for International Labor Solidarity will soon expire. The South African Business Coalition (SABCOHA) will implement these activities through the Vender Chain Management and BizAids sub-partnerships. The major emphasis for this program will be the development of a workplace program, with minor emphasis given to community mobilization and participation; training and linkages with other sectors and initiatives and development of information, education and communication materials. The target population will include adults (men and women of reproductive age), truck drivers, factory workers, the business community and HIV/AIDS affected families. The project will focus on gender by addressing male norms and behaviors, issues associated with violence and coercion and stigma and discrimination (all key US legislative issues).

ACTIVITIES AND EXPECTED RESULTS:
Activity 1: Vendor Chain
Vendor Chain Management will make use of the SABCOHA HIV/AIDS Toolkit methodology which has a component on workplace prevention programs. During the capacity building of companies, there will be training of managers, steering committees and HIV Coordinators on prevention. It will be one of the major components of the program as it will cut across at all levels of the company. The approach used will include the education in terms of workshops, information in terms of materials which will be provided during the various sessions as well as various communication channels include audio-visuals. In addition, an assessment to determine needs and risk profile of company(gender, age, socio-cultural aspects) will be conducted. This will assist in determining how prevention programs can be tailored to meet companies' needs. Companies will also be linked to external service agencies for continuous support after the direct capacity building intervention. A particular focus of the company workshops will be on the be faithful component of the abstinence and be faithful messaging.

Activity 2: Project Promote
Through Project Promote the current private sector partners in the cleaning and hygiene sectors will receive information, educations and communication (IEC) material and program messages to be included in in-house HIV/AIDS company training. This focuses on issues such as the be faithful messages highlighting the significant risk of having concurrent partners as well as issues of stigma and discrimination within the workplace. The contract cleaning industry is almost 60% female and as such gender issues will also be covered in the materials provided to companies for dissemination. Current private sector partners of Project Promote combined employ over 30,000 cleaners. Through internal company trainers and as part of the partners ongoing workplace programs, Project Promote aims that its private partners will reach at least half of these employees over a five year period.

Activity 3: BizAids
The Micro Enterprise sector in South Africa is enormous. Developed by the International Executive Services Corps (IESC) BizAIDS mainstreams HIV and AIDS issues within broader operational and strategic issues for micro enterprises. BizAIDS is a tested strategy in mitigating the economic impact of HIV and AIDS and other unplanned risks on micro-enterprises. In a 15 hour program, at minimal cost to the business owner, they will acquire business management; health (HIV) and legal knowledge in managing their business better. The aim of the SABCOHA response will be to expand on the BizAIDS Project as a core strategic initiative and to include HIV counseling and testing as well as treatment and care to the core projects and through the BizAIDSs project to train 250

people over the next five years. As the BizAIDS progam links with the vendor chain program, the same treatment and care model will be used. While numbers are based on an average of 50 micro-enterprises per year to be serviced each year over five years, it is possible that the treatment and care components can be extended to include spouses and dependents should funds allow. The BizAIDS program will have access to 50 micro-enterprises. On Average these enterprises have approximately five employees each with an additional five family members being influenced by the enterprise itself.

This activity will directly contribute to PEPFAR's goal of preventing 7 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**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Workplace Programs	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of service outlets providing counseling and testing according to national and international standards	100	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	7,875	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Business community/private sector
Factory workers
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

Gauteng

Mpumalanga

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 19221
Planned Funds: $ 500,000.00
Activity Narrative: SUMMARY:

The focus of this project is the implementation of confidential counseling (CT) and testing in the workplace and will link CT with other interventions such as prevention, treatment and support systems. Emphasis areas will be CT service delivery, development of HIV policies in the workplace, training, prevention messages, quality assurance and supportive supervision, and capacity building, Target groups will include women and men of reproductive age, management and trade union members in the work environment.

BACKGROUND:

JHPIEGO was one of five partners recently selected to expand counseling and testing services to reach target populations in a variety of settings.

ACTIVITIES AND EXPECTED RESULTS:

In FY 20O7, JHPIEGO will institute confidential counseling and testing services in the workforce in both private and public institutions. JHPIEGO will design workplace HIV and AIDS programs that respond to individual companies' needs and fulfill the goals of this project. Management, union members, individual employees, and family members will be targeted. JHPIEGO will work to ensure that confidential counseling and rapid testing services focusing on risk reduction, will be accessible to all workers and their partners in selected sites. JHPIEGO will also incorporate stigma reduction strategies and issues of sexual violence and prevention for positives. The expected results under this objective are: 1) Workplace HIV and AIDS policies developed and disseminated; 2) Counseling and testing sites established and running; 3) Stigma surrounding HIV and AIDS reduced in and out of the workplace; 4) Prevention message dissemination strategies developed and sustained; 5) Peer education programs developed and sustained and;6) Establish linkages to care, treatment and other interventions.

These activities will directly support PEPFAR 2-7-10 goals.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Needs Assessment	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	10	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	7,500	☐
Number of individuals trained in counseling and testing according to national and international standards	75	☐

Target Populations:

Adults
Business community/private sector
Factory workers
Men (including men of reproductive age)
Women (including women of reproductive age)
Nurses
Other Health Care Workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

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: Salesian Mission
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 19222
Planned Funds: $ 500,000.00
Activity Narrative: SUMMARY:

Salesian Missions will conduct a voluntary counseling and testing (VCT) Life Choices project serving youth and adults in the Western Cape.

BACKGROUND:

The vision of Life Choices is to reach youth with a culturally accepted abstinence and be faithful (AB) message early in their lives and to support the maintenance of positive behavior changes during adolescence and adulthood through the involvement of community mentors, informed parents, and organized peer groups. Life Choices has also networked with an established organization in order to use their mobile VCT in the project's targeted High Schools. However, Life Choices' capacity to carry out VCT services is much higher than the numbers its' partner organization has been able to meet. As a part of the successful education and peer training programs, the belief of normalization and importance of testing has been made a norm with all the youth, thereby creating an unprecedented demand. This program hopes to meet the demand created within youth to know their status, and to take advantage of Life Choices' vast network within the Western Cape area and implement VCT with youth in the Western Cape area (rural and urban) via a mobile VCT unit.

ACTIVITIES AND EXPECTED RESULTS:

The main goals of this project are to: 1) increase access to youth friendly VCT by youths and young couples 15-24 years in high schools; 2) increase access to mobile VCT during the weekend in churches and; 3) build an indigenous, sustainable response to the national HIV epidemic in South Africa through a rapid expansion of innovative, culturally appropriate, high-quality, youth friendly HIV/AIDS VCT services.

Salesian Missions will expand VCT services to youth by: 1) integrating VCT into Life Choices; 2) offering high schools and churches in the Western Cape Province with access to mobile VCT services; 3) improving the quality of youth friendly VCT services at existing VCT sites through training and mentoring of service providers and other clinic staff; 4) increase community mobilization within schools and churches via peer educators, educators, parents and community leaders; and 5) offering psychological support and counseling for onward care and support services to clients diagnosed as HIV infected.

Expandinf CT services contribute towards the PEPFAR 2-7-10 goals.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	20	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	20,000	☐
Number of individuals trained in counseling and testing according to national and international standards	200	☐

Target Populations:

Street youth
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth

Coverage Areas

Western Cape

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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 19223
Planned Funds: $ 500,000.00
Activity Narrative: SUMMARY:

The Academy for Educational Development (AED) in partnership with South African Council on Alcoholism and Drug Dependence (SANCA) and Lifeline along with a host of collaborators, seek to build on its success under the community voluntary counseling and testing program previous funded by PEPFAR. AED will collaborate with some of the same organizations and networks providing a mix of training along with several strategic testing events seeking to capture clients who may visit service outlets. The program will be implemented in four provinces.

BACKGROUND:

AED proposes to build upon a previous program to expand counseling and testing (CT) in South Africa that was funded by PEPFAR until FY 2006.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Outreach and HIV testing

This activity will be implemented through enhancing current CT sites and creating selected new sites, especially in organizations with proven outreach to at-risk and underserved populations. AED will work with Lifeline and align its activities with the its workplace prevention program to hold testing days at selected worksites. AED will also support linkages to SANCA' s home visiting counselors with CT counselors to support family testing. SANCA clients who have alcohol and drug dependency problem will all be offered HIV testing by their counselors and this will be extended to their family members.

AED will hold testing events at locations frequented by youth and adolescents. Prior these events AED will conduct community campaigns targeting youth and adolescents.

Activity 2: Training

AED will train staff from SANCA who work with high risk populations on HIV counseling and testing. Refresher courses will be held for all other counselors. Counselors will be trained on couple HIV counseling and testing.

All of the above activities will contribute towards meeting PEPFAR's 2-7-10 goals.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	38	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	11,700	☐
Number of individuals trained in counseling and testing according to national and international standards	120	☐

Target Populations:

Adults

Children and youth (non-OVC)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Montefiore Hospital
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 19224
Planned Funds: $ 500,000.00
Activity Narrative: SUMMARY:

The Montefiiore Medical center aims to eliminate missed opportunities to test youth by building the capacity of youth-serving clinics to more routinely provide CT using the ACTS model. ACTS is a model that stands for (Assess, Consent Test and Support). ACTS is a program of rapid, simplified counseling and testing (CT) that effectively scales up provider-initiated counseling and testing (PICT).

BACKGROUND:

Engaging young people in HIV counseling and testing, prevention and care is one of the most important strategies for reducing the burden of HIV and AIDS in South Africa. Unfortunately, thousands of opportunities to achieve these goals are missed every day when vulnerable South African youth seek a variety of health care services but are not offered HIV counseling and testing (CT). By reducing pre-test counseling sessions to five minutes or less, ACTS allows nurses to incorporate CT into the other clinical services they provide, such as sexually transmitted infection (STI) care and family planning and promotes immediate follow-up and linkage to care. This frees up lay counselors via task shifting to provide more intensive counseling and support services to HIV-infected youth.

ACTIVITIES AND EXPECTED RESULTS:

Using ACTS, this program will focus initially on maximizing CT services in high-prevalence youth clinics, starting with STI clients and expanding to family planning clients. The ACTS program will then broaden its activities to other health care facilities and community organizations. The ACTS team will engage each new site, develop an implementation and monitoring plan and train all relevant health care providers in CT, collection of PEPFAR indicators, quality assurance and initial HIV care. During the five year cooperative agreement, this model will be continuously refined and successively implemented in high prevalence communities and sites throughout the Western Cape and Mpumalanga.

In FY20 07, the team will initially implement ACTS in two youth clinics in Khayelitsha by first evaluating current barriers to routine CT among STI patients and retraining new and existing staff on ACTS, rapid testing and monitoring. Then ACTS will be rolled out among family planning clients at these clinics. Protocols and materials for expanded implementation in other sites will be finalized with youth clinic staff and translated to local languages. A monitoring and evaluation plan will be developed that includes PEPFAR indicators. A quality assurance plan will evaluate linkage to care among newly diagnosed HI-infected youth. A Project Director will be hired and locations in Mpumalanga will be chosen as well as additional clinical and community sites in the Western Cape. Each year, this program will: test 20,000 youth for HIV and link them to prevention, link 2000-4000 HIV-infected youth to improved care, train 180 nurses, lay counselors and peer educators to implement the ACTS CT protocol, and establish 15 new CT outlets. The integration of local staff and partners in the operation and monitoring of this program to scale-up routine testing will ensure local ownership and sustainability.

These activities will contribute towards meeting PEPFAR's 2-7-10 goals.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	15	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	20,000	☐
Number of individuals trained in counseling and testing according to national and international standards	180	☐

Target Populations:

Adults
Family planning clients
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Other Health Care Worker
Nurses

Coverage Areas

Mpumalanga

Western Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: South African Democratic Teachers Union
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 19225
Planned Funds: $ 512,912.00

Activity Narrative: SUMMARY:

South African Democratic Teachers Union (SADTU) will expand counseling and testing services for teachers in three provinces and refer them for care and treatments services.

BACKGROUND:

The HIV and AIDS pandemic has created workplace environments that are not conductive to quality teaching and learning for both educators and learners alike. The school as a workplace is plagued by high levels of stigma. This often results in educators suffering silently and becoming victims of the pandemic despite high perceptions of knowledge of HIV and AIDS. As a result many educators do not have the courage and support in the workplace to go for voluntary counseling and testing, since knowing your status is not publicly encouraged. Consequently most educators discover they are HIV positive when they start showing symptomatic illnesses that do not respond to medications. By this time their CD4 counts are usually low and they can no longer function optimally at their schools with compromised health. The SADTU project aims to reduce the impact of HIV and AIDS by focusing on preventing transmission of HIV for teachers and caring for orphans and vulnerable children in the workplace. The SADTU will implement routine access to VCT services in its events making it possible for union members to participate in VCT without having to go to clinics or health centers. Partnerships are already in place with local public clinics and mobile clinics. Any union member testing positive will be referred to the partner health facility for treatment, care ad support services. At each of the health facilities the SADTU project will support 1 additional community health workers trained in local languages to assist in fast tracking union members who have been identified as HIV positive at union events. Target population for this activity is teachers. This is a workplace intervention, with an emphasis area in human resource development and developing linkages, networks and referrals .

ACTIVITITES AND EXPECTED RESULTS:

Activity 1: Training of community health workers (lay counselors)

18 community health care workers will be trained as lay counselors for VCT. They will be placed at partner clinics in each of the three provinces. They will also offer VCT at union events and those who test positive will be referred to treatment, care and support services at the referral clinics. They will also avail provide VCT services to the two schools with OVC programs in their region.

Activity 2: Workplace counseling and testing

At any SADTU event taking place, union members will have the opportunity to access VCT from mobile clinic services provided by the local health site. VCT will be conducted using the national protocol for testing. Community health care workers will be trained to conduct VCT, and make appropriate referrals to treatment, care and support services. In order to ensure that referrals are made, SADTU has established partnerships with health facilities in each of the districts/regions where SADTU activities will take place.

Activity 3: AIDS Ambassadors

The SADTU project subscribes to the "greater involvement of people with AIDS" principle (GIPA). As a result the project supports people living with HIV to engage in project planning of union events and the participation in HIV testing campaigns. The testimonies and motivational speeches of the AIDS Ambassadors have a great impact on members at union events, including on workshops aimed at encouraging union members to participate in VCT. The GIPA principle also reduces levels of stigma amongst union members and increases acceptance of people living with the HIVirus.

The SADTU project contributes to the PEPFAR 2-7-10 goals and objectives by encouraging educators and union members to participate in VCT activities being conducted at union events. This ensures that more union members are aware of their HIV status early, and can be referred to treatment, care and support services timely.

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	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	18	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,000	☐
Number of individuals trained in counseling and testing according to national and international standards	18	☐

Target Populations:

Teachers

Key Legislative Issues

Wrap Arounds

Education

Coverage Areas

Eastern Cape

KwaZulu-Natal

Mpumalanga

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Africa Medical Research Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 19226
Planned Funds: $ 500,000.00

Activity Narrative: SUMMARY:

African Medical Research Foundation (AMREF) will employ three key strategies: 1) Implement social marketing and stigma reduction strategies; 2) Health system strengthening (training and mentoring including sub-granting and support); and 3) Community partnerships. The project will tap into previously developed and tested AMREF training curricula, partnerships with government and community counseling and testing (CT) providers. The project will expand CT coverage by both improving and ensuring quality, accessibility, appropriateness and convenience of services and developing targeted social marketing campaigns to improve CT uptake.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: NGO VCT Assessment

AMREF will map NGO VCT sites surrounding selected facilities; assess the service in terms of confidentiality practices, compliance with quality assurance methods for rapid testing, accessibility, quality, utilization of VCT services, data management; and client awareness/perceptions of local communities of VCT services and facilities. AMREF will assess clients' referral sources, perceptions, opening hours of and waiting times at the VCT service; application of existing policies and guidelines on VCT related services; and audit the structural conditions of VCT facilities. AMREF will assess the extent to which TB staff from health facilities are testing TB patients for HIV and monitoring the CD4 count of TB patients. With the aim of expanding access to VCT services, AMREF will review the relationship between NGOs offering (or seeking to offer) VCT and the Department of Health, specifically to understand the role that NGOs can play in expansion of VCT services.

ACTIVITY 2: Social Marketing and Stigma Reduction

Key activities include: 1) Desktop review of VCT social marketing activities (Government, CBOs, etc); consultation at all levels (national to district); assessment of knowledge, attitudes and perceptions (KAP) about HIV/AIDS and VCT within local targeted communities; 2) Design and develop information, education, and communication materials; (3) Build capacity of local stakeholders in order to fight stigma; 4) Social marketing campaign and facilitation of access to wider sources of care and support for people living with HIV; and 5) Conduct monitoring and evaluation (M&E) and documentation of best practices.

ACTIVITY 3. Health Systems Strengthening

Activities will focus on building the capacity of VCT services through training and mentoring to improve quality, confidentially, equity, access and demand for services and strengthen coordination between VCT and TB services. The program will also strengthen the capacity of health service staff at VCT and TB clinics to monitor and evaluate and keep accurate records of patients and services.

AMREF will train and mentor 200 VCT staff at selected VCT centers in HIV counseling and testing according to national and/or international standards; support TB and HIV linkages, TB symptoms and referral to TB testing; improve VCT service management and mentoring for clinic staff. To strengthen quality assurance AMREF will train 60 mentors in mentoring and coaching VCT staff and will develop a mentoring system to ensure that VCT testing staff are mobilising and referring. AMREF will strengthen the district health information systems (DHIS) and improve providers' ability to collect and analyze data, document results, and use data effectively in health service planning and management. AMREF will train 60 government HIV/AIDS STI and TB (HAST) committee members in M&E for comprehensive care.

AMREF will train 200 CBO carers,managers and nurses in ARV literacy; strengthen and support HAST committees to encourage networking and collaborative service provision between TB and HIV/AIDS services; mobilise and motivate TB patients for HIV testing and vice versa. AMREF will develop a referral system, tools and guidelines for health professionals,local NGOs/CBOS, primary health care and community service providers, in

collaboration with VCT and TB nurses; and will monitor the implementation of the referral system.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of service outlets providing counseling and testing according to national and international standards	150	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	30,000	☐
Number of individuals trained in counseling and testing according to national and international standards	200	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Host country government workers
Traditional healers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Tsephang Trust
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	19227
Planned Funds:	$ 390,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Activities are linked to others described in ARV Drugs, ARV Services, and Other Prevention. This is a follow-on activity to the American Center for International Labor Solidarity.

SUMMARY:

This activity is a follow-on to the partnership with the American Center for International Labor Solidarity. With FY 2007 PEPFAR funding, the USG issued an Annual Program Statement to solicit partners to provide comprehensive prevention, care and treatment services in a workplace setting. The Cooperative Agreement with the American Center for International Labor Solidarity will end in December 2007. Tshepang Trust was selected as one of the partners to continue implementing HIV and AIDS workplace intervention.

BACKGROUND:

Whilst business has become somewhat more responsive to the needs of its employees to encourage testing for early detection and treatment of its employees to encourage testing for early detection and treatment of its employees in larger corporations, the reality is that there are still very low levels of counseling and testing in the workplace. Employees still do not trust that by enrolling in workplace HIV programs, they will not be discriminated against. The situation is worse in the small medium enterprises (SMEs) because unlike big corporations, SMEs are failing to follow the lead of their counterparts in providing counseling and testing services to their work force. As a result, SMEs need assistance in providing and developing a workplace response to HIV and AIDS.

The Tshepang Trust (also known as Tshepang) is the South African Medical Association (SAMA)'s HIV/AIDS program initiated to bridge the gap in medical resources using private general practitioners (GPs) in the public private partnership model in order to assist the South African government fight against HIV/AIDS. SAMA has more than 5000 private medical practitioners in the private practice trained in HIV clinical management. Tshepang has been in existence since June 2003 and is a registered local non governmental organization (ngo) operating as a trust under Section 21 of the South African Companies Act. This is a workplace program targeting small medium enterprises (SMEs) employees, their partners and dependents using general practitioners and their consulting rooms as sites. For this initiative Tshepang trust is in the process of forming collaborative relationships with two South African corporate companies to establish a HIV and AIDS workplace program. In addition to this initiative, Tshepang will work with the healthcare sector, targeting personnel in hospitals and clinics within the Gauteng area. Lastly, Tshepang will continue to provide services to educators who received services under the Solidarity Center program which is ending in December 2007. Tshepang Trust currently has strong evidence of leadership support from the South African Government through a public private partnership with the Gauteng provincial department of health to enhance the scale up of HIV counseling and testing (CT) and treatment in Gauteng's ARV sites. Tshepang currently serves under serviced rural areas in South Africa utilizing general practitioners who are located mostly in rural areas. Using this model, Tshepang has developed a public-private partnership between SMEs where employees and their dependents can access private general practitioners in areas close to where they are employed without fear of discrimination of being absent from work. In addition all of the general practitioners are within reach of the targeted audiences and are local and indigenous and therefore able to relate to the target population according to their culture and in local languages. The geographical coverage area for this project is KwaZulu Natal, Mpumalanga, and Eastern Cape Province. The emphasis area for this workplace activity is development of networks, linkages, referral systems. The target population for this initiative is men and women of reproductive age working in SMEs, their partners and dependents. This includes factory workers, teachers working in the education sector and healthcare workers working in the public healthcare sector.

ACTIVITIES AND EXPECTED RESULTS:

This activity will provide access to VCT services for workers, their partners and their dependents through referrals to community-based VCT sites; and development of linkages with general practitioners in surrounding areas. These general practitioners will provide

counseling and testing and initiation into treatment. Peer educators within the workplace will promote HIV counseling and testing as a strategy to prevent HIV and AIDS. The peer educator will also raise awareness about local community VCT Centers to increase the uptake and accessibility of counseling and testing. For those who test positive, trained lay counselors will offer counseling on how to live with HIV, as well as strategies to mitigate stigma and discrimination in the workplace and healthcare and education sector.

These accomplishments will directly contribute to the realization of PEPFAR's goal to prevent 7 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**
Development of Network/Linkages/Referral Systems	10 - 50
Workplace Programs	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,500	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Factory workers
Teachers
Men (including men of reproductive age)
Women (including women of reproductive age)
Public health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern Cape

Gauteng

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: $ 42,678,894.00

Program Area Context:

South Africa's Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment (Comprehensive Plan), approved by the South African Cabinet in November 2003, guides the rollout of HIV and AIDS care and treatment throughout the public sector in South Africa. The South African Government (SAG) has taken bold leadership in the introduction of antiretroviral treatment (ART) through a five-year phased nationwide equitable rollout program, and the USG works in close collaboration with the SAG to implement ART. This includes following the SAG requirement of accreditation for facilities to provide ART services through a formal SAG process. The SAG has established standard treatment guidelines and protocols, and has an extensive process to review and register ARV drugs through the Medicines Control Council (MCC), which includes several generic ARV drugs.

Currently, of the 27 generic ARV drugs that have been approved by the FDA and can be purchased with PEPFAR funding, there are only eight that can be purchased in South Africa - four of which are first line drugs (as per national guidelines). None of the other 19 FDA-approved generics have MCC approval. However, as most of the treatment partners work in public health facilities, drugs are provided by the SAG, and not purchased with PEPFAR funding, allowing resources to be directed to other important treatment-related activities such as training, community mobilization, and human capacity development. Since there are a limited number of PEPFAR partners that procure ARV drugs, most individual partner budgets are not negatively impacted by the availability of generic drugs that can be purchased.

Outside of the public sector, PEPFAR 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 the private sector partnerships also include public-private partnerships between industry and the South African government. Some of these NGO and private partners either obtain (at no cost) or procure their drugs through provincial health departments.

In FY 2007, there will be an even greater emphasis on down referring patients in collaboration with the SAG in order to bring care and treatment services closer to patients, by devolving ongoing treatment management to the primary healthcare level.

South Africa has a strong private pharmaceutical industry. The USG in South Africa does not manage the procurement of drugs and commodities centrally; these arrangements are made directly by PEPFAR treatment partners. Those PEPFAR 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. Some of the treatment partners may utilize the Partnership for Supply Chain Management (PFSCM) in FY 2007 to streamline procurement and distribution.

In addition to supporting implementing partners, the USG supports the ARV rollout by strengthening drug distribution and monitoring systems through logistics management, patient information, drug supply and training. The National Department of Health awards centralized tenders 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 (with PEPFAR assistance) continues to improve distribution systems and overall effective drug management capacity. If stock-outs were to occur in PEPFAR programs that obtain drugs through the SAG, private sector pharmaceutical suppliers are positioned and ready to provide the necessary back-up supplies. The main concern in drug procurement is the manufacturing capacity of the branded and generic versions of stavudine (d4T), a first line drug in South Africa (according to SAG treatment protocols), as many of the manufacturers of this drug have scaled back their production, due to a worldwide move to alternatives to stavudine. PFSCM may be able to assist with the periodic shortages.

PEPFAR partners continue to advise the SAG on the use of alternatives to stavudine.

The USG also provides critical on-site assistance through its partners 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 FY 2007, building on the successes of the last three years of implementation.

The achievements and targets for ART are found in the ARV Services section of the COP.

There are no other donors that provide service delivery support for the provision of antiretroviral treatment, though DFID/United Kingdom provides support to the SAG in strengthening drug delivery systems. The USG and DFID/United Kingdom are collaborating to ensure there is no duplication of effort. The Global Fund supports ARV treatment in the Western Cape and KwaZulu-Natal provinces, and one Emergency Plan partner, CAPRISA, receives Global Fund support for the purchase of ARV drugs.

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 7283
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY06 COP, is funded with FY06 PEPFAR funds, and is included here to provide complete information for reviewers. No FY07 funding is requested for this activity.

The five–year cooperative agreement with the American Center for International Labor Solidarity is ending on March 31, 2007.

A new competitive program announcement will be released to identify a new partner (or partners) to implement similar activities in FY 2007.

The proposed activities are described in this COP as PPP TBD.

Continued Associated Activity Information

Activity ID: 3001
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: American Center for International Labor Solidarity
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 750,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Coverage Areas

Eastern Cape

KwaZulu-Natal

Mpumalanga

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	7297
Planned Funds:	$ 2,750,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
Aurum Health Research ARV Drugs program is part of an integrated program also described in the Palliative Care (#7300), TB/HIV (#7298), CT (#7299) and ARV Services (# 7296) sections of the COP.

SUMMARY:
Aurum Health Research (Aurum) will use PEPFAR 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 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; people living with HIV (PLHIV), including HIV-infected pregnant women, infants and children; and street youth.

BACKGROUND:
The main focus of the Aurum program in the public, private and non-governmental sector is to provide HIV care and treatment to a large number of persons in a cost-effective standardized manner ensuring a high quality of counseling, patient care and patient monitoring. The model is centrally coordinated and designed to be implemented on a large scale in peripheral sites that are resource-constrained and lacking in HIV specialists, information technology (IT) infrastructure, and laboratory and pharmacy capacity. Aurum achieves this by having a centralized system of support which includes the following: (1) training of all levels of healthcare workers to ensure capacity building of clinicians to be able to manage patients in resource-poor settings with remote HIV specialist support; (2) provision and maintenance of guidelines for HIV preventive therapy (including INH and cotrimoxazole), treatment of adults and children, prevention of mother-to-child transmission and voluntary counseling and testing; (3) clinical and administrative support through site visits by staff involved in psychological support, training, clinical support and monitoring data management system; and (4) centralized distribution of medication and laboratory testing.

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 access prices and members of the community without medical insurance are able to access these medications.

ACTIVITIES AND EXPECTED RESULTS:
PEPFAR 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 South African Government's (SAG) eligibility criteria and drug regimens. Generic medications purchased comply with the South African requirement of U.S. Federal Drug Administration approval as well as approval from the Medicines Control Council of South Africa.

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. 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.

Aurum's activities in ARV drugs contribute to the 2-7-10 PEPFAR goal of 2 million people receiving antiretroviral treatment.

Additional funding has been made available through a project to strengthen HIV services in small and medium sized companies.(SME Project).

Continued Associated Activity Information

Activity ID: 2913
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Aurum Health Research
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,400,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

People living with HIV/AIDS
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Northern Cape

Western Cape

Eastern Cape

Free State

Limpopo (Northern)

Mpumalanga

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	7303
Planned Funds:	$ 1,138,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Columbia University's in-country activity is part of a comprehensive program that receives both Track 1 and in-country funding. Columbia University's Track 1-funded submission includes ARV Services (#7964). In-country activities include Basic Health Care and Support (#7304), TB/HIV (#7305), Counseling and Testing (#7306), ARV Drugs (#7303) and ARV Services (#7302).

SUMMARY:

Columbia University (Columbia), in collaboration with the Eastern Cape Health Department (ECDOH) will support antiretroviral (ARV) drug purchase for two treatment sites and support commodity supply chain-related training, and logistics for 34 current antiretroviral treatment (ART) service delivery sites in the Eastern Cape and two new ART sites in KwaZulu-Natal. Major emphasis is given to commodity procurement, and minor emphasis areas include human resources, infrastructure, quality assurance, and training. The target population will include infants, children and youth, men and women (including pregnant women) and people living with HIV (PLHIV).

BACKGROUND:

Columbia and the ECDOH will continue to support procurement and distribution of needed ARV drugs using PEPFAR FY 2007 funds. In FY 2006 Columbia formed a partnership with the United Nations Children's Fund (UNICEF) to procure ARV drugs from local pharmaceutical companies that are licensed by the South African Medicines Control Council (MCC). These drugs are distributed to two non-governmental organizations, Ikhwezi Lokusa Wellness Center (Ikhwezi) in East London and the Cato Manor Community Health Center in Durban. Columbia purchases generic medications that are in compliance with the USG PEPFAR Task Force requirement for both U.S. Federal Drug Administration and MCC approval. Columbia provides technical assistance to improve HIV-related pharmacy practices in 34 public health facilities. In these 34 public sector sites, the relevant provincial department of health provides all required HIV drugs.

In FY 2006, Columbia conducted an assessment of the appropriate use of existing ARV pharmacy tools (computerized and/or paper-based systems) at St. Patrick's, Holy Cross and Rietvlei hospitals and their respective down referral primary health clinics. In addition, Columbia provided guidance on quantification and stock control at these three district hospitals, and this led to the submission of a proposal for training of pharmacist assistants to the education committee of South African Pharmacy Council. The submission was sent via the ECDOH Pharmaceutical Services unit. In FY 2005, Columbia started providing support at the Mthatha Depot by seconding a pharmacy depot manager to oversee the distribution of ARV drugs and in FY 2007 this will be an ongoing activity. The ECDOH will budget for this position in FY 2008. By June 2006, Columbia was supporting over 6,000 patients on ART.

ACTIVITIES AND EXPECTED RESULTS:

Specific areas of programmatic focus include:
1. Technical support for ARV stock management and distribution at the pharmacy depot (in Mthatha) and public ART sites. Activities include:
a. Train pharmacists and pharmacist assistants in ARV stock management.
b. Support the implementation of a province-endorsed pharmacy tracking tool to prevent ARV drug stock-outs at health facilities.
c. Support the province-endorsed training of pharmacist assistants at identified health facilities.
2. Purchase and distribute ARV drugs for Ikhwezi Lokusa Wellness Center and Cato Manor community health clinic: In FY 2006, Columbia initiated discussions with the ECDOH to propose that the ARV drug procurement and distribution for Ikhwezi is managed by the ECDOH. Similar discussions with the KwaZulu-Natal Health Department (KZNDOH) are expected to begin in FY 2007 for the Cato Manor community health clinic in Durban.

Columbia will continue collaborating with the National Department of Health (NDOH) in support of ARV procurement mechanisms to ensure uninterrupted ARV supply at

Columbia-supported sites. The specific quantities of ARV drugs that would be needed will take into consideration relevant medical conditions (TB, adverse drug reactions). 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 NDOH, as well as participate in furthering the ARV quality assurances activity initiatives as developed by the NDOH.

By providing ARV drugs and related services, Columbia's activities will contribute to the realization of the PEPFAR goal of providing treatment to 2 million people. These activities will also support efforts to meet HIV and AIDS care and support objectives outlined in the USG Five-Year strategy for South Africa.

Continued Associated Activity Information

Activity ID:	3318
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Columbia University Mailman School of Public Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 850,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Adults
Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	7311
Planned Funds:	$ 1,800,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

HIVCare is an integrated program providing Basic Health Care and Support (#7989), Counseling & Testing (#7988) and ARV Services (#7312) as described in other sections of the COP.

BACKGROUND:

PEPFAR funding for the HIVCare project commenced in June 2005. 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) in order to build private sector capacity and absorb some of the burden from public sector facilities. Many FSDOH centers have waiting lists of people for ARV treatment. Patients from these waiting lists who meet the eligibility criteria for this program are referred from those public sector clinics to one of the four primary health centers in Bloemfontein and one in Welkom for treatment. The FSDOH is a collaborating partner in this project.

SUMMARY:

HIVCare will use FY 2007 PEPFAR 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 and who are referred from the public sector waiting lists for treatment. The Medicross Medical Centre, a well equipped private primary healthcare center, provides the main resource base and in conjunction with four other sites in Bloemfontein and another one in Welkom, will provide an effective means of properly distributing ART to patients who are either referred from public sector 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, quality assurance and supportive supervision. The target population includes men and women; families (including infants and children) of those infected and affected, factory workers and other employed persons, and government employees - specifically teachers, nurses and other health workers (who do not have medical insurance). A further specific population that will be targeted will be secondary school children. The most significant target group is those persons that cannot access services in the public health system. All treatment administered is done in strict accordance with South African Government (SAG) guidelines and with due regard to the need to transfer the patients back to SAG facilities when feasible.

ACTIVITIES AND EXPECTED RESULTS:

Drugs and other commodities used in the treatment process are procured through the Netcare purchasing system, the single largest purchaser of medical supplies outside of the South African Government. The drugs, specifically regulated in terms of South African legislation, are distributed to treatment centers via the Netcare pharmacies in Bloemfontein and Welkom and are dispensed to patients by qualified pharmacy staff. All medication issued to patients is done following a prescription issued by the treating physician. All other products are purchased within the procurement system of Netcare with some products being specially packaged for the program.

By providing comprehensive ARV services to patients and promoting ARV services for a large population of underserved people living with HIV (people without private insurance) and school age children, HIVCare is contributing to the PEPFAR goals of placing two million people on ARV treatment 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.

Continued Associated Activity Information

Activity ID: 3298
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: HIVCARE

Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 896,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

Adults
Business community/private sector
People living with HIV/AIDS
Teachers
Secondary school students
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive children (5 - 14 years)

Coverage Areas

Free State

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: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 7485
Planned Funds: $ 3,191,217.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This Track 1-funded activity is part of a comprehensive program that receives both Track 1 and in-country funding. Catholic Relief Services' (CRS) Track 1-funded submission also relates to activities in ARV Services (#7485). The Catholic Relief Services' in-country submission includes activities described in ARV Drugs (#7489) and ARV Services (#7487), Counseling and Testing (#7488), TB/HIV (#7953) and Basic Health Care and Support (#7490).

SUMMARY:
Activities are implemented to support procurement of antiretroviral (ARV) drugs under the comprehensive ART program carried out by Catholic Relief Services (CRS) in 25 sites. Coverage extends to eight provinces in South Africa (excluding the Western Cape). The target population includes people affected by HIV and AIDS as well as higher risk populations such as migrant workers and refugees.

BACKGROUND:
AIDSRelief (the Consortium led by Catholic Relief Services) received Track 1 funding in FY 2004 to rapidly scale up antiretroviral therapy (ART) in nine countries, including South Africa. Since FY 2005 in-country funding has supplemented Track 1 funding, and this will continue in FY 2007. 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).

ACTIVITIES AND EXPECTED RESULTS:
With funding provided in FY 2007, AIDSRelief will continue implementing the activities in support of South African Government (SAG) national ART rollout. In the interest of maximizing available funds the focus will be placed on strengthening the existing sites' provision of 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 the form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

ARV drugs are provided to all qualifying HIV patients who present at the sites, irrespective of their age, gender, nationality, religious or political beliefs. Historically, about 90% of adults and 10% of children with HIV have been receiving ARV drugs through the 25 partner sites.

ARV drugs purchased will be used by the 25 sites to treat ARV patients through clinic-based and home- -based activities aimed at optimizing quality of life for HIV-infected clients and their families. For most of the 25 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 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.

Generic medications purchased comply with the USG PEPFAR Task Force requirement of FDA approval as well as approval from the Medicines Control Council of South Africa.

All activities will continue to be implemented in close collaboration with the South African Government's (SAG) HIV and AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, directly contributing to the success of the South African Government'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 South African Government, thus ensuring long-term sustainability.

All sites operate in terms of a Memorandum of Understanding (MOU) with the Provincial Department of Health in which they operate, observing the national and provincial treatment protocols. There is a concerted effort at each site to ensure sustainability by either having the SAG provide antiretroviral drugs, or by down referring stable patients in to the public primary healthcare clinics after providing training for the SAG clinic staff. St. Mary's Hospital, which accounts for more than a third of patient numbers, has already

been accredited as a SAG rollout site. Sinosizo is receiving drugs from Department of Health due to its status as a down referral clinic for Stanger Hospital. At Centocow and Bethal, all patients are already receiving drugs through the SAG rollout.

This activity will directly contribute to the goal of 2 million individuals on treatment of the PEPFAR 2-7-10 goals.

Continued Associated Activity Information

Activity ID:	3287
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	Track 1
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Widows/widowers
Migrants/migrant workers
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Northern Cape

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 7489
Planned Funds: $ 6,068,370.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Catholic Relief Services (CRS) provides a comprehensive service including activities described in Basic Health Care and Support (#7490), TB/HIV (#7953), Counseling and Testing (#7488), and ARV Services (#7487). This in-country funding is related to ARV Drugs with Track 1 funding (#7485).

SUMMARY:

Activities are implemented to support procurement of antiretroviral (ARV) drugs under the comprehensive ART program carried out by Catholic Relief Services (CRS) in 25 sites. Coverage extends to eight provinces in South Africa (excluding the Western Cape). The target population includes people affected by HIV and AIDS as well as higher risk populations such as migrant workers and refugees.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) received Track 1 funding in FY 2004 to rapidly scale up antiretroviral therapy (ART) in nine countries, including South Africa. Since FY 2005 in-country funding has supplemented Track 1 funding, and this will continue in FY 2007. 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).

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2007, AIDSRelief will continue implementing the activities in support of South African Government (SAG) national ART rollout. In the interest of maximizing available funds the focus will be placed on strengthening the existing sites' provision of 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 the form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

ARV drugs are provided to all qualifying HIV patients who present at the sites, irrespective of their age, gender, nationality, religious or political beliefs. Historically, about 90% of adults and 10% of children with HIV have been receiving ARV drugs through the 25 partner sites.

ARV drugs purchased will be used by the 25 sites to treat ARV patients through clinic-based and home- -based activities aimed at optimizing quality of life for HIV-infected clients and their families. For most of the 25 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 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.

Generic medications purchased comply with the USG PEPFAR Task Force requirement of FDA approval as well as approval from the Medicines Control Council of South Africa.

All activities will continue to be implemented in close collaboration with the South African Government's (SAG) HIV and AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, directly contributing to the success of the South African Government'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 South African Government, thus ensuring long-term sustainability.

All sites operate in terms of a Memorandum of Understanding (MOU) with the Provincial Department of Health in which they operate, observing the national and provincial treatment protocols. There is a concerted effort at each site to ensure sustainability by either having the SAG provide antiretroviral drugs, or by down referring stable patients in

to the public primary healthcare clinics after providing training for the SAG clinic staff. St. Mary's Hospital, which accounts for more than a third of patient numbers, has already been accredited as a SAG rollout site. Sinosizo is receiving drugs from Department of Health due to its status as a down referral clinic for Stanger Hospital. At Centocow and Bethal, all patients are already receiving drugs through the SAG rollout.

Plus Up funds will be used to expand the activities at the existing AIDSRelief sites in South Africa and increase the number of ART patients on treatment by the end of September 2008. Additional ARV drugs will be purchased to support the treatment of these additional patients and thus contribute to reaching the goals of the President's Emergency Plan.

This activity will directly contribute to the goal of 2 million individuals on treatment of the PEPFAR 2-7-10 goals.

Continued Associated Activity Information

Activity ID:	3309
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 4,572,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

Doctors
Nurses
Mobile populations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Northern Cape

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	CAPRISA NIH
Prime Partner:	University of Kwazulu-Natal
USG Agency:	HHS/National Institutes of Health
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	7498
Planned Funds:	$ 900,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to CAPRISA's activities in palliative care (7499) , ARV services (7497) and counseling and testing (7496).

SUMMARY:

Activities are carried out to continue the provision of antiretroviral drugs to patients already initiated on treatment and to expand access to treatment to additional patients at two established treatment sites in KwaZulu-Natal.

BACKGROUND:

CAPRISA was established in 2002 as a not for profit AIDS research organization by five major partner institutions; University of KwaZulu-Natal, University of Cape Town, University of Western Cape, National Institute for Communicable Diseases, and Columbia University. The headquarters of CAPRISA are located in the Doris Duke Medical Research Institute at the Nelson R Mandela School of Medicine, University of KwaZulu-Natal. The PEPFAR-funded CAPRISA AIDS Treatment (CAT) Program was initially started as a supplemental effort to deal with the large volume of HIV positive clients that were screened out of CAPRISA's other research studies. The current CAT Program provides an integrated package of prevention and treatment services and provides an innovative method of providing ART by integrating the TB and HIV care. 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 it provides free treatment. The HAART provision at this clinic integrates TB and HIV care into the existing 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 (PHC) 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, 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. At the eThekwini Site, a once daily regimen of ddI, 3TC, and EFV is used (as per South African treatment guidelines and protocols). The funding to purchase the ARV drugs for patients at the eThekwini Site are from the Global Fund to fight AIDS, Tuberculosis (TB) and Malaria. All other aspects of care are covered by PEPFAR funds.

In Vulindlela, the first line regime includes: Lamivudine, Stavudine and NVP and second line therapy includes: EFV, AZT, 3TC and ABC. PEPFAR funds are used for the purchase of these drugs. Generic medications purchased comply with the South African requirement of FDA approval as well as approval from the Medicines Control Council of South Africa.

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 study product is always on hand for at least 2 months' anticipated usage.

These results contribute to the PEPFAR 2-7-10 goals by ensuring that there is an uninterrupted supply of drugs for persons initiated on ART.

Continued Associated Activity Information

Activity ID:	3073
USG Agency:	HHS/National Institutes of Health
Prime Partner:	University of Kwazulu-Natal
Mechanism:	CAPRISA NIH
Funding Source:	GHAI
Planned Funds:	$ 900,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50

Target Populations:

People living with HIV/AIDS
HIV positive pregnant women
Doctors
Nurses
Pharmacists
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

KwaZulu-Natal

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Broadreach
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 7512
Planned Funds: $ 2,950,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

BroadReach Healthcare's ARV Drugs activity is one component of a comprehensive set of services further described in the Counseling and Testing (#7513), Basic Health Care and Support (#7511), TB/HIV (#7939), and ARV Services (#7510) program areas.

SUMMARY:

BRHC antiretroviral (ARV) drug activities include drug procurement and distribution, training for health professionals on drugs, supporting pharmacy staff salaries, training patients, quality assurance (QA), and data management. The major emphasis area is commodity procurement, with additional emphasis in quality assurance and supportive supervision, logistics, and training through community capacity development and support to the South African Government (SAG). Primary target populations include people living with HIV (PLHIV) and families/households, the private sector, and public and private doctors, nurses, pharmacists, and other healthcare workers. BRHC is exploring the use of the Partnership for Supply Chain Management project for drug procurement.

BACKGROUND:

PEPFAR funds support BroadReach Healthcare (BRHC) initiatives which provide HIV and AIDS clinical management, care and support services to HIV-infected, uninsured individuals in areas where the SAG rollout has not yet reached communities, and support services delivered through the public sector. The BRHC PEPFAR program began in May 2005 and now operates in 15 communities across five provinces. BRHC is supporting approximately 3500 individuals directly with care and treatment and 15,000 indirectly. BRHC implements its mission by tapping private sector health professionals to provide comprehensive care and treatment, fostering capacity building initiatives within the public health system, and partnering with and supporting community-based programs. BRHC leverages community-based PLHIV support programs to identify and assist with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. In addition, BRHC works to build capacity in public health facilities, focusing its efforts on human capacity development activities, including clinical didactic training, clinical mentorships, patient training and operational assistance training. BRHC is expanding its provision of additional staff and infrastructure support to SAG facilities. Finally, BRHC is expanding its involvement in the design of scaleable down referral models in partnership with faith-based organizations (FBOs), community-based organizations (CBOs), and as a partner in innovative public-private partnerships (PPPs).

ACTIVITIES AND EXPECTED RESULTS:

The primary goal of this program area is to ensure that new patients are started on ART when clinically qualified and enrolled patients continue to receive high-quality care and support.

ACTIVITY 1: Drug Procurement and Distribution

BRHC will continue commodity procurement of ARVs through its supply chain vendors including, its courier-based pharmacy partners. BRHC will oversee the delivery of drugs to the accredited community-based providers. In some instances, the community-based providers will be paid a capitated rate per patient and those providers will be procuring drugs according to PEPFAR standards and national guidelines. BRHC will negotiate best available pricing for USG and SAG approved ARV drugs. Community-based providers are trained in drug forecasting, procurement and supply chain management.

BRHC partners with a private mail order pharmacy provider, Pharmacy Direct (PD), in its procurement and distribution efforts for the BRHC general practitioners (GP) network. Pharmacy Direct liaises directly with the BRHC GP network to manage patient prescriptions, dosing, medicine delivery and pick-up of returned medicines. In partnership with Pharmacy Direct, BRHC manages patient adherence through monitoring of medicine collection and regular data reports.

ACTIVITY 2: Human Capacity Development (HCD)

BRHC will continue to provide comprehensive HIV and AIDS 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 clinical mentoring from experienced HIV and AIDS clinicians. Topics will include drug supply chain logistics, operational improvements for drug management, disposal of unutilized drugs, comprehensive ART management, adherence, management of complications and side-effects, prevention and pediatric HIV management. BRHC-supported human capacity development (HCD) activities, such as training and clinical mentoring, will also take place within SAG facilities.

ACTIVITY 3: Support to SAG

BRHC will support capacity development for drug procurement and pharmaceutical management at partner SAG facilities. BRHC will conduct a needs assessment that will examine the operational processes for drug procurement, forecasting, stock management, and dispensing. Based on this assessment, solutions will be identified and implemented to improve operational capacity.

ACTIVITY 4: Quality Assurance/Quality Improvement

BRHC maintains a close relationship with its drug procurement and distribution client. The client provides regular feedback and reports to BRHC regarding delivery problems, missed medicine pick-ups, and collects all unused medicines. Drug distribution, pick-up, and returns data is collected and maintained in the BRHC program database. This data feeds into numerous reports including doctor-specific feedback reports and patient exception reports.

This activity facilitates the ARV service delivery component of the project, which contributes directly to the PEPFAR 2-7-10 goal of two million people receiving treatment. BRHC will contribute to PEPFAR'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.

Continued Associated Activity Information

Activity ID:	3133
USG Agency:	U.S. Agency for International Development
Prime Partner:	Broadreach
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,687,000.00

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Business community/private sector
Factory workers
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Eastern Cape

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 7546
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

PEPFAR funds allocated to ARV Drugs ($5,321,000) are for Right to Care (RTC) 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 refers HIV-positive individuals identified through CT and Care and Support services, when indicated, into ARV Treatment services. This activity will be competed in an Annual Program Statement (APS) for FY 2007 funding, as the activity has grown in scope and funding level that warrants competition, therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID: 2974
USG Agency: U.S. Agency for International Development
Prime Partner: Right To Care, South Africa
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 5,321,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Business community/private sector
Faith-based organizations
Doctors
Pharmacists
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Migrants/migrant workers
Doctors
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

Northern Cape

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 7558
Planned Funds: $ 1,000,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to the RPM Plus activities under ARV Services (#7559), PMTCT (#7854), and TB/HIV (#7856). In addition, RPM Plus is a member of the Partnership for Supply Chain Management (#8107 and #7935).

SUMMARY:

With FY 2007 PEPFAR funds, Management Sciences for Health's (MSH) Rational Pharmaceutical Management (RPM Plus) project will continue and expand activities already underway in South Africa to support the effective management of ARV medicines. RPM Plus will continue to positively impact drug provision by improving estimation of needs for ARV, opportunistic infections (OI) and STI drugs; implementing systems to support drug supply management activities and to monitor drug availability at the institution and district levels; and developing a highly skilled pool of pharmacy personnel to manage them. The objective is also to strengthen the South African Government's (SAG) Drug Supply Management Information Systems at all levels. The major emphasis area for these activities is training, but the project also includes logistics, needs assessment, policy/guidelines and quality assurance and supportive supervision. Target populations include National AIDS Control Program staff, other National and Provincial Department of Health (DOH) staff, nurses, pharmacists and pharmacist assistants.

BACKGROUND:

Since FY 2004, RPM Plus has been working in close collaboration with the National Department of Health Pharmaceutical Policy and Planning (NDOH-PPP) unit, and Provincial and Local Government Pharmaceutical Services to support the delivery of pharmaceutical services at all levels (national, provincial, district, and institutional). The following activities are a continuation of the activities initiated since FY 2004. Systems and models for drug supply management have been developed and tested. In FY 2007, RPM Plus will continue the implementation of these systems on a larger scale and will monitor the impact on the delivery of ART at accredited sites. These activities have received the full support of the NDOH-PPP unit and the Provincial Pharmaceutical Services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Drug supply management information system

RPM Plus has developed an integrated, computerized drug supply management information system (RxSolution) to assist hospital, community health center and district level pharmacy personnel to manage drug supply activities from hospital bulk stores to the patients through satellite pharmacies (outpatient and inpatient), wards and down referral clinics. This supports the management of purchase orders, inventory, issues to clients (satellite pharmacies, wards, and primary health care (PHC) clinics), and budgets. It also supports the management of patient records, prescriptions and quantities dispensed directly to the patient or through down referral sites. Data links with electronic patient registers have been tested.

The RxSolution system is currently used in 5 provinces (Eastern Cape, Mpumalanga, Gauteng, North West and Free State) at government and local government sites. In the Eastern Cape alone, the existing sites have contributed to the treatment of 15,000 patients. Three referral sites have been established. These referral sites are hospitals that have established a unit to down refer patients to a primary health care institution, typically patients on chronic medication or stabilized ARV patients. The main objectives are to reduce the burden on the hospital and decrease the cost for the patient. Some of the ARV sites using RxSolution have shown great improvement in the management of their supplies for ART and non-ART medicines.

As a result, more ART accredited sites (hospitals, wellness centers) have requested to use this system. As RPM Plus scales up, different approaches will be used to ensure adequate support and maintenance. In Mpumalanga, a memorandum of understanding has been signed between MSH and a private IT service contractor (Faranani) to provide training, support and maintenance for the deployment of RxSolution. In the Free State, the

government is hiring a pharmacist/IT manager to support RxSolution. RPM Plus developed an interface between RxSolution and the new provincial warehouse management system. RPM Plus will assist the NDOH-PPP with the management of the provincial deployment of the warehouse system that will start in early 2007.

ACTIVITY 2: Training in quantification

RPM Plus is constantly improving and developing new 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, sexually transmitted infections (STIs), opportunistic infections (OIs), other priority diseases and post-exposure prophylaxis (PEP). RPM Plus has trained provincial staff responsible for the submission of provincial estimates, provincial pharmaceutical warehouse managers and pharmacists responsible for the procurement of ARVs, and medicines used for the treatment of OIs and STIs at the institutional level (hospital, community health center and district). In FY 2007, training in quantifying ARV-related drug requirements will continue through national and provincial workshops. These workshops provide an opportunity to establish a national network to discuss and report consumption trends and issues, to maintain a dialogue with representatives from the pharmaceutical industry and to prepare reports for the National Comprehensive Care, Management and Treatment of HIV and AIDS (CCMT) forum. Training in quantification needs to be an ongoing function, especially in the public sector in South Africa where community service pharmacists are often in charge of the ARV pharmacy for their year of service, then leave the public sector for the private sector without plans for succession.

ACTIVITY 3: Data for decision-making

With FY 2007 PEPFAR funding, RPM Plus will continue the training of pharmacy personnel in using their data for decision-making to ensure that the increasing demand for drugs required for the care and treatment of HIV and AIDS and other related programs is met, and to monitor national drug supply management indicators. This will also provide an opportunity to strengthen the working relationship between pharmacists and other program managers. Individuals from the Provincial Pharmaceutical Services and from the National Pharmaceutical Policy and Planning unit will be trained.

All the activities above will indirectly support all HIV-infected 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 PEPFAR 2-7-10 goals as well as the vision outlined in South Africa's Five-Year Strategy by facilitating the national ARV rollout.

Continued Associated Activity Information

Activity ID:	3087
USG Agency:	U.S. Agency for International Development
Prime Partner:	Management Sciences for Health
Mechanism:	RPM Plus 1
Funding Source:	GHAI
Planned Funds:	$ 1,950,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Training	51 - 100

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
National AIDS control program staff
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
HIV positive pregnant women
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	7583
Planned Funds:	$ 0.00
Activity Narrative:	This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity. PEPFAR funds allocated to ARV Drugs ($40,000) are for the procurement, distribution and pharmaceutical management of ARV drugs at Northern Cape DOH (NCDOH) ARV treatment sites and programs in the Northern Cape province in order to expand ARV treatment for eligible HIV-positive individuals. 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) is providing that assistance. The NCDOH 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. This activity requires a modest amount of funding as few patients meet the exceptional situations. Funding for these ARV Drugs will now be covered under the Follow-On to the Right To Care Program ARV Drugs program area (#7546) therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID:	3924
USG Agency:	U.S. Agency for International Development
Prime Partner:	Northern Cape Department of Health
Mechanism:	N/A

Funding Source: GHAI
Planned Funds: $ 40,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Infrastructure	10 - 50

Coverage Areas

Northern Cape

Table 3.3.10: Activities by Funding Mechanism

Mechanism: PHRU
Prime Partner: Perinatal HIV Research Unit, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 7600
Planned Funds: $ 3,400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to PHRU activities described in the following program areas: Basic Health Care and Support (#7598), TB/HIV (#7595), Counseling and Testing (#7596), PMTCT (#7599), Condoms and Other Prevention (#7881), and ARV Services (#7597).

SUMMARY:

The approach taken by the Perinatal HIV Research Unit (PHRU) is one of comprehensive, high quality care and support for people living with HIV (PLHIV). The PHRU will use FY 2007 funds to continue to provide high quality holistic ARV treatment and psychosocial support in Gauteng, rural Limpopo and Mpumalanga, and Western Cape. These funds will contribute towards ARV drugs and services. Clients are provided with ARV treatment (ART), pre-treatment literacy, adherence counseling and adherence support groups. Linkages from CT, PMTCT, basic care and support will be strengthened. The major emphasis area is commodity procurement. Minor emphasis areas are information, education and communication, local organization capacity development and training. The family-centered approach targets HIV-infected adults, children and infants.

BACKGROUND:

Since 1998 the PHRU has provided comprehensive treatment, care and support to PLHIV. The PHRU has received funding from PEPFAR since 2004 to support ART services in Gauteng, rural Limpopo and Mpumalanga, and Western Cape provinces. PHRU directly purchases ARVs with PEPFAR funds and has demonstrated the ability to rapidly scale up treatment. PHRU has adopted a family-centered approach and clients are encouraged to bring partners and other family members for testing and treatment. Currently over 660 children and 3,300 adults are being supported on ART with funding from PEPFAR, with about one third supported through PEPFAR-funded ARV drugs. PHRU is supporting government treatment sites in Gauteng, Limpopo, Mpumalanga and Western Cape provinces. PHRU is expanding activities to directly support scale-up at government ART sites and support down referral systems. PHRU works with the provincial health departments to ensure safe transfer for the participants to ongoing care within the South African Government (SAG) rollout program to ensure sustainability. PHRU supports, trains and mentors healthcare workers involved in the management, care and treatment of HIV-infected individuals. All programs follow national guidelines for ARV treatment. Quality assurance, client retention, monitoring and evaluation form an integral part of the program. PHRU provides regular training for professional and lay staff on ART issues such as adherence, medical treatment, and appropriate regimens.

All sites have psychosocial support programs which provide community-based assistance, support groups and education covering issues such as basic HIV and AIDS information, HIV services, HIV treatment, treatment literacy, adherence, TB, positive living, nutrition, prevention, opportunistic infections and TB. The comprehensive care approach leads to stigma reduction, increased disclosure, and improved adherence to ART.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: ADULTS, SOWETO

Funding from PEPFAR supports over 250 adults on treatment in the family-centered PMTCT program.. The adult treatment program is ongoing and drugs are purchased for over 1100 people at the PHRU clinic based at Chris Hani Baragwanath Hospital (Bara). The program provides treatment, monitoring and support for adults who meet the SAG guidelines for treatment. HIVSA, an NGO partner, provides treatment literacy and adherence support. This activity will be continued and expanded with FY 2007 funds.

ACTIVITY 2: PREGNANT WOMEN, SOWETO

This program was started in the maternity section at Bara in July 2005 by PHRU in partnership with the Department of Obstetrics and Gynecology. In Soweto 8,000 pregnant women annually are identified as positive with an estimated 1,600 needing treatment. Following SAG guidelines, pregnant women who are eligible for treatment are offered

HAART. In order to fast-track women onto treatment, PHRU is training and mentoring the doctors and nurses. The program is being expanded to other ART sites in the area with FY 2007 funds. HIVSA will continue to provide treatment literacy and adherence support.

ACTIVITY 3: CHILDREN, SOWETO

The PHRU clinic identifies HIV-infected children who need treatment through PMTCT and children of adults who are already on treatment. This activity will continue and will be strengthened through additional counselors with FY 2007 funds. As part of a comprehensive family-centered approach, children are put onto treatment following SAG treatment guidelines with ARVs purchased by PHRU according to USG and SAG guidelines. More than 600 children are already on treatment procured and supplied through the PHRU pharmacy system. Staff are trained on an ongoing basis in pediatric ARV provision.

ACTIVITY 4: FRANCHISE, GAUTENG

This program targets uninsured workers in densely populated areas in Johannesburg. 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. Those who can afford to pay for all or a portion of their drugs will be expected to do so. ARV drugs will be procured and supplied within the service by trained providers. This program will test the viability of a stand-alone ART full service clinic in downtown Johannesburg and provide lessons learned about demand for ART outside the public sector, willingness and ability to pay for services, and the cost-effectiveness of this model of delivery.

These activities will contribute substantially to the PEPFAR 2-7-10 goals of providing ARV treatment to two million people.

Continued Associated Activity Information

Activity ID:	3331
USG Agency:	U.S. Agency for International Development
Prime Partner:	Wits Health Consortium, Perinatal HIV Research Unit
Mechanism:	PMTCT and ART Project
Funding Source:	GHAI
Planned Funds:	$ 958,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Target Populations:

Community-based organizations
Doctors
Nurses
Pharmacists
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Gauteng

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	7655
Planned Funds:	$ 1,800,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) carries out a number of activities using both Track 1 and in-country funds. These include in-country activities in PMTCT (#7969), ARV Services (#7653), Palliative Care: Basic Health Care and Support (#7654), TB/HIV (#7968) and Track 1 activities in ARV Services (#7650).

SUMMARY:

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will support all of its care and treatment partners in increasing access to antiretroviral treatment (ART) and care by those that need it. The primary emphasis area for this activity is commodity procurement, with minor emphasis in logistics, quality assurance and supportive supervision, strategic information and training. Primary populations to be targeted include infants, men and women, people living with HIV (PLHIV), and public and private healthcare providers. The geographic focus is on KwaZulu-Natal (KZN).

BACKGROUND:

The long-term goal of the EGPAF care and treatment program in South Africa is to increase life expectancy among HIV-infected persons. This will be achieved through an intensive focus on increasing access to care and treatment services as well as the service utilization (demand). To achieve these goals and objectives, project Help Expand ART (HEART) will expand the geographic coverage of services during FY 2007. HEART/South Africa is part of a larger worldwide initiative by EGPAF to support care and treatment services, and receives both Track 1 and in-country PEPFAR funding. 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 for HIV-infected pregnant women, couple counseling, partner testing and screening for TB.

EGPAF utilizes external resources to complement activities carried out by the KwaZulu-Natal (KZN) Department of Health (DOH) and private partners, such as faith-based organizations (FBOs) and other non-governmental organizations (NGOs). These resources are utilized to fund staff, infrastructure, drugs, laboratory testing and provide technical support. EGPAF will identify gaps in the program at the individual site level and implement activities to address the needs. The intent is to facilitate national and provincial plans and work together with the government and other partners to ultimately transition programs to South Africa government (SAG) support.

EGPAF has a partnership with a private NGO, the AIDS Health Care Foundation (AHF); this is a cost-sharing relationship (drugs and staff) to support the AHF care and treatment program. In addition, McCord Hospital, a faith-based organization, is a sub-grantee of EGPAF. The EGPAF partnership with the DOH includes support for human capacity development, infrastructure rehabilitation and technical support for sites in KwaZulu-Natal.

The existing sites are:

1. McCord Hospital, Durban
2. AHF (Ithembalabantu Clinic), Umlazi, Durban
3. KZNDOH, Pietermaritzburg Up/Down referral program (Edendale Hospital and four referral clinics, Northdale Hospital and five referral clinics),
4. KZNDOH, KwaMsane Clinic in the Hlabisa Sub-district of uMkhanyekude District
5. KZNDOH, Vryheid Hospital plus three referral clinics, Benedictine Hospital and three referral clinics, and Edumbe Community Health Centre (CHC) plus one referral clinic, in Zululand District

New HEART partners include the KZNDOH, at Ceza Hospital, Nkonjeni Hospital, St Francis Hospital, Itshelejuba Hospital and two referral clinics per hospital, in Zululand District.

ACTIVIES AND EXPECTED RESULTS:

ACTIVITY 1: ARV Drug Procurement

ARV drug procurement will be undertaken for one Track 1 partner (McCord Hospital) and for one in-country partner, AIDS Health Care Foundation. All DOH sites use the DOH ARV drug procurement systems. Generic medications purchased comply with the USG PEPFAR Task Force requirement of FDA approval as well as approval from the Medicines Control Council of South Africa.

ACTIVITY 2: Pharmacy

McCord and AHF are both national DOH accredited ARV sites, and each have a dedicated pharmacist for the HIV and AIDS treatment program. This has resulted in uninterrupted supply of antiretrovirals and individualized adherence counseling to the increasing number of patients.

Systems are in place to select, procure, store, track and distribute the drugs privately. Drugs can be sourced at short notice from private suppliers. McCord Hospital has two purchasing systems currently in operation:
1. Rolling Forecast System - GlaxoSmithKline access program drugs, that are purchased monthly according to a three-month committed, and nine-month open forecast updated monthly. This forecast is determined by the program batching systems.
2. Demand Dependant System - 24 hour order to delivery system based on demand and maintained with minimum and maximum stock levels.

Monitoring of purchases and distribution is done both manually and electronically (Pro-Clin and Trakhealth Systems) and produce statistical and detailed reports. If stock-outs (less than five days) occur, stock can be purchased from an alternative source.

As the AHF/Ithembalabantu clinic is a national DOH accredited ARV site, the KZN Department of Health provides the clinic with two fulltime VCT counselors. AHF Ithembalabantu clinic has an onsite pharmacy, and the clinic has the capacity to serve all of its clients pharmacy needs. AHF has developed pharmaceutical and health commodities management systems to ensure a sustainable supply of ARVs and other relevant supplies.

The clinical and psychosocial support staff at the Ithembalabantu clinic uses a locally developed, highly effective treatment education and adherence program that has resulted in outstanding, sustained rates of therapy success. Treatment adherence and education classes, social service support and counseling, as well as skills development and capacity building classes are all provided onsite. Medication adherence training and support is given before clients begin ART. Adherence counseling is also monitored by self-reporting, pill counting, and follow up with patients, dedicated family members or friends.

The EGPAF drug procurement program contributes to the PEPFAR 2-7-10 goals by ensuring adequate supply of ARV drugs for patients in treatment.

Continued Associated Activity Information

Activity ID:	3806
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,180,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Target Populations:

Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
HIV positive pregnant women
Doctors
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

KwaZulu-Natal

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Medical Research Council of South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	7661
Planned Funds:	$ 1,020,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to the Medical Research Council's activities in ARV Services (#7660) and TB/HIV (#7662).

SUMMARY:

This activity is carried out to support a comprehensive best-practice approach to integrated TB/HIV care, that will improve access to HIV care (counseling and testing, care and treatment, screening, referral, pharmaceuticals) for TB patients, and promoting TB screening (and eventual TB treatment as required) among patients attending HIV clinics, with particular reference in this activity to provision of ARV drugs to TB patients meeting eligibility criteria according to the South Africa HIV treatment guidelines. Activities are focused in three provinces of South Africa. The major emphasis area is commodity procurement.

BACKGROUND:

A best-practice approach to integrated TB/HIV care was initiated by the Medical Research Council (MRC) with FY 20004 PEPFAR funding. Early activities included a systematic description of barriers faced by TB patients co-infected with HIV in an accredited ARV site, and the development and implementation of a best-practice model in FY 2005. Preliminary results from the model site confirmed the benefits of an integrated TB/HIV approach, reflected in a drastic reduction in patient mortality, improved quality of life of TB patients with HIV and prolonged survival. Results also confirm the safety and efficacy of dual regimens, showing that ART can safely be instituted within the first month of TB treatment.

Expansion of the best-practice approach to two additional sites in different geographical settings was started in FY 2006 based on lessons learned in the start-up sites, including essential human resource needs, the importance of negotiated partnerships with departments of health (DOH), and the challenges posed by dual stigma. Activities in the three existing sites will continue in FY 2007, with expansion to two additional sites in remote rural settings where active TB screening among people living with HIV (PLHIV) will be implemented. These sites are characterized by extreme poverty, poor health infrastructure and limited health care access for patients. The challenges of and novel solutions for treatment delivery in such settings will be specifically addressed, as will strengthening of systems for treatment adherence. Activities are implemented directly by MRC and by contracted sub-partners Life Esidimeni, World Vision and the Foundation for Professional Development (a PEPFAR partner).

ACTIVITIES AND EXPECTED RESULTS:

Activities carried out in this program area include commodity procurement, logistics, distribution, pharmaceutical management and cost of ARV drugs to confirmed TB patients meeting South African government (SAG) ARV enrollment criteria. Provider-initiated HIV counseling & testing will be offered to all patients and those qualifying for ART identified as quickly as possible. Initiation of antiretroviral treatment (ART) will be based on CD4 count, based on existing governmental policies. Patients (including children) with a CD$ 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 ART initiation based on clinical status.

ARV drug procurement will be done according to projected estimates based on HIV prevalence and the estimated proportion of patients eligible for ART. As per the USG PEPFAR Task Team requirement, only generic drugs approved by the SA Medicines Control Council (MCC) and the US Food and Drug Administration (FDA) will be used. Referral links to an accredited ART site will be established for each TB patient initiated on ARVs in the participating sites in order to allow seamless transition and ART access upon discharge. Sites that are not yet accredited for ART rollout will be assisted to acquire SAG accreditation, which would ensure the necessary continuity of care.

Activities will be directed towards eliminating bottlenecks in ART provision (particularly

human resource capacity), addressing weaknesses and limitations in down-referral systems, documenting and managing drug adverse effects, and monitoring of treatment adherence. Integration of TB and HIV services will be a prime target to facilitate quick and seamless patient access to ARV drugs, thereby decreasing patient morbidity and mortality.

Review of HIV counseling and testing practices, strengths and weaknesses of TB/HIV referral systems, human resource analyses, treatment adherence, drug adverse effects and conventional TB treatment outcomes in patients on dual therapy will be recorded. TB patients and PLHIV constitute the principal target populations and include pregnant women (referred to PMTCT services) and children (receiving ARVs if indicated).

Ongoing quality assessment and quality improvement will be implemented through on-site supervision and external quality assurance mechanisms such as checklists. Regular feedback meetings will be held with project staff to identify potential problems and rapidly facilitate corrective action.

Results from the project will facilitate evidence-based policy formulation on expansion of integrated TB/HIV care while increasing and improving access to ART of eligible TB patients. TB services in SA will in future form a vital link to accredited government ARV sites. This project will contribute to strengthening of the role of TB services as point 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 and through analyses of cost-effectiveness and cost-benefit.

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.

The MRC activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa 5-year Strategic Plan by integrating TB and HIV services and expanding access to care and treatment.

Continued Associated Activity Information

Activity ID:	2954
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Medical Research Council of South Africa
Mechanism:	TB/HIV Project
Funding Source:	GHAI
Planned Funds:	$ 1,682,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Pregnant women
Girls
Boys
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Coverage Areas

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	NEW APS 2006
Prime Partner:	McCord Hospital
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	7908
Planned Funds:	$ 231,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to McCord Hospital's activities in Counseling and Testing (#7907), Basic Health Care and Support (#7912), PMTCT (#7906), TB/HIV (#7908) and ARV Services (#7909), described elsewhere in the COP.

SUMMARY:

McCord Hospital and Zoe Life (McCord/Zoe Life) will support and provide technical assistance in the delivery of antiretroviral (ARV) drugs to patients at seven sites - four municipal clinics and three non-governmental organizations (NGOs). The activity will also extend to participating industry sites for workers without medical insurance in Durban, KwaZulu-Natal.

The emphasis areas are commodity procurement (for NGO sites/industry sites); human resources; local organization capacity development; and quality assurance and improvement. The primary target populations are the general population, refugees and asylum seekers, and business community. Refugees and asylum seekers are an important target group, as they cannot access free antiretroviral treatment in the public sector.

McCord Hospital receives funding for PMTCT and ARV treatment through the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). This program described here focuses on strengthening the capacity of public sector and NGO facilities, and it is distinct from the hospital-based program funded by EGPAF.

BACKGROUND:

This is a new project which will be implemented by the McCord/Zoe Life team in partnership with the eThekwini Municipality (Durban), three NGOs and private sector sites, to decentralize antiretroviral treatment (ART) provision to primary health settings. Stable patients initiated on ART at local hospitals will be referred to the above sites for ongoing follow-up and for monthly ART dispensing. New stable patients will be initiated on ART at the decentralized sites and continue follow-up and ART dispensing at these sites.

McCord Hospital currently dispenses ART to approximately 2000 patients, and has now become an accredited site with the KwaZulu-Natal Department of Health (KZNDOH). The project described here to support public sector and NGO sites is supported by the metropolitan and provincial health departments. KZNDOH ARV guidelines will be used in the provision of ARVs wherever appropriate. Gender issues will be addressed through increasing access to ART in workers (assuming most are men) in a workplace program, and by ensuring that a family-centered treatment approach is offered to partners and family members of index patients via access to couple counseling, community-based referrals, provider-initiated palliative care for partners and active case management of families. The project will also increase access to ART for refugees.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Site accreditation

McCord/Zoe Life will support a process of site accreditation at four metropolitan clinics through negotiation with the metropolitan and provincial health departments to ensure sustainability and ensure ongoing provision of ART drugs to these sites.

ACTIVITY 2: Accreditation guidelines

McCord/Zoe Life will assist the KZNDOH to develop accreditation guidelines for NGOs and workplace programs to ensure ongoing provision of ART to these sites.

ACTIVITY 3: ART to decentralized sites

This activity will support and strengthen systems onsite to provide ART efficiently at decentralized sites.

The McCord hospital pharmacy currently manages the ART supply chain for more than 2,000 patients. This project will hire staff to expand this service to decentralized sites and strengthen current systems. ARVs will be selected from national regimens according to trends from previous forecasting. Drugs will be procured, stored and regulated by the McCord Hospital Dispensary which is registered as a hospital pharmacy. As McCord Hospital is accredited with the KZNDOH, ARVs will be ordered from and supplied by the central Department of Health Pharmacy. If the NGO or industry sites are not accredited by the time this project begins, ARVs will be separately procured. In this case, brand name drugs and generics registered with the Medicines Control Council of South Africa (MCC) and FDA will be procured from distributors such as International Health Care Delivery (IHD) and Kinesis, as well as directly from the pharmaceutical companies. In FY 2007, exploratory discussions will be held with the Partnerships for Supply Chain Management (PFSCM), a PEPFAR partner, to support commodity procurement of the most cost-effective brands at the NGO and corporate sites.

All drugs received by the pharmacist will be stored in the McCord Hospital dispensary under the care of the pharmacists who adhere to good pharmacy practice conditions. Drugs will be ordered twice a month. Systems are in place to select, procure, store, track and distribute the drugs privately. If there is a delay from tendered companies, drugs can be sourced from wholesalers (same day delivery but increased cost). GlaxoSmithKline (GSK) does forecasting based on use, and is obligated to ensure adequate supplying. McCord Hospital has two purchasing systems currently in operation: Rolling Forecast System where the GSK Access program drugs are purchased monthly according to a three-month commitment, and nine-month open forecast that is updated monthly. This forecast is determined by the present ART clinic batch system. The Demand Dependant System is a 24-hour order to delivery system, is based on demand and maintained with minimum and maximum stock levels. Monitoring of purchases and distribution is done both manually and electronically. If stock-outs (less than five days) occur, stock will be purchased from an alternative source.

A PEPFAR-funded pharmacist will liaise with the pharmacists at municipal, NGO and industry sites to forecast ARV needs on a weekly basis. ARVs will be prepackaged for the decentralized sites and delivered weekly to each site. Pediatric formulations will also be delivered to sites weekly. The McCord/Zoe Life team will provide technical support to ensure that onsite storage and dispensing systems are in place before ARVs are dispensed. Scripts will be written by dispensing nurses at the decentralized sites and kept in a register in the pharmacy. In clinics without a pharmacy, drugs will be stored in a secure cupboard. A register of scripts and drugs dispensed will be maintained at each clinic by a senior dispensing nurse. Records will be captured in the logistics database on a weekly basis. Excess or expired medicines are disposed of through a waste management company.

Sustainability is addressed at provincial level through accreditation of municipal sites and development of accreditation policies for NGO and corporate sites.

Human capacity development is strengthened through technical support and mentorship of pharmacists and senior nursing staff at the sites to improve logistics management regarding ARV supply. Staff will be trained in monitoring and evaluation to strengthen the efficiency of the systems, and to optimize tracking of missed drug pick up, liaising with the multidisciplinary team who will follow up these clients.

The McCord Hospital/Zoe Life activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by strengthening the public sector and expanding access to care and treatment.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

Business community/private sector
Pharmacists
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Other

Coverage Areas

KwaZulu-Natal

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	Supply Chain Management
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	7935
Planned Funds:	$ 6,700,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to ARV Drugs, the Partnership for Supply Chain Management implements related activities described in ARV Services (#8107). It is also linked to potentially all USG South Africa PEPFAR partners interested in procuring commodities or technical assistance from the PFSCM.

SUMMARY:

The Partnership for Supply Chain Management (PFSCM) project is tasked with supporting PEPFAR by strengthening secure, reliable, cost-effective and sustainable supply chains that procure and deliver high quality antiretroviral drugs (ARVs) and related commodities to meet the care and treatment needs of people living with HIV (PLHIV). Several PEPFAR treatment partners in South Africa have expressed interest in taking advantage of PFSCM services. The major emphasis area is commodity procurement, and minor areas include logistics, local organization capacity development, training, and quality assurance.

BACKGROUND:

In September 2005, the PFSCM was awarded an agreement by USAID to support PEPFAR in terms of strengthening supply chains for ARVs and related commodities, with an initial focus on fourteen African countries, including South Africa. The PFSCM was established in response to widespread recognition that a continuous pipeline of high quality, low-cost ARVs and related commodities is critical to successful ARV patient management at the individual level, and to reaching the PEPFAR goals at the macro level. The overall mission of the project is to strengthen or establish secure, reliable, cost-effective and sustainable supply chains to meet the needs of people living with HIV. In collaboration with in-country and international partners, the PFSCM's mandate is to deploy innovative solutions to enhance supply chain capacity, ensure accurate supply chain information is gathered, shared and used, and provide quality, best-value healthcare products. The PFSCM project team comprises a current total of 17 non-profit organizations, commercial private sector companies, academic institutions and faith-based organizations. Three of these key organizations are based in South Africa: the Fuel Group, where the PFSCM has established a regional distribution center to service Southern Africa and beyond, North West University which houses the only WHO-accredited quality assurance laboratory in sub-Saharan Africa, and Affordable Medicines for Africa (AMFA) which has provided medicines to faith-based organizations throughout Africa for many years.

ACTIVITIES AND EXPECTED RESULTS:

The PFSCM, led by John Snow, Inc. (JSI) and with Management Sciences for Health's Rational Pharmaceutical Management (RPM Plus) project, will work with PEPFAR treatment and palliative care partners to improve the cost-effectiveness of their supply chains for ARVs and related commodities, including drugs for opportunistic infections and palliative care, drugs for sexually transmitted infections (STIs), drugs and supplies for home-based care, drugs for TB, rapid HIV test kits, laboratory equipment and supplies, and other medical supplies. Treatment and other partners may include, but will not be limited to: Catholic Relief Services (CRS), Hope Worldwide, BroadReach Healthcare, the Anglican Church of Southern Africa HIV/AIDS Office, the Hospice and Palliative Care Association of South Africa and the South African National Defence Force (SANDF). Activities will focus on technical assistance and human and organizational capacity building in supply chain management and related areas. PFSCM is prepared to assist the National Department of Health (NDOH) and provincial health departments should it be requested.

Activity 1: Drugs and Related Commodity Procurement

The PFSCM will procure drugs and related commodities for PEPFAR-supported care and treatment partners at competitive costs and will make these commodities available via the South Africa-based Regional Distribution Center on an ongoing basis. The PFSCM will negotiate directly with manufacturers, leveraging global SCMS procurement forecasting to further drive down pricing over time. The PFSCM will also provide quality assurance for all commodities procured through the regional distribution center.

Activity 2: Technical Assistance

Technical assistance will focus on the following areas: quantification and forecasting, procurement, quality assurance, freight forwarding and inventory management, distribution (including pharmacy services for individual patient treatment packs), logistics management information systems, and assistance to manufacturers and suppliers. Technical assistance will be provided by local partners as well as international PFSCM staff.

Activity 3: Human and Organizational Capacity Development

The PFSCM will provide training as requested in technical areas of supply chain management for both PEPFAR treatment partners and provincial and NDOH counterparts. The PFSCM will take advantage of the in-house capacity of the Fuel Group's state-of-the-art Regional Distribution Center facilities and supply chain expertise, and the North West University's quality assurance laboratories and expert training staff to provide hands-on training and experience in freight forwarding and inventory management and quality assurance. Training will also be provided by international PFSCM staff.

Activity 4: Pain and Symptom Control

Anecdotal evidence suggests that PLHIV in PEPFAR-supported care and treatment programs experience pain and symptoms related to HIV disease, opportunistic infections and/or side effects of ARV therapy which are not adequately addressed by health providers. Increasingly ART clients are switched to second line ARV treatment regimens due to medication side effects or other symptoms, raising questions as to whether symptoms could be more effectively managed first, without resorting to sudden changes in treatment regimens. It is proposed that the PFSCM would assist USG PEPFAR Task Force and its partners to review the occurrence of common symptoms and pain experienced by PLHIV, current strategies to manage symptoms and pain, including indications for switching PLHIV to second line treatment regimens. Particular emphasis will be placed on appropriate management of neuropathic pain with ART by PEPFAR partners. The PFSCM will also explore the existence of common medications for symptom and pain management on the South Africa Essential Drug Lists and their availability and cost in PEPFAR-supported facility and community-based care and treatment sites and in select NDOH sites. Information will be utilized by USG PEPFAR Task Team, PEPFAR partners and the NDOH to better inform and improve program management of pain and symptoms which would ultimately improve the quality of life and well-being of PLHIV in South Africa.

Plus up funds will enable PEPFAR to assist Western Cape Department of Health (WCPDOH) with procurement of ARV commodities. WCPDOH requested financial assistance from PEPFAR to cover the shortfall of ARV drugs in the province. The ARV drugs will cover 800 children and 8000 adults. The funding budgeted herein is not sufficient to cover the full cost of the drug order and thus additional funding for commodities, and associated Technical Assistance for treatment and lab services, will be provided through the COP 08 mechanism.

The PFSCM will contribute significantly towards meeting the PEPFAR goals by assisting treatment and palliative care partners to establish and sustain secure, reliable, and cost-effective supply chains of high quality products to meet the needs of HIV-infected care and support and ARV treatment patients. It is expected that overall quality of care will improve from this intervention, meeting the PEPFAR 2-7-10 goals.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Adults
Faith-based organizations
Doctors
Nurses
Pharmacists
Military personnel
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Children and youth (non-OVC)
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

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:	Foundation for Professional Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	7985
Planned Funds:	$ 500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is integrated with Foundation for Professional Development's (FPD) activities under TB/HIV (#7986), Counseling and Testing (#7987), ARV Services (#7593), and Strategic Information (#7594).

SUMMARY:

FPD's treatment activities are focused on building public and private sector capacity to deliver safe, effective and affordable antiretroviral therapy (ART). PEPFAR funds will be used to procure ARVs and other drugs to support the expansion of services in Pretoria (Gauteng province), two facilities in the city and one in a nearby township. Services will be expanded at the Pretoria Inner-City Clinic (PICC), the Tshwane Leadership Foundation and Leratong Hospice. The PICC has been developed by the not-for-profit private sector, where ARVs are provided to inner-city residents who cannot access public sector treatment, in partnership with a number of faith-based organizations (FBOs). The Tshwane Leadership Foundation and the Leratong Hospice will begin providing ART through PEPFAR funding in 2007. For all of the Gauteng Department of Health (GDOH) facilities assisted by FPD other than the PICC, Tshwane Leadership and Leratong Hospice, drugs are provided through the South African Government's (SAG) ART rollout program. The major emphasis area is commodity procurement, but other emphasis areas include human resources, infrastructure, and the development of network/linkages and referral systems support the success of the overall effort. Target populations for the activities include people living with HIV (PLHIV), private healthcare workers, FBOs and refugees. The activities also target PLHIV and most at risk populations. FPD will consider using the Partnership for Supply Chain Management to assist with the procurement of drugs.

BACKGROUND:

The Foundation for Professional Development is a South African Private Institution of Higher Education working exclusively in the health sector in Southern Africa. Previous PEPFAR funding has allowed the training of thousands of healthcare professionals and supported the provision of ART to thousands of PLHIV in South Africa. It provides assistance to over 10 large public sector ART rollout facilities. Although the SAG has a robust ARV rollout program, it is not universally accessible. This project provides ART and related services to vulnerable groups living in the inner-city of Pretoria and in one of the surrounding townships who cannot afford private care and do not have access to public sector care due to factors such as refugee status, long waiting lists, inability to pay minimum public sector user fees, fear of discrimination, and stigma.

Beginning with FY 2006 funding, this project partners FPD in a strategic alliance with the Tshwane Leadership Foundation and the Leratong Hospice who operate clinics that do not yet provide ARVs. Both partners are faith-based organizations (FBOs) that currently provide social welfare services to PLHIV in the city. With FY 2007 funds these clinics will serve as facilities to rapidly initiate and stabilize patients on treatment whose lives are at risk due to waiting lists. Negotiations are currently underway with the GDOH to have these clinics accredited as a down referral site for the major ART clinics at Pretoria Academic Hospital and Kalafong Hospital (both already supported by FPD). Sustainability is partially addressed through the public-private partnership (PPP) with the Tshwane Leadership Foundation. This organization brings together a large number of churches in the city and has access to additional funding sources to support the project.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Procurement and Distribution of Drugs

The PICC provides an integrated ART service including treatment, palliative care, wellness programs and psychosocial support for adults and children. The site will have a minimum target of 10% of patients who will be children. PEPFAR funds will be used for the procurement and distribution of ARV drugs for the PICC, Tshwane Leadership and the Leratong Hospice, supporting the salaries of necessary doctors, nurses, one pharmacist, social workers, counselors, and two administrative staff. This project has a close working relationship with an FBO consortium that supports the community of the inner-city and it

is envisaged that they will provide palliative care services and psychosocial support. Subject to needs assessments, PEPFAR funds may be used to address minor infrastructure needs.

Technical assistance and systems strengthening will be provided for forecasting drug needs, procurement, storage, and related data systems.

Activity 2: Human Capacity Development

Human capacity development is promoted by requiring all clinical staff at the three sites to attend mandatory training. Training for staff at these sites will include training on supply chain management to ensure proper procurement and related systems. The pharmacist that will supervise dispensing at all three sites will also receive refresher training. As part of the overall FPD program, FPD training ensures a cadre of skilled health care practitioners able to provide care to PLHIV. Healthcare workers are trained in various courses, including clinical management of AIDS and TB, CT, palliative care, adherence and workplace AIDS programs using a proven short course training methodology. PLHIV form part of the faculty to help with stigma reduction (key legislative issue) among participants and to articulate the needs of PLHIV. To maintain knowledge, an alumni program including regular continuing medical education (CME) opportunities, meetings, journals, newsletters and mentorship has been developed. This program provides alumni with membership in a relevant professional association (Southern African HIV Clinicians Society). FPD's public-private partnership (PPP) with Eskom (large power and utility company) and Discovery Health (private health insurance company) also financially support this training. All staff at the three facilities where PEPFAR will be providing funding for drugs will access all of the training opportunities.

Activity 3: Quality Assurance/Supportive Supervision

Quality assurance mechanisms developed through a strategic alliance with JHPIEGO will be expanded to these sites. These quality assurance mechanisms allow clinic staff to rate all aspects of service delivery from drug procurement to patient care against a standardized international benchmark of best practice. This process will lead to continuous improvement of quality and will be rated once a year by an external consultant.

This project will contribute to PEPFAR's 2-7-10 goals by expanding access to ART services for adults and children, by building capacity for ART service delivery including the provision of ARVs, and increasing the demand for and acceptance of ARV treatment.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50

Target Populations:

Faith-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Twinning

Coverage Areas

Gauteng

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	ARV
Prime Partner:	South African Military Health Service
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	7996
Planned Funds:	$ 0.00
Activity Narrative:	This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity. PEPFAR funds allocated to ARV Drugs ($2,458,000) are for the South African Military Health Services (SAMHS) to support the provision of comprehensive treatment and care to military members and their dependents through the provisioning of ARV drugs. The South African National Defense Force (SANDF) could only budget for the provisioning of ARV drugs in their FY 2008/FY 2009 budget due to the previous restriction on the provision of anti-retroviral therapy in the country. This final year of funding of ARV Drugs for SAMHS will be carried out through the Partnership for Supply Chain Management (#7935). Therefore there is no need to continue funding this activity with FY 2007 COP funds.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100

Target Populations:

Military personnel
People living with HIV/AIDS
Public health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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:	Academy for Educational Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	12408
Planned Funds:	$ 300,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This ARV Drugs activity is linked to the entries for new umbrella grants management mechanisms under Prevention/AB (#9435), Basic Health Care & Support (#9436), OVC (#9438) and ARV Services (#9441).

SUMMARY:

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including ARV drugs, through an umbrella grants management partner. AED was selected through APS 674-07-001 to conduct umbrella grant management. This Activity is split with three organizations: AED, Pact and FHI.

The main purposes of these new umbrella organizations are: (1) to facilitate further scale-up of HIV treatment services and (2) to develop indigenous capability, thereby creating a more sustainable program. The major emphasis area is commodity procurement, with a minor focus on local organization capacity development. Primary target populations are indigenous organizations, which refers to both Government and non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

BACKGROUND:

Since 2004, USAID obligated funds through an umbrella grant to over 30 partners and sub-partners in South Africa, playing a valuable role in the fight against HIV and AIDS, including ARV treatment services. These partners and sub-partners include local NGOs, FBOs, and CBOs. These partners and sub-partners were selected through the inter-agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition.

The umbrella organizations will not directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, who in turn implement programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds is used for administrative purposes. However, where significant technical assistance and management support to grant recipients is required, this percentage would be higher.

USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various government departments, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments.

Under the existing umbrella grant mechanism, USAID is supporting 4 partners providing ARV services to HIV-infected individuals. Partners under the current umbrella mechanism have to date initiated over 15,000 patients on antiretroviral treatment (ART) and their reach is expected to be substantially expanded, which includes the purchase of antiretroviral drugs, drugs for treating opportunistic infections, treatment of symptom and pain management, and other treatment-related commodities (e.g. test kits).

The umbrella grant mechanisms will contribute to the PEPFAR goals of providing treatment to 2 million HIV-infected people; preventing 7 million HIV infections; and providing care to 10 million people, including orphans and vulnerable children.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
USG headquarters staff
Implementing organizations (not listed above)

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: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 12409
Planned Funds: $ 300,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This ARV Drugs activity is linked to the entries for new umbrella grants management mechanisms under Prevention/AB (#9435), Basic Health Care & Support (#9436), OVC (#9438) and ARV Services (#9441).

SUMMARY:

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including ARV drugs, through an umbrella grants management partner. FHI was selected through APS 674-07-001 to conduct umbrella grant management. This Activity is split with three organizations: AED, Pact and FHI.. The main purposes of these new umbrella organizations are: (1) to facilitate further scale-up of HIV treatment services and (2) to develop indigenous capability, thereby creating a more sustainable program. The major emphasis area is commodity procurement, with a minor focus on local organization capacity development. Primary target populations are indigenous organizations, which refers to both Government and non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

BACKGROUND:

Since 2004, USAID obligated funds through an umbrella grant to over 30 partners and sub-partners in South Africa, playing a valuable role in the fight against HIV and AIDS, including ARV treatment services. These partners and sub-partners include local NGOs, FBOs, and CBOs. These partners and sub-partners were selected through the inter-agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition.

The umbrella organizations will not directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, who in turn implement programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds is used for administrative purposes. However, where significant technical assistance and management support to grant recipients is required, this percentage would be higher.

USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various government departments, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments.

Under the existing umbrella grant mechanism, USAID is supporting 4 partners providing ARV services to HIV-infected individuals. Partners under the current umbrella mechanism have to date initiated over 15,000 patients on antiretroviral treatment (ART) and their reach is expected to be substantially expanded, which includes the purchase of antiretroviral drugs, drugs for treating opportunistic infections, treatment of symptom and pain management, and other treatment-related commodities (e.g. test kits).

The umbrella grant mechanisms will contribute to the PEPFAR goals of providing treatment to 2 million HIV-infected people; preventing 7 million HIV infections; and providing care to 10 million people, including orphans and vulnerable children.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Local Organization Capacity Development	10 - 50

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
USG headquarters staff
Implementing organizations (not listed above)

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: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 12410
Planned Funds: $ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This ARV Drugs activity is linked to the entries for new umbrella grants management mechanisms under Prevention/AB (#9435), Basic Health Care & Support (#9436), OVC (#9438) and ARV Services (#9441).

SUMMARY:

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including ARV drugs, through an umbrella grants management partner. PACT was selected through APS 674-07-001 to conduct umbrella grant management. This Activity is split with three organizations: AED, Pact and FHI.. The main purposes of these new umbrella organizations are: (1) to facilitate further scale-up of HIV treatment services and (2) to develop indigenous capability, thereby creating a more sustainable program. The major emphasis area is commodity procurement, with a minor focus on local organization capacity development. Primary target populations are indigenous organizations, which refers to both Government and non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

BACKGROUND:

Since 2004, USAID obligated funds through an umbrella grant to over 30 partners and sub-partners in South Africa, playing a valuable role in the fight against HIV and AIDS, including ARV treatment services. These partners and sub-partners include local NGOs, FBOs, and CBOs. These partners and sub-partners were selected through the inter-agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition.

The umbrella organizations will not directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, who in turn implement programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds is used for administrative purposes. However, where significant technical assistance and management support to grant recipients is required, this percentage would be higher.

USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various government departments, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments.

Under the existing umbrella grant mechanism, USAID is supporting 4 partners providing ARV services to HIV-infected individuals. Partners under the current umbrella mechanism have to date initiated over 15,000 patients on antiretroviral treatment (ART) and their reach is expected to be substantially expanded, which includes the purchase of antiretroviral drugs, drugs for treating opportunistic infections, treatment of symptom and pain management, and other treatment-related commodities (e.g. test kits).

The umbrella grant mechanisms will contribute to the PEPFAR goals of providing treatment to 2 million HIV-infected people; preventing 7 million HIV infections; and providing care to 10 million people, including orphans and vulnerable children.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Local Organization Capacity Development	10 - 50

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
USG headquarters staff
Implementing organizations (not listed above)

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: South African Business Coalition on HIV and AIDS
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 19231
Planned Funds: $ 370,000.00

Activity Narrative: SUMMARY:

This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa. It includes activities in AB, Condoms and Other Prevention, CT, ARV Services, Policy Analysis and Systems Strengthening..

BACKGROUND:

PEPFAR funds will be used to support a follow on cooperative agreement for implementation of a peer education prevention program for South African workers and managers in SMEs. This is a replacement activity for public-private partnerships since the cooperative agreement with the American Center for International Labor Solidarity will soon expire. The South African Business Coalition (SABCOHA) will implement through the Vender Chain Management and BizAids sub-partnerships. The major emphasis for this program will be the development of a workplace program, with minor emphasis given to community mobilization and participation; training and linkages with other sectors and initiatives and development of information, education and communication materials. The target population will include adults (men and women of reproductive age), truck drivers, factory workers, the business community and HIV/AIDS affected families. The project will focus on gender by addressing male norms and behaviors, issues associated with violence and coercion and stigma and discrimination (all key US legislative issues).

SABCOHA, in discussion with the South African PEPFAR Treatment working group, will identify treatment partners to assist in the implementation of the treatment component of the program. SABCOHA will initially be working closely with the PEPFAR-funded Right To Care (RTC) program and eventually other partners. The treatment component of this SABCOHA initiative will initially be implemented in two provinces namely: Gauteng and Mpumalanga. The SABCOHA Vendor Chain and BizAIDS counseling and testing (CT) programs will identify HIV-infected individuals will be referred into ARV treatment (ART) services. The major area of emphasis is commodity procurement. The minor areas of emphasis include Development of Network/Linkages/Referral Systems and Training. The primary target group for these activities are men and women of reproductive age who are employed in small, medium enterprises, truck drivers, factory workers.

The Vendor Chain and BizAIDS components of the existing SABCOHA program will begin a CT component that will identify HIV-positive individuals. These individuals will have access to Treatment/ARV Drug network.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Procuring and Supplying ARV Drugs

SABCOHA will be responsible for establishing systems to procure and supply ARV Drugs for its treatment sites and ensure that there are no drug stock-outs on any drugs despite global shortages in stavudine and lamivudine. PEPFAR funds will be used for the procurement and distribution of ARV drugs to HIV positive individuals who are unable to access government facilities by ensuring that they are provided via a network of trained general practitioners. A system will be set up where the ARV prescriptions are forwarded to a pharmacy, which handles all the procurement, logistical and pharmaceutical management, dispensing and distribution of ARVs for this project. The drugs will then be delivered to the treatment sites via an independent courier company on a weekly basis. Treatment sites receive batches of drugs for multiple patients with drugs labeled and dispensed on a patient-named basis. Drugs are then securely stored at the side and dispensed to the patient on a monthly basis. Where sites are able to harness the capacity of a pharmacist, direct procurement will be facilitated.

SABCOHA's activities in this program area directly contributing to the 2-7-10 goal of ensuring access to treatment for two million people. SABCOHA will support the PEPFAR vision outlined in the Five-Year Strategy for South Africa by expanding access to ART services for this program's target audience, building capacity for ART service delivery and increasing the demand for an acceptance of ARV treatment.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Target Populations:

Adults
Business community/private sector
Factory workers
Truck drivers
Men (including men of reproductive age)
Women (including women of reproductive age)

Coverage Areas

Gauteng

Mpumalanga

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Tsephang Trust
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	19232
Planned Funds:	$ 615,307.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Activities are linked to others described in Counseling and Testing, ARV Services, and Other Prevention. This is a follow-on activity to the American Center for International Labor Solidarity.

SUMMARY:

This activity is a follow-on to the partnership with the American Center for International Labor Solidarity. With FY 2007 PEPFAR funding, the USG issued an Annual Program Statement to solicit partners to provide comprehensive prevention, care and treatment services in a workplace setting. The Cooperative Agreement with the American Center for International Labor Solidarity will end in December 2007. Tshepang Trust was selected as one of the partners to continue implementing HIV and AIDS workplace intervention.

BACKGROUND:

Whilst business has become somewhat more responsive to the needs of its employees to encourage testing for early detection and treatment of its employees to encourage testing for early detection and treatment of its employees in larger corporations, the reality is that there are still very low levels of counseling and testing in the workplace. Employees still do not trust that by enrolling in workplace HIV programs, they will not be discriminated against. The situation is worse in the small medium enterprises (SMEs) because unlike big corporations, SMEs are failing to follow the lead of their counterparts in providing counseling and testing services to their work force. As a result, SMEs need assistance in providing and developing a workplace response to HIV and AIDS.

The Tshepang Trust (also known as Tshepang) is the South African Medical Association (SAMA)'s HIV/AIDS program initiated to bridge the gap in medical resources using private general practitioners (GPs) in the public private partnership model in order to assist the South African government fight against HIV/AIDS. SAMA has more than 5000 private medical practitioners in the private practice trained in HIV clinical management. Tshepang has been in existence since June 2003 and is a registered local non governmental organization (ngo) operating as a trust under Section 21 of the South African Companies Act. This is a workplace program targeting small medium enterprises (SMEs) employees, their partners and dependents using general practitioners and their consulting rooms as sites. For this initiative Tshepang trust is in the process of forming collaborative relationships with two South African corporate companies to establish a HIV and AIDS workplace program. In addition to this initiative, Tshepang will work with the healthcare sector, targeting personnel in hospitals and clinics within the Gauteng area. Lastly, Tshepang will continue to provide services to educators who received services under the Solidarity Center program which is ending in December 2007. Tshepang Trust currently has strong evidence of leadership support from the South African Government through a public private partnership with the Gauteng provincial department of health to enhance the scale up of HIV counseling and testing (CT) and treatment in Gauteng's ARV sites. Tshepang currently serves under serviced rural areas in South Africa utilizing general practitioners who are located mostly in rural areas. Using this model, Tshepang has developed a public-private partnership between SMEs where employees and their dependents can access private general practitioners in areas close to where they are employed without fear of discrimination of being absent from work. In addition all of the general practitioners are within reach of the targeted audiences and are local and indigenous and therefore able to relate to the target population according to their culture and in local languages. The geographical coverage area for this project is KwaZulu Natal, Mpumalanga, and Eastern Cape Province. The emphasis area for this workplace activity is development of networks, linkages, referral systems. The target population for this initiative is men and women of reproductive age working in SMEs, their partners and dependents. This includes factory workers, teachers working in the education sector and healthcare workers working in the public healthcare sector. The major emphasis area for this activity will be commodity procurement, with minor emphasis placed on development of network/linkages/referral systems.

ACTIVITIES AND EXPECTED RESULTS:

Through a public-private partnership among workplaces, NGOs and government, participating workplace programs will employ the services of doctors to provide antiretroviral therapy (ART) to workers who qualify for treatment. The doctors will be trained in HIV and AIDS clinical management and will have experience in drug purchasing, ART and PMTCT treatment and surveillance. The doctors will perform a clinical examination and staging, including taking blood for CD4 testing. A viral load test will be done before the start of treatment. 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. The counselor will also liaise with the doctor. The treatment services will utilize South African Department of Health standards and guidelines. All patients will receive their drugs from the doctors' offices. The doctor will ensure that the delivery system keeps stock of and is able to deliver antiretroviral therapy medications to any physical address. Special care will be taken to ensure that patient confidentiality is not compromised.

By providing comprehensive ARV services, including patient eligibility testing and drug procurement, workplace HIV prevention programs will provide HIV-infected workers in small and medium enterprises in the health and education sector with care and treatment.

These activities will directly contribute to the PEPFAR goal of providing comprehensive HIV and AIDS care to ten million people and ARV treatment to two million people. 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
Workplace Programs	51 - 100

Target Populations:

Adults
Factory workers
Teachers
Men (including men of reproductive age)
Women (including women of reproductive age)
Public health care workers

Coverage Areas

Eastern Cape

KwaZulu-Natal

Mpumalanga

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: $ 136,654,300.00

Program Area Context:

The 2003 South Africa Government (SAG) Comprehensive Plan for HIV and AIDS Care, Management and Treatment (Comprehensive Plan) provides a blueprint for both the SAG target of universal access to ARV services over a five-year implementation period (2004 – 2009), and the USG contribution to this goal. Due to the timely implementation of the PEPFAR program in South Africa, the goals of the SAG and USG are aligned, ensuring equitable access to quality HIV care and treatment. The support provided to the SAG through PEPFAR-funded partners has been critical to the achievement of these national goals.

South Africa has a generalized mature HIV epidemic, and HIV care and treatment services are required across the entire population. Population-based data has shown that the highest burden of HIV is in urban and peri-urban areas. The USG utilizes this information to direct its assistance to these areas, while ensuring equity for lower-density rural populations.

A key element in the Comprehensive Plan is to strengthen public healthcare capacity to deliver integrated HIV and AIDS services, including antiretroviral treatment (ART). From April 2004 to the end of July 2006, the SAG has treated more than 170,000 individuals in the public sector. Private sector clinics and doctors are treating an estimated additional 60,000-100,000 individuals. The USG expects to meet its FY 2006 direct target of 86,000 individuals receiving treatment through direct support to public sector, faith-based organizations, non-governmental organizations and private sector programs.

The capacity to deliver pediatric ART services is very low. PEPFAR partners continue their efforts to reach a pediatric target of 15% of the total treatment population by the end of FY 2008. In FY 2006, 9% of all patients on treatment were children. In FY 2007 the pediatric treatment target is 12.4%. The major obstacle to pediatric ART at public facilities is human capacity. A number of PEPFAR partners will improve and expand pediatric training programs in FY 2007 for all healthcare settings. In addition to these training activities, emphasis in FY 2007 is placed on early diagnosis for infants and children, the referral of children from PMTCT programs to treatment services, and on linkages between OVC programs and pediatric treatment programs.

The key priorities for the USG in FY 2007 are: (1) human capacity development, especially at primary healthcare level; (2) strengthening down-referral systems; (3) improving pediatric HIV care and treatment; (4) encouraging counseling and testing (CT) earlier for adults and children (including the use of PCR and dried blood spot technologies); (5) ensuring that all HIV positive clients are screened for TB; and (6) continuing to strengthen the integration of treatment programs within other health interventions (e.g. PMTCT and reproductive health).

With the additional funding available for treatment in FY 2007, the USG has competitively selected additional partners to provide care and treatment services, with 24 partners providing direct treatment support. This will also allow for geographic expansion and coordination, utilizing the mapping tools the USG has developed. The focus is on reaching rural underserved areas, supporting the SAG effort to strengthen service delivery in priority development areas. It is anticipated that minor investments in physical infrastructure are required to meet accreditation criteria.

The USG is committed to assisting the SAG to enhance the capacity of the public healthcare system and to increase the number of South Africans receiving care and treatment, drawing on evidence and experience, using SAG policies and guidelines. Specifically, the USG program 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 approximately 30 prime partners and their sub-partners; (3) increasing the capacity of the SAG to develop, manage and evaluate 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, reproductive health, STI and PMTCT services. The collective effort of all USG treatment partners has resulted in ARV care and treatment services available at over 350 sites in all 9 provinces of South Africa. Services are available at health facilities and mobile outreach systems, to improve quality, ensure equity and provide accessibility.

Key linkages are made with wellness programs, which provide ongoing support for patients once they have tested positive for HIV, including OI management, cotrimoxazole prophylaxis, and prevention with HIV-infected individuals. The safe water and bednet elements of the standard package of care are not applicable in South Africa, as the SAG has significant programs to address these areas of need. Wellness programs are linked to strong community programs, notably home-based care networks that extend care from the facility level to the home.

The SAG has started to institute routine CD4 testing as part of CT to maximize identification of treatment-eligible individuals. In addition, the USG and several partners are working with the SAG on improving early infant and child diagnosis and effective pediatric treatment. The laboratory services network in South Africa is well developed, and is not an area of major PEPFAR investment. In addition, the private sector laboratory companies are capable of offering laboratory services at public sector prices.

Support for communications programs to improve demand for treatment and to improve treatment literacy remains an important focus in FY 2007. Special challenges that are being addressed are health-seeking behavior among men and youth. There are no stand-alone gender, stigma and discrimination activities. These are embedded within the wide range of HIV care and treatment services provided. In addition, the USG does not have specific wrap-around programs per se, as the PEPFAR-funded programs link and refer patients to SAG programs that provide this support, such as food and social grant support.

Proposed activities include such innovative approaches as: strengthening primary healthcare capacity to manage uncomplicated patients on ART in community-based settings (as part of the down referral program); the utilization of multiple network models to improve diagnosis of adults and children; care for those who are positive, but not yet requiring treatment; high quality treatment with strong treatment adherence components and strong referral systems; improving the efficiency of support functions for treatment programs including community support and clinical training and mentoring, patient information systems, logistic support for pharmacies; and public-private partnerships to deliver ARV services at workplace settings, and through private practitioners in remote areas serving the uninsured. In FY 2007, funding has also been provided to strengthen TB screening and diagnosis.

Major donors (Ireland, DFID/United Kingdom, European Union and the Netherlands) contribute to treatment-related services, such as mass media communication campaigns, home-based care programs, and policy development in the National Department of Health, but the USG is the only donor funding direct ART services. The Global Fund provides funding for treatment programs to the provincial health departments in two provinces; KwaZulu-Natal and the Western Cape.

Program Area Target:

Number of service outlets providing antiretroviral therapy	587
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	256,645
Number of individuals receiving antiretroviral therapy by the end of the reporting period	213,388
Number of individuals newly initiating antiretroviral therapy during the reporting period	99,264
Total number of health workers trained to deliver ART services, according to national and/or international standards	30,715

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7275
Planned Funds: $ 1,720,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Africa Centre Hlabisa ART program also relates to Basic Health Care and Support (#7274), TB/HIV (#7913), PMTCT (#7914), and Counseling and Testing (#7911).

SUMMARY:

The Africa Centre Hlabisa antiretroviral treatment (ACHART) program aims to deliver safe, efficient, equitable and sustainable ART to all who need it in the Hlabisa district through the district health department, rural KwaZulu-Natal. The target population for the treatment program is people living with HIV (PLHIV), HIV-infected pregnant women and HIV-infected infants and children. The major emphasis area of this program is human resources, and minor emphasis areas include commodity procurement, local organization capacity building and supportive supervision.

BACKGROUND:

The ACHART Program is a partnership between the KwaZulu-Natal (KZN) Department of Health (DOH) and the Africa Centre, a population research department of the University of KwaZulu-Natal. The DOH program is based in Hlabisa sub-district, and provides health care to 220,000 people at a government hospital and 13 fixed peripheral clinics. The ACHART Program is embedded in the DOH antiretroviral therapy rollout where the Africa Centre and KZNDOH work to complement each other's abilities and resources in providing ART. The Africa Centre has expertise in infectious diseases and management that are not available at the district DOH. In addition to clinical staff and infrastructure, the district DOH provides the necessary drugs and laboratory testing for effective rollout.

With FY 2007 funds the Africa Centre will continue to support the provision of ART treatment and expand its support for the KZNDOH. Increased attention will be given to address gender issues (especially reaching men) and to promote the ART services among men and children.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Support to South African Government (SAG)

The ART program is jointly run by the KZNDOH and Africa Centre. The Africa Centre contributes human resources and co-finances facility needs and supplies. The Africa Centre supports the KZNDOH with strategic planning and the implementation of the SAG HIV and AIDS Comprehensive Plan for Care and Treatment. This includes the establishment of an up and down referral system that ensures that HIV-infected people are treated at the optimal level of care at each stage of the disease. The Africa Centre support further extends to operating the supply chain of drugs from the central pharmacy to the peripheral clinics and the transport of blood samples from the peripheral clinics to the central laboratories. In addition to this, Africa Centre also supports the monitoring and evaluation of the ART program and the development of management and treatment algorithms.

With FY 2007 funding, additional support will include park-homes (inexpensive portable prefab long lasting structures) which will be set up in peripheral clinics whose patient load exceeds facility capacity. Operational assistance will be in the form of funding to support training of staff, transport, logistics, IT support and administrative assistance to smaller peripheral clinics.

The program will also procure lactometers for the early detection of lactic acidosis caused by d4T, one of three drugs included in first-line ART in South Africa. Early detection is critical in order to prevent more severe consequences of lactic acidosis. Nine government clinics will be equipped with lactometers in FY 2007 and in each clinic, two nurses will be trained in the operation of the equipment.

Activity 2: ARV Treatment

The Africa Centre will continue to support the expansion of the ART program at Hlabisa

hospital and the 13 KZNDOH clinics. Through CT, TB and the mobile ART and palliative care programs, the Africa Centre will work to increase uptake of ART among targeted communities. Mobile teams of nurses and counselors will provide ART in the clinics, and community mobilization activities will be used to enhance community awareness and uptake of services.

In FY 2007 additional mobile teams will visit clinics bi-weekly to provide onsite training, assess complicated patients, and do quality assurance checks. This process will institute a continuous process of quality improvement. Data capturers, supervised by the M&E officer, will move with these teams to capture data from the clinics. A doctor will join the mobile team to initiate patients on ART at smaller clinics and assist with treatment of side-effects and adverse events. All patients will be trained in prevention of HIV transmission and the importance of treatment adherence. Prophylaxis against common opportunistic infections includes cotrimoxazole prophylaxis in all patients with CD4 count under 200, and fluconazole prophylaxis in patients with CD4 count under 50. Data from these activities will be monitored to ensure that clients receive comprehensive services and that all eligible individuals are put on prophylaxis at the earliest opportunity.

Activity 3: Human capacity development

KZNDOH and Africa Centre counselors and nurses who work on the program will receive training on HIV and ART. The baseline course is based on the KZNDOH curriculum and comprises four sessions of three hours each, covering basics of HIV and ART; follow-up of patients, assimilation of a follow-up, and practical work with a patient (including blood taking for CD4 counts and viral loads). Counselors, nurses and physicians will receive additional training, emphasizing side-effects and second-line treatment to treat patients with therapeutic failure of first-line therapy. The program will finance a diploma course for a pharmacy assistant to assist with a satellite dispensing service at the clinics to support the KZNDOH pharmacist at Hlabisa Hospital. This trainee will be recruited locally. Doctors and nurses working on the ART program will attend the AIDS Certification Course, run by another PEPFAR partner, the Foundation for Professional Development.

Activity 4: Human resources

Africa Centre staff provides clinical care alongside KZNDOH staff in the clinics in order to support the ongoing ART program and to facilitate skills transfer to build sustainability. The sustainability of the program largely depends on availability of skilled staff, which is difficult to attract to this rural area. The Africa Centre is continuously working on recruiting physicians and pharmacists. In FY 2007, Africa Centre staff in the ART program will be increased to 8 nurses, 4 HIV counselor trainers, 40 HIV counselors, 2 doctors, 2 social workers, 2 M&E officers and 2 data capturers. All staff are mentored and supervised by Africa Centre staff.

Activity 5: Surveillance systems

The Africa Centre will establish clinic-based ART drug resistance surveillance. In order to choose the best second-line therapy, information about the drug resistance in the case of first-line therapy is needed. Routine ARV drug resistance testing is not part of the South African treatment plan. Including drug resistance testing in the ACHART program will directly benefit the patients. The findings may benefit other sites in resource-limited settings. If the Africa Centre finds that most treatment failures are due to resistance against stavudine (and not lamivudine or nevirapine), the overall quality of choice of second-line drugs may be improved without genetic drug resistance testing. PEPFAR funding will finance laboratory equipment and transport costs to set up ART drug resistance surveillance.

Africa Centre contributes to PEPFAR's 2-7-10 goals for South Africa by increasing community access to ART services by facilitating scale-up of the SA Government efforts.

Continued Associated Activity Information

Activity ID: 2997
USG Agency: U.S. Agency for International Development
Prime Partner: Africa Center for Health and Population Studies
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 900,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy	14	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,600	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,100	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,100	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	40	☐

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Africare
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7277
Planned Funds: $ 500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Africare's treatment activities are linked closely to Basic Health Care & Support (#7278), Counseling and Testing (#7279), AB (#7280), Other Prevention (#7920), TB/HIV (#7281) and OVC (#7282) support activities.

SUMMARY:

Africare's Injongo Yethu Project (AIYP) will continue to support increased quality of, and access to antiretroviral therapy (ART) for adults and pediatrics, providing support for an electronic patient register, improvement of treatment readiness and high-quality patient management. Hewu Hospital, Frontier Hospital, Glen Grey Hospital and their referral clinics in the Lukhanji and Emalahleni local service areas of Eastern Cape will be assisted. Major emphasis is on building local organization capacity with minor emphasis on training, strategic information and human resources. Human capacity development is focused on doctors, nurses, local traditional healers and data management personnel.

BACKGROUND:

This is an ongoing activity supporting treatment readiness and follow-up at Hewu Hospital and Sada Community Health Center, and service support to Frontier Hospital. The referral rate from Hewu Hospital to Frontier Hospital for initiation of antiretroviral treatment (ART) has increased. Challenges have included inadequate recording systems, incomplete reporting, absence of a treatment readiness program in Hewu, and limited documentation of client care and progress. Hewu Hospital has not yet been accredited, but is imminent. Glen Grey Hospital recently became accredited and already has patients on ART. The treatment support is linked to community-based activities that address HIV and AIDS, care and treatment awareness and reduce stigma. Traditional healers and faith leaders provide spiritual support. An electronic patient register for ART clients will be linked to an HIV client register piloted, described in the Basic Health Care and Support section of the COP.

ACTIVITIES AND EXPECTED RESULTS:

Support for treatment emphasizes the management of patient care and services within public sector facilities in Eastern Cape. Tools and onsite support will put mechanisms in place that will facilitate treatment availability, quality, and service management.

ACTIVITY 1: Support Hewu Hospital in Establishing ARV Service

With support from the Eastern Cape Department of Health (ECDOH), the Africare team will design a supportive strategic and operational planning process for the Hewu Hospital Wellness Centre and ARV service that will assist the hospital in identifying the resources required to provide ARV services, including staffing, drugs, guides and tools, equipment and furnishings. Support will be provided for the completion of the wellness centre establishment as needed in term of filing systems, data management staff and equipment, communication systems and temporary staff.

ACTIVITY 2: Development of an Electronic Patient Register

With another PEPFAR partner in the Eastern Cape, Columbia University, the project will engage a software manager to develop and implement an electronic patient register and record for adult and pediatric patients on ARVs. Funding will support the adaptation of an open-source, tested software and ensure that it includes all essential elements of information required locally and can link easily with the existing health and hospital information systems. Training and implementation support will be provided initially to Hewu Hospital, Frontier Hospital and Glen Grey and potentially to Sada Community Health Center. Both Glen Grey Hospital and Hewu Hospital will need computer equipment and temporary staff (data capturer). Training will be provided for data capturers, health workers and service managers to us the information for client ART case management.

ACTIVITY 3: Strengthen the Process of Treatment Readiness Patient Education

Support will be provided to identify and implement local best practices identified the

Eastern Cape. ARV readiness workshops will be conducted to improve quality of care at Frontier, Hewu and Glen Grey hospitals and referral sites (approximately 15 clinics). A model ARV readiness patient education program will be adapted for these supported facilities.

ACTIVITY 4: Continuing Professional Development

Access to continuing education on HIV disease management, ARV initiation and support, and drug supply management will be facilitated, using existing training providers and programs. Continuing education seminars for doctors, nurses and pharmacists will improve competence in evidence-based HIV and ARV management through onsite mentoring of health workers. In-service training for nurses to support ART started in FY 2006 will continue. Data and case management review meetings will be supported bi-monthly.

Through an institutional collaborating partner and/or identified mentors, medical and surgical inpatient doctors in Glen Grey, Frontier and Hewu Hospitals will be mentored in identifying and appropriately managing HIV patients in the general wards.

Training on pediatric HIV management will be implemented through onsite clinical mentoring for neonatal HIV management and management of pediatric cases, and follow-up to promote early identification of infants and children needing ARVs. In addition, general practitioners working in these facilities part-time will be trained basic pediatric ARV care.

Integration of TB and HIV care will be supported with training on TB and HIV co-management.

ACTIVITY 5: Pilot for Utilizing Traditional Healers for Treatment Support

Traditional healers have expressed interest in becoming an integral part of client referral for treatment and support of the client when on ARVs. A pilot group of traditional healers will be trained as ART aides that will assist patients to adhere to treatment.

ACTIVITY 6: Addressing Barriers to Optimal ARV Services Utilization at Frontier and Hewu Hospitals

With data that will be available from the ARV software, case and service statistics reviews will be conducted 6-monthly, using client data (defaulter rates, treatment adherence rates, common ART side effects experienced, reasons for discontinuation, and CD4 counts at ART initiation) to monitor access to and utilization of services, as well as patient outcomes.

A transport voucher system will be developed to support patients who decline ART because they are unable to afford the cost of transport to Frontier Hospital. This system will be developed and implemented for adult patients from Hewu while awaiting accreditation, and for pediatric clients until plans to decentralize pediatric care to Hewu are implemented. FY 2007 funds will support the cost of transport and management of the documentation system.

By supporting ARV service delivery programs, Africare will contribute to the realization of the PEPFAR 2-7-10 goal of treating two million people with ART. These activities will also support efforts to meet the treatment objectives outlined in the USG Five-Year Strategy for South Africa.

Continued Associated Activity Information

Activity ID:	2908
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Africare
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 475,500.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
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		☑
Number of service outlets providing antiretroviral therapy	3	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,100	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,890	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	960	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	63	☐

Target Populations:

Doctors
Nurses
People living with HIV/AIDS
Other Health Care Worker
Doctors
Traditional healers
HIV positive infants (0-4 years)

Coverage Areas

Eastern Cape

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7288
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY06 COP, is funded with FY06 PEPFAR funds, and is included here to provide complete information for reviewers. No FY07 funding is requested for this activity.

The five–year cooperative agreement with the American Center for International Labor Solidarity is ending on March 31, 2007.

A new competitive program announcement will be released to identify a new partner (or partners) to implement similar activities in FY 2007.

The proposed activities are described in this COP as PPP TBD.

Continued Associated Activity Information

Activity ID: 3314
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: American Center for International Labor Solidarity
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,300,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100
Workplace Programs	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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

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:	Aurum Health Research
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7296
Planned Funds:	$ 7,850,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
The Aurum Health Research (Aurum) ARV Services activity is part of an integrated HIV care and treatment program that includes HIV CT (#7299), Palliative Care (#7300), TB/HIV integration (#7298) and provision of ARV Drugs (#7297).
SUMMARY:
This activity provides support services at public facilities providing antiretroviral therapy as part of the national ARV rollout and HIV care and treatment at primary health centers, clinical trial sites and general practitioner (GP) practices. ART is provided in accordance with the National Department of Health (NDOH) guidelines. The emphasis areas are human resources, commodity procurement, training, quality assurance and logistics. The primary target population are people affected by HIV and AIDS, HIV-infected children, prisoners, homeless people and street youth.
BACKGROUND:
This is an ongoing activity funded since FY 2004. This activity takes place in the following NDOH ARV sites: (1) Madwaleni Hospital, Eastern Cape; (2) Tshepong Hospital, North West; and (3) Chris Hani-Baragwanath Hospital, Gauteng. In addition Aurum intends to provide ARV services to the Soweto primary healthcare clinics (government) to facilitate down-referral from the Chris Hani-Baragwanath clinic, and will provide similar support in two other DOH ARV sites.
A number of sub-partners are involved in implementation of this activity:
1. Faranani Network is described in the Basic Health Care and Support (#7300) activity and this network supports treatment of people without medical insurance in general practitioner (GP) sites.
2. Reaction Consulting is based in the Mpumalanga Area. This is a public-private partnership with X-Strata (a FY 2007 PEPFAR partner) which provides the clinic facilities.
3. MES Impilo, a faith-based organization based in Hillbrow, Johannesburg, functions as a home-based care center for the homeless population of Hillbrow.
4. Medical Research Council (MRC) site based in KwaZulu-Natal, provides HIV services to prevention trial participants (microbicides, diaphragms) who are found on screening to be HIV-infected.
5. De Beers Consolidated Diamond Mines has developed a public-private partnership in the town of Danielskuil, Northern Cape where contractors and partners of employees are treated for HIV.
In addition, new sub-partners are envisaged as follows:
6. Duff Scott Hospital is owned and managed by a local mining group, and provides healthcare services to the company's employees. A partnership with the NDOH ensures that excess bed capacity is funded and utilized by non-employees in the community.
7. Kings View clinic is a registered Mpumalanga DOH VCT site, and therefore offers free VCT. The partnership will be extended to supply ART and related services.
8. Department of Correctional Services: Aurum will provide support for HIV services including HIV counseling, laboratory monitoring and preventive therapy in two correctional facilities, the Johannesburg Correctional Facility and one other facility. The drug and laboratory costs would be funded by the SAG.
Additional sub-partners involved in the implementation of central activities include:
9. S Buys will be involved with procurement, dispensing and distribution of medications and will provide pharmacy support at the Chris Hani-Baragwanath Hospital.
10. Toga Laboratories will assist with laboratory testing. Toga has negotiated with Bayer to secure reduced pricing for viral load testing for the Aurum program. Toga is piloting a new initiative to place point-of-care lactate tests at some of Aurum facilities to facilitate early recognition of ART adverse events.
11. Kimera Solutions will provide specialist HIV clinical support to doctors in the form of training and onsite mentoring with regular site visits.

ACTIVITIES AND EXPECTED RESULTS:
The program activities include:
ACTIVITY 1 (Wellness of HIV-infected Individuals):
Human resources, laboratory monitoring and counseling services for patients who are enrolled into HIV care are included (described in other sections of the COP). Aurum provides a continuum of care from provision of counseling, preventive therapy and preparation for ART. In some sites (MRC, Reaction) patients are referred to public health facilities for initiation of ARVs.
ACTIVITY 2 (Training of Healthcare Staff in ARV Care):
All nurses and doctors in the program are trained on HIV basic care and ARVs. Refresher

training is offered annually. Topics include: TB/HIV interaction, pediatric HIV therapy and provision of cotrimoxazole.
ACTIVITY 3 (Provision of Human Resources):
GPs are reimbursed on a per capita basis for care. Primary health care clinics are funded based on the cost of essential staff needed for the program. In the public sector sites the following is provided:
- Chis Hani-Baragwanath: Aurum will provide a HIV specialist once a week to assist in onsite mentoring of less experienced clinicians. To ensure smooth operation of the clinic, Aurum will initially provide a clinic manager.
- Madwaleni Hospital: Human resources are limited due to reluctance of local health practitioners to work in rural areas. Aurum recruited a locum doctor initially and subsequently recruited a doctor with an interest in infectious diseases to work at Madwaleni Hospital for a year. This will reduce the clinical burden on management staff. Other human resource support includes a social worker and a professional nurse.
- Tshepong Hospital: A medical doctor will visit twice a week, and a professional nurse will work on site. In addition, Aurum has recruited a doctor to build capacity at the site and to provide operational research input.
ACTIVITY 4 (Provision of ARVs to Children):
Provision of ARVs to children is a recent focus of the program. Aurum has partnered with Wits Paediatrics (sub-partner of Reproductive Health Research Unit) to provide training for two Aurum clinicians. These clinicians attend a pediatric clinic once a week to gain experience in pediatric care. This will help capacitate Aurum to provide ARV services at pediatric units. One of the Aurum GPs is involved in routine treatment of orphans and vulnerable children and has recently enrolled onto the Aurum program as a provider. Hopefully both Madwaleni and Tshepong will develop a reputation as centers of excellence and be able to attract other physicians to the site.
ACTIVITY 5 (M&E):
M&E is a central component of the Aurum program. Every patient contact is recorded on a standardized form and a unique patient identifier is allocated by the central Aurum office. The information is then couriered or faxed to the central office where the data is captured in a database. Monitoring visits take place at the sites to ensure adherence to guidelines and completeness of data collection. Quarterly reports are produced for all stakeholders. Aurum also provides a data management system for the Adult ARV clinic at Chris Hani-Baragwanath.Provision of laboratory services is per a standardized schedule of follow-up in accordance with SAG guidelines.The program started in March 2005 and has established 43 treatment sites where about 7000 patients are receiving ART and 80% achieve virological success at 6 months. The number of sites will be expanded in FY 2007 to include more GP sites, primary healthcare clinics and NGO sites.
ACTIVITY 6: Small and Medium sized Enterprises (SME)Project
This project seeks to enhance the access to HIV Care services including ARVs of SME Workers. The initial site of the project will be in Johannesburg. An additional 200 workers of targeted SMEs will be treated through the existing GP Network. Workers who are identified as requiring ARVs through the activities of the Project will be referred to general practitioners to receive clinical care, treatment and laboratory monitoring in line with existing Aurum treatment protocols.

Continued Associated Activity Information

Activity ID:	2912
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Aurum Health Research
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 2,300,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy	110	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	14,730	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	13,150	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	5,877	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	137	☐

Indirect Targets

nil indirect

Target Populations:

Doctors
Nurses
Street youth
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Prisoners
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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:	Columbia University Mailman School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7302
Planned Funds:	$ 4,912,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Columbia University's in-country activity is part of a comprehensive program that receives both Track 1 and in-country funding. Columbia University's Track 1-funded submission includes ARV Services (#7964). In-country activities include Basic Health Care and Support (#7304), TB/HIV (#7305), Counseling and Testing (#7306), ARV Drugs (#7303) and ARV Services (#7302).

SUMMARY:

Activities are carried out in FY 2007 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, primarily in public sector facilities in the Eastern Cape and KwaZulu-Natal. Columbia University will support these activities by using funds for: development of network/linkages/referral systems, human resources, local organization capacity, quality assurance activities and supervision, improving strategic information and training. The degree of activity effort will vary in each site but these emphasis areas will occur in all sites. The target population will include infants, children and youth, men and women (including pregnant women) and people living with HIV (PLHIV). Columbia will continue to support the recruitment of doctors, nurses, pharmacists and pharmacist assistants.

BACKGROUND:

Columbia University (Columbia), with PEPFAR funds, began supporting comprehensive HIV care and treatment activities in FY 2004. Health facilities were initially identified in the Eastern Cape and in FY 2006, due to new boundary demarcations and additional PEPFAR funds, Columbia started providing similar assistance in KwaZulu-Natal. In FY 2006, in response to provincial HIV care and treatment priorities, Columbia began strengthening the down referral of services from hospitals to primary health clinics. This resulted in a total of 36 health facilities receiving technical and financial support from Columbia, including public hospitals, community health centers, primary health clinics and a non-governmental wellness center. In FY 2007 an additional two health facilities in KwaZulu-Natal (East Griqualand Usher Memorial Hospital and the Kokstad Community Clinic) will receive technical and financial assistance for HIV care and treatment services.

ACTIVITIES AND EXPECTED RESULTS:

All activities are in line with South African government (SAG) policies and protocols, and activities will be undertaken to create sustainable comprehensive HIV care and treatment programs, and primarily include four programmatic areas:

ACTIVITY 1: Support Recruitment and Placement of Health Staff

Since FY 2005 Columbia has been involved in the recruitment of staff to support the HIV comprehensive program at health facilities. High staff attrition rates of Department of Health (DOH) recruited personnel have been a challenge in guaranteeing a steady enrolment of eligible PLHIV into care and treatment. Columbia will continue to support the recruitment of doctors, nurses, pharmacists and pharmacist assistants through existing partnerships with University of Fort Hare, Nelson Mandela Bay Metropolitan Municipality, Ikhwezi Lokusa Wellness Center, University of KwaZulu-Natal Cato Manor, and the Foundation for Professional Development. In FY 2006, Columbia supported the recruitment and placement of approximately 15 doctors, 30 nurses (registered and enrolled nurses), 2 pharmacists and 7 pharmacist assistants. These health personnel provide direct patient care in the hospitals and clinics including: clinical assessment, screening for tuberculosis (TB) and antiretroviral treatment (ART) eligibility, opportunistic infections (OI) diagnosis and management, and offering OI prophylaxis and treatment, and ART. The health providers also develop patient treatment plans as part of the multidisciplinary team in the health facility; and assist patients to access relevant SAG social grants.

ACTIVITY 2: Training and Clinical Mentoring

Columbia has established a partnership with the Foundation for Professional Development to provide ARV didactic training in all supported health facilities. A second partnership with Stellenbosch University assists the rural health facility staff (St. Patrick's, Holy Cross and Rietlvei hospitals and their referral clinics), with the management of patients on ART by conducting case discussions on a monthly basis. Columbia has clinical advisors as part of its South African team consisting of nurse mentors, and medical officers who provide day-to-day clinical guidance on the management of patients on ART.

ACTIVITY 3: Strengthen ART Down and Up Referral Linkages Between Hospitals and Primary Healthcare Clinics

In the early phases of the ART program, all patients are evaluated and initiated on therapy at hospital-level. Within three to six months of providing support to the hospital-based ART program, designated referral clinics are integrated into the services. In the rural health facilities, a small team of health providers, usually comprising of a medical officer, professional nurse and peer educator, travel to the primary healthcare clinics (PHC) to screen patients for OIs and to determine suitability for ART. This approach has enabled expansion of ART services at PHC level and has resulted in improving and increasing access to treatment. The team of health providers has also developed capacity of the onsite health providers and the goal is to have the onsite DOH health staff eventually provide the full package of HIV care and treatment services. In FY 2007, Columbia will continue to support linkages with the public clinics and the development of a more sustainable system of service provision.

ACTIVITY 4: HIV Care and Treatment Information System

Columbia will continue to support the implementation of a provincial information system that captures information regarding HIV palliative care and ART. Activities in FY 2007 will include:
a. Continued implementation of facility paper-based ART registers that capture both adult and pediatric ART indicators.
b. In collaboration with the Eastern Cape Department of Health (ECDOH) and other partners in the Eastern Cape, support the development and implementation of standardized individualized patient records for use at health facilities that incorporates information on client ART use.
c. Develop an ART software system. Columbia is working in partnership with Africare (a PEPFAR partner) and Health Information System Program (HISP) to customize and develop ART software that captures and collates HIV and AIDS program data. This ART database will be adapted for data entry, and then installed and tested for use. Using FY 2006 funds, the system will be piloted at three health facilities in East London: Frere, Cecilia Makiwane and Duncan Day Village hospitals. In FY 2007, after assessing results from the pilot sites, Columbia will engage the ECDOH in discussion on how the module could be added into the existing District Health Information System to efficiently generate reports on the HIV program, and thereafter implemented at more ART services outlets.

By providing support for ARV services in the public sector and two NGO sites, Columbia's activities will contribute to the realization of the PEPFAR goal of providing care to 2 million people. These activities will also support efforts to meet HIV and AIDS care and support objectives outlined in the USG Five-Year Strategy for South Africa.

Continued Associated Activity Information

Activity ID:	3291
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Columbia University Mailman School of Public Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,500,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Adults
Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7312
Planned Funds:	$ 1,550,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

HIVCare is an integrated program providing Basic Health Care and Support (#7989), Counseling and Testing (#7988), ARV Services (#7312), and ARV Drugs (#7311) as described in the COP.

SUMMARY:

HIVCare will use FY 2007 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 and who are referred from the public sector facilities waiting lists for treatment. The Medicross Medical Centre, a well equipped private primary health center, provides the main resource base and in conjunction with three other sites in Bloemfontein and another one in Welkom, will provide an effective means of properly distributing ART to patients who are either referred from public sector facilities or who access the sites by word of mouth. The major emphasis area for this program will be the development of networks, linkages and referral systems with minor emphasis given to logistics; commodity procurement; human resources; and quality assurance and supportive supervision. The target population includes men and women; families (including infants and children) of those infected and affected factory workers and other employed persons, and government employees - specifically teachers, nurses and other health workers (who do not have medical insurance). A further specific population that will be targeted will be secondary school children. The most significant target group is those persons that cannot access services in the public health system. All treatment administered is done in strict accordance with South African Government (SAG) guidelines and with due regard to the need to transfer the patients back to SAG facilities when feasible.

BACKGROUND:

The HIVCare project commenced in June 2005 with PEPFAR 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) in order to build private sector capacity and absorb some of the burden from state facilities. Many FSDOH centers have waiting lists of people for ARV treatment. Patients from these waiting lists who meet the eligibility criteria for this program are referred from those public sector clinics to one of the four primary health centers in Bloemfontein and one in Welkom for treatment. HIVCare will be able to serve the population need through its four sites in Bloemfontein and single site in Welkom. The FSDOH is a collaborating partner in this public-private partnership (PPP).

ACTIVITIES AND EXPECTED RESULTS:

The HIVCare treatment sites will provide all medical services related to the delivery of HIV care and treatment. Management and coordination activities will be provided by HIVCare. The majority of patients will be referred from public clinics in the FSDOH network to the five HIVCare centers based on the following criteria:(1) Clinical criteria (CD4 <200 cells/mm3 or WHO stage III or IV); (2) Inability to pay (lack of private insurance or state coverage) and (3) Overcrowding at referring clinic.

Among the non-medical criteria for enrollment (based on the SAG's Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa 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.

Patients referred to the program receive PEPFAR-funded consultations and exams from HIVCare 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.

The patients that are on the waiting lists for ARV treatment at the public health facilities are offered the option of attending the HIVCare treatment sites. The patients that then

exercise that choice in favor of the HIVCare program present at the treatment center with a referral letter and other clinical notes (e.g. CD4 count) from the public health center. The patients meeting the clinical criteria are enrolled onto the program. Where patients present directly at the HIVCare treatment center and are found to be in need of TB treatment or treatment of an opportunistic infection requiring specialized treatment, hospitalization or investigative procedures, are referred to the local public facility for care. Similarly radiography and pathology for investigative procedures is provided by the public health facilities. This is based on the request from the FSDOH to provide only a limited range of services, and the HIVCare program is only meant to assist with the unmet demand at the public sector sites, rather than create a parallel health service delivery program. Due to this working relationship, referrals between the HIVCare sites and public sector sites are seamless.

In addition, HIVCare will expand its existing project to target children as part of its continuum of care. This activity targets children of between the ages of six and secondary school age through HIV awareness activities. Older children will be provided with access to HIV care and treatment, as well as psychosocial support services (in line with relevant South African laws and regulations pertaining to healthcare for minors). A teen center catering for the specific needs of this age group has been established and PEPFAR funding will be applied in continuing the treatment started in FY 2006. The funds will be specifically applied in providing ARV treatment to children and some prevention materials (including abstinence and being faithful) at a number of schools in order to expand awareness of HIV care and treatment services offered by the program. Other referrals will be made by the FSDOH clinics in the area and through HIVCare's collaboration with other organizations, including the Anglican Church and Red Cross Society.

In order to provide these services, five additional nursing sisters (registered nurses) and one medical doctor will be trained in HIV care and treatment services. Case managers employed by HIVCare provide psychosocial support, treatment management and compliance promotion. This individualized management approach will also include telephone support for patients and their families, information about the condition and its symptoms, nutrition advice and healthy living. Case managers actively assist patients to identify and utilize the family and community structures that may exist as well as providing information on other available support. In late 2007 HIVCare will co-fund with the Free State University, the Centre for Health Policy, and the Free State Health Department, a roundtable meeting of researchers and policy makers. The purpose of the Roundtable is to provide an opportunity for both researchers and health system implementers to share information and enter into constructive dialogue on ten themes relating to the delivery and scale-up of ART

By providing comprehensive ARV services to patients and promoting ARV services for a large population of underserved people living with HIV, and who do not have private insurance) and school age children, HIVCare is contributing to the PEPFAR goals of placing 2 million people on ARV treatment 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.

Continued Associated Activity Information

Activity ID:	3299
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	HIVCARE
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 804,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy	5	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,192	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,100	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	6	☐

Target Populations:

Adults
Business community/private sector
Factory workers
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Teachers
Secondary school students
Doctors
Nurses
Other Health Care Workers
HIV positive children (5 - 14 years)

Coverage Areas

Free State

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7368
Planned Funds:	$ 600,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of six that CDC funds in support of the National Department of Health (NDOH). Together, these activities provide overall HIV and AIDS programmatic support to the NDOH. Additional activities include PMTCT (#7369), TB/HIV (#7365), Abstinence and Be Faithful (#7966), Strategic Information (#7364) and Counseling and Testing (#7366).

SUMMARY:

PEPFAR funding is set aside to support the National Department of Health (NDOH) in the implementation of the Comprehensive Plan for HIV and AIDS Care, Management and Treatment, by providing financial and technical assistance to ensure greater access to antiretroviral treatment. In addition, FY 2007 funds will be used to continue work started in FY 2006 to strengthen the capacity of treatment programs to screen for and manage TB, and ensure TB/HIV integration as per South African policies and guidelines. The major emphasis area is human resources.

BACKGROUND:

This is an ongoing activity in support of the National Department of Health, and has received PEPFAR funding since FY 2005. The activities are implemented by CDC staff supporting the National Department of Health, and will, when necessary, involve contracting out services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: CDC staff member costs

Staff and travel costs for a locally hired CDC staff member to provide support to the National Department of Health (including the nine provincial health departments) when required in the implementation of the Comprehensive Plan. This includes regular provincial consultations with PEPFAR partners working within a specific province to ensure coordination and integration with the South African Government (SAG).

ACTIVITY 2: Screening algorithm

The USG will support integrated TB/HIV activities in sites providing antiretroviral treatment (ART) by implementing a simple screening algorithm for TB screening, diagnosis, referral and care developed in FY 2006 in two Catholic Relief Services sites, and by expanding this to new sites and partners in FY 2007 to improve TB/HIV collaborative activities.

ACTIVITY 3: Meetings with stakeholders

At least six meetings will be held with external stakeholders, including those supported by PEPFAR. All stakeholders will be involved with providing ARV services, and these meetings will ensure proper coordination with the South African Government, and share lessons in implementing antiretroviral treatment programs.

ACTIVITY 4: Communication materials

FY 2007 funds will be used to develop and distribute communication and marketing materials to the nine provincial management teams and PEPFAR partners relating to ART. This includes the distribution of technical materials to strengthen the five priority areas for FY 2007: human capacity development; pediatric HIV care and treatment; scaling up HIV counseling and testing; TB/HIV integration; and implementing a down referral system that allows for HIV care and treatment at the primary healthcare level.

These activities contribute to the implementation of the 2-7-10 PEPFAR goals by strengthening the capacity of the National Department of Health and the nine provincial health departments to implement the Comprehensive Plan, and ensure improved access to treatment.

Continued Associated Activity Information

Activity ID: 3282
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Department of Health, South Africa
Mechanism: CDC Support
Funding Source: GHAI
Planned Funds: $ 650,000.00

Emphasis Areas	% Of Effort
Human Resources	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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

The indirect targets reflect the goals of the South African Government for FY 2008.

Target Populations:

National AIDS control program staff
Policy makers
USG in-country staff
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Coverage Areas:

National

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7378
Planned Funds:	$ 210,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is part of a comprehensive range of services provided by the Department of Correctional Services. Programs are described in Other Prevention (#7373), Basic Health Care and Support (#7374), Counseling and Testing (#7376), ARV Services (#7378), TB/HIV (#7379) and Strategic Information (#7375).

SUMMARY:

FY 2007 PEPFAR funds will be used by the Department of Correctional Services (DCS) to establish and accredit six antiretroviral (ARV) treatment sites which will facilitate the comprehensive management of HIV and AIDS. These 6 new sites, in addition to the 3 already accredited, will ensure that there is one accredited ARV treatment site per province. 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; and information, education and communication. The target population will include men and women offenders, people living with HIV (PLHIV) and their caregivers, and several most at-risk populations (e.g., men who have sex with men, injection drug users and tattooing with contaminated instruments).

BACKGROUND:

DCS currently has three correctional centers that have been accredited as antiretroviral treatment (ART) sites (Grootvlei Correctional Center in the Free State/Northern Cape Region, Pietermaritzburg Correctional Centre and Qalakabusha Correctional Centre in KwaZulu-Natal Region). Other than the 3 accredited ART center, the DCS refers offenders to Department of Health public health facilities to access ART. This process is cumbersome and limits access, and there is a need to increase the number of DCS accredited ART sites available to prisoners. Once the additional sites are established and accredited, access to ARV treatment by offenders will be improved.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training of personnel as ARV Project Managers

FY 2007 PEPFAR funds will be utilized to train DCS personnel as ART project managers. Training will include management of ART services, plan development, budget planning, information and other management systems. The trained personnel will ensure adequate facility and resource management of ART service, in accordance with South African ART guidelines.

ACTIVITY 2: Training of nursing personnel in nutrition

Nursing personnel will be trained in nutrition assessment and counseling to ensure that nutritional needs of HIV-infected persons and patients on ART are adequately met, according to Department of Health nutrition guidelines. Nutrition support will be provided by the trained nurses.

ACTIVITY 3: Training of data capturers

Current administrative staff in the prison health services will be trained as data capturers to capture relevant patient information (ARV module and the electronic TB register). Data capture activities will include: maintenance of diaries for offender's appointments to attend adherence counseling and treatment readiness classes, and status of offenders on ART (e.g., deaths, withdrawals, non-compliance, releases, transfers and referrals).

ACTIVITY 4: Procurement of information, education and communication material

DCS will procure ART educational material that will be utilized during treatment literacy campaigns. The educational material will be distributed to all correctional centers and the utilization thereof will be monitored and recorded by the management area and correctional center coordinators. In addition to the distribution of pamphlets, there will be treatment literacy education to enhance the understanding of adherence.

This activity contributes to the PEPFAR objective 2-7-10 by providing information on treatment to offenders, and thereby increasing capacity to effectively provide HIV care and treatment services.

Continued Associated Activity Information

Activity ID: 4526
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Department of Correctional Services, South Africa
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	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		☑
Number of service outlets providing antiretroviral therapy	6	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	384	☐

Indirect Targets

The activity will indirectly target all offenders who will be assessed and are eligible for ARV and relevant therapeutic die. Other health professionals will be managed by the ARV project managers.

Target Populations:

Nurses
Prisoners
Other Health Care Worker

Coverage Areas

Eastern Cape

Gauteng

Limpopo (Northern)

Northern Cape

Free State

KwaZulu-Natal

Mpumalanga

North-West

Western 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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7396
Planned Funds: $ 3,000,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to Soul City's Other Prevention (#7397) and AB (#7395) activities described elsewhere in the COP.

SUMMARY:

Soul City is implementing a media and community-driven program to strengthen prevention, and increase awareness of and demand for HIV care and treatment services, including treatment literacy. There are two activities which target adults and children through training and community mobilization nationally. The major emphasis area for the project is community mobilization/participation. Other emphasis areas include: information, education and communication; local organization capacity development; and training.

BACKGROUND:

Soul City has received PEPFAR funding since FY 2005 to implement a comprehensive HIV and AIDS program that includes improving access to treatment and adherence counseling. Soul City has a long history of partnership with the South African Government (SAG), collaborating with the National Departments of Health (NDOH), Education (DOE), Social Development (DOSD), Transport, and Public Service and Administration, which includes financial support from NDOH, and potentially DOSD in the future. In addition, Soul City partners with 18 NGOs to implement the community mobilization program.

All Soul City interventions pay particular attention to addressing gender issues particularly those that are associated with driving the epidemic. These include power relations and gender violence. Violence reduction will be a particular focus of Soul City over the next five years as will those issues that promote violence such as substance abuse. There are 18 partner NGOs which currently implement training and community mobilization activities across the country.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Soul Buddyz Club

Based on the Soul Buddyz media intervention (described under Prevention), Soul Buddyz Club is a community mobilization intervention aimed at children, based mainly at schools and facilitated voluntarily by teachers. Children in the clubs learn about life skills covered in the Soul Buddyz series and are encouraged to do outreach work in their schools, families and communities. Nationwide, 2500 clubs already exist, and in FY 2007 Soul City will establish another 1000 clubs. To achieve this, 20 training sessions for facilitators (25 people per session) will be held. In addition 5000 annual club guides will be developed and printed; a national congress for clubs and their facilitators will be held; 30,000 newsletters and posters will be distributed 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 as well as violence reduction and substance abuse. The Clubs offer a major opportunity to educate children on all aspects of treatment. These children then become peer educators as well as being able to support people in their communities on treatment. PEPFAR funding will be used to support approximately 80 percent of this activity. These activities will address gender, stigma and discrimination and education. Soul City places a specific emphasis on building the capacity of the facilitators so that they can support clubs into the future. This will be done in partnership with the DOE at both a national and provincial level. This activity contributes towards PEPFAR objectives by promoting treatment literacy and treatment compliance.

ACTIVITY 2: IEC materials

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 antiretroviral treatment (ART) support and support for home-based care and orphans and vulnerable children. These materials are used by 18 sub-partner

NGOs in a cascade training model. Through this training, trainees are given the support and skills with which to become mobilizers in their community. More than 200 training sessions will be conducted in FY 2007 with an average of 30 people per session. Soul City has produced the following treatment literacy materials: a booklet for people newly on ART; a booklet for healthcare workers providing ART; and a booklet for people who are caring for children on ART.

In FY 2007 these materials will be updated and translated into other languages if necessary. At least 500,000 copies of these materials will be distributed through Soul City's training partners and to facilities providing ART, including PEPFAR partners.

PEPFAR funding will be used to support approximately 70 percent of this activity. This activity addresses gender, stigma and discrimination and education with particular attention to building the organizational capacity and sustainability of the implementing NGO sub-partners in the form of organizational and human resource development assistance. This activity contributes towards PEPFAR goals by promoting treatment literacy and treatment compliance.

The long-term sustainability of Soul City is being addressed through diversifying its funding sources as well as through the establishment of a broad-based empowerment company which can take ownership of shares and whose dividends will accrue to Soul City.

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 2 million people, and support the treatment goals outlined in the USG Five-Year Strategy for South Africa.

Continued Associated Activity Information

Activity ID:	3056
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Soul City
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,000,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

Soul City will be training 421200 people in HIV and AIDS, assuming that 30% of these are HIV positive and 20% of these need, and are encouraged to go onto treatment. Soul City will also sustain adherence through support from both Buddyz Club and the trained people on an ongoing basis. Not counted are the people still using the Health worker and ART book and our booklets on treatment and adherence for both adults and children (caregivers) all developed in fy 2005 and FY 2006.

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Nurses
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Girls
Boys
Primary school students
Caregivers (of OVC and PLWHAs)
Nurses

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Increasing women's legal rights

Education

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:	QAP
Prime Partner:	University Research Corporation, LLC
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7428
Planned Funds:	$ 1,240,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This University Research Corporation/Quality Assurance Project (URC/QAP) activity in ARV Services is linked to activities in PMTCT (#7431), TB/HIV (#7430), Basic Health Care & Support (#7429) and Counseling and Testing (#7432).

SUMMARY:

Through training, mentoring and the introduction of quality assurance (QA) tools and approaches, URC/QAP will work with 35 South African Department of Health (DOH) antiretroviral therapy (ART) sites in 5 provinces (Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and North West) to improve provider and patient compliance with ART treatment guidelines and will improve the delivery of quality services to HIV clients. The essential elements of QAP support include technical compliance with evidence-based norms and standards, interpersonal communication and counseling and increasing organizational efficiency. The major emphasis area for this activity is quality assurance/supportive supervision, with minor emphasis on training, development of network/linkages/referral systems and needs assessment. The activity targets public and private health care workers, CBOs, NGOs, program managers, community volunteers, PLHIV, and HIV-affected families.

BACKGROUND:

URC/QAP is currently training healthcare providers in 15 DOH ART service delivery sites in the use of QA tools and approaches for increasing compliance with ART guidelines. URC/QAP has developed a number of QA tools for healthcare facilities offering ART services. URC/QAP will increase the number of DOH ART-accredited facilities that it supports in the five provinces to improve the quality of care provided to all clients on ART. To strengthen HIV and AIDS services at facility level, URC/QAP plans to enhance community-based support for ART patients to ensure treatment adherence and active facility-based quality improvement using QA tools and approaches. In addition, URC/QAP will hire sessional medical staff in facilities in the 5 provinces to provide ART services. These providers will serve as mentors to DOH staff. This strategy will create local capacity to provide treatment services over time. URC/QAP will assist healthcare facilities to develop operational strategies to improve the care, treatment and follow-up of children and adolescents on ART. URC/QAP will also capacitate local community-based organizations (CBOs) and home-based care organizations (HBOs) to integrate QA tools and approaches for improved quality of their home-based follow-up of ART patients.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Establish Facility-level Quality Improvement Teams

URC/QAP will work with NDOH facilities to identify a core team representing staff from ART and other service providers. Based on a review of better practices, the facility-based teams, with support from URC/QAP coordinators and other district staff, will be responsible for developing and implementing plans for improving the quality of ARV services as well as the continuum of care for patients on ART. Each facility team will conduct baseline assessments to identify quality gaps in current services for screening, treating and following up people living with HIV (PLHIV) on ART. These baseline assessments will be used to implement required changes and address any identified gaps in service delivery.

URC/QAP will assist facility teams in developing and implementing strategic plans for expanding access to and improving the quality of ART services, in line with national guidelines. The key elements of the plan will include training, infection control and prevention, patient information, nutrition support and counseling, community involvement, follow-up system at treatment and other levels of care, use of data at facility level, and monitoring and evaluation of the program.

Activity 2: Training

Additional ART service providers and other staff will receive training in the provision of

high quality ART services in FY 2007. URC/QAP will strengthen the supervision and support systems at district and provincial levels. In addition, URC/QAP will provide job-aids/wall charts to improve compliance with clinical and counseling guidelines. URC/QAP will also work with facility staff, CBOs/HBOs and PLHIV associations to develop strategies for identification and referral of defaulters as well as provision of treatment support to PLHIV on ART in their community, reducing loss of clients to follow-up. URC/QAP will visit each DOH facility/CBO/HBO at least twice a month to provide onsite mentoring and support to staff.

Activity 3: Human Capacity Development

URC/QAP will assist staff to provide family-centered and pediatric ART services. Within existing ART programs there is an identified need to strengthen pediatric ART care. In FY 2007, URC/QAP will expand these programs to ensure that ART accredited sites are capacitated to incorporate pediatric care and treatment into existing ART programs. Training will be provided to facility staff to ensure that ART programs are family-centered, enabling parents, children and other dependents to have access to HIV care and treatment services. In addition, emphasis will be placed on training facility staff to recognize the value of wellness programs for PLHIV, of which prevention with positives (PWP) is a key component. Wellness programs are essential to ensure that PLHIV not eligible or ready for ART are retained within the health system to enable regular follow-up and review of client ART eligibility. URC/QAP is developing linkages with these NDOH ART programs to target health facilities and HBO programs for adherence support. This process will continue in FY 2007, with expansion at QAP-supported facilities within all 5 priority provinces. Finally, URC/QAP will train facility and CBO/HBO staff in analyzing performance and quality indicators.

URC/QAP will recruit physicians and nurses to provide ART services at facilities in 5 provinces, this will increase the human capacity available at each facility and increase the number of HIV clients that are able to receive ART and other services. These providers will serve as mentors to local DOH clinical staff.

URC/QAP will continue to train district and facility-level supervisors in QA methods and facilitative supervision techniques to improve the quality of ART services. URC/QAP has contributed to the development of the continuum of care for PLHIV policy document currently under development by the NDOH and will continue to support its development and implementation. URC/QAP will conduct quarterly assessments in each DOH facility, CBO, and HBO to assess compliance with national ART guidelines.

Activity 4: Referrals and Linkages

URC/QAP will facilitate linkages to treatment for eligible PLHIV. All facility staff will be trained in national guideline compliance, QA methods specific to ART programs, and developing and implementing quality-specific improvement plans. These improvement plans include process redesign, integration of services, and enhancement of network development to improve referral patterns. URC/QAP has prioritized plans to strengthen the approach and referral of HIV-infected pregnant women and their infants from PMTCT programs to ART programs, with a well-functioning down referral system, and will continue to promote and expand these linkages. In addition, URC/QAP plans to strengthen linkages from OVC programs to routine maternal and child health services and ART programs. URC/QAP will also assist the DOH to scale-up best practices for ART referrals.

URC/QAP work contributes to the PEPFAR 2-7-10 goals by improving access to and quality of ART services.

Continued Associated Activity Information

Activity ID: 3108
USG Agency: U.S. Agency for International Development
Prime Partner: University Research Corporation, LLC
Mechanism: N/A
Funding Source: GHAI

Planned Funds: $ 655,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy	35	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	200	☐

Indirect Targets

URC/QAP will ensure that both current and newly initiated clients receive quality clinical and counseling services. QAP does training with staff at facilities, as well as work with the district and provincial teams who support the staff. On-the job mentoring, job aids and support will be offered in the districts URC/QAP works in. Through trianing done at the facilities and stregthening of the district health teams, URC/QAP is indirectly contributing higher quality ARV service delivery. URC/QAP will begin to move into direct service delivery over the next few years by visiting each facility at least twice a month to provide on-the-job mentoring and support to healthcare staff. And, in a small number of facilities, URC/QAP will also place a limited number of doctors and nurses who would be responsible for providing ARV services directly to PLHIV.

Target Populations:

Community-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
Other Health Care Worker
Doctors
Nurses
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7445
Planned Funds: $ 125,000.00
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The activity is linked to the Department of Defence's (DOD) Counseling and Testing (#7573), PMTCT (#7574), Basic Health Care and Support (#7570) and Orphans and Vulnerable Children (#7571) program areas.

SUMMARY:

The South African Department of Defence (DOD) has an existing HIV and AIDS program that includes antiretroviral treatment (ART) services. FY 2007 funds will be used to improve and expand ART and related services. The main emphasis is human resources, and minor areas include commodity procurement, quality assurance, information, education and communication (IEC) and training. The main target is people living with HIV (PLHIV) in the military and their families.

BACKGROUND:

The activity commenced in FY 2005 with PEPFAR funding and was mostly focused at the preparation of pharmacies at the first rollout sites for ART, supplementing DOD funding for phased rollout of ART in the military. Six ART sites have been accredited with the aid of PEPFAR funding, and further funding will be utilized towards addressing human resource deficiencies that delay implementation of ART at these sites. FY 2007 activities will focus on the acquisition of commodities in support of ART, laboratory costs associated with ART, continued human resource support and activities that encourage adherence. Limited uptake of current ART services may be addressed through a media campaign to educate members and dependants on ART. To date only two of the accredited ART sites are operational due to staffing issues, and this will thus be a major area of focus in FY 2007.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Capacity development in terms of management systems strengthening, training of staff, improvement of quality assurance and technical assistance for modest renovation of proposed ART sites.

Activity 2: Continued development, modification, and printing of media, including posters and pamphlets, towards the provision of information and education on ART to members of the DOD and their dependants.

Activity 3: Interventions aimed at increasing treatment adherence by utilizing, and adapting, where necessary, available adherence tools.

Activity 4: A needs assessment will be conducted at each accredited ART site to determine gaps in staffing, and develop and implement a plan to address these gaps. The DOD will ensure through its own budgeting process that each position created will be funded by the DOD according to the planned schedule.

Activity 5: To ensure quality monitoring and evaluation, the DOD will build on the HIV and AIDS database developed in FY 2006 in order to capture all relevant patient data for tracking and reporting purposes.

These activities will contribute to the number of persons receiving treatment and care in the military, and support the PEPFAR 2-7-10 goals.

Continued Associated Activity Information

Activity ID: 3339
USG Agency: Department of Defense
Prime Partner: South African Military Health Service
Mechanism: Masibambisane 1
Funding Source: GHAI
Planned Funds: $ 75,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy	15	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,400	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,400	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	400	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	200	☐

Target Populations:

Doctors
Nurses
Pharmacists
Military personnel
People living with HIV/AIDS
HIV positive pregnant women
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

KwaZulu-Natal

Eastern Cape

Free State

Gauteng

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western 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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7482
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY07 funding is requested for American International Health Alliance (AIHA) in the area of K. Treatment: ARV services.

For this twinning activity in FY 2006, the AIHA worked closely with the Foundation for Professional Development (FPD) 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 District Hospital network. Activities included strengthening operational/management systems; assisting in the development of an integrated HIV/TB/Palliative care model; and strengthening the down-referral system.

This project is being revised in FY 2007 to more accurately reflect the best utilization of the AIHA twinning concept and the relevant strengths of the two organizations. FPD will continue to provide the services delivery described above. A fuller description of FPD activities is provided in the Treatment Services section of this COP. AIHA activities are now reflected in the Policy and Systems Strengthening section of this COP. Please view the AIHA activities listed there.

Continued Associated Activity Information

Activity ID: 3337
USG Agency: HHS/Health Resources Services Administration
Prime Partner: American International Health Alliance
Mechanism: Twinning Project
Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
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		☑
Number of service outlets providing antiretroviral therapy	2	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,500	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,440	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	900	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Key Legislative Issues

Twinning

Volunteers

Coverage Areas

North-West

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:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7484
Planned Funds:	$ 4,372,523.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This Track 1-funded activity is part of a comprehensive program that receives both Track 1 and in-country funding. Catholic Relief Services' (CRS) Track 1-funded submission also relates to activities in ARV Drugs (#7485). The Catholic Relief Services' country-funded submission includes activities described in ARV Drugs (#7489), ARV Services (#7487), Counseling and Testing (#7488), TB/HIV (#7953) and Basic Health Care and Support (#7490). Please note that the targets below represent a combination of Track 1 and South Africa funding.

SUMMARY:

Activities are implemented to support provision of quality ARV services under the comprehensive ART program carried out by Catholic Relief Services (CRS). Geographical coverage extends to eight provinces in South Africa (excluding the Western Cape). The target population includes people affected by HIV and AIDS as well as higher risk populations such as migrant workers and refugees.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) received Track 1 funding since FY 2004 to rapidly scale up antiretroviral therapy (ART) in 9 countries, including South Africa. Since FY 2005 in-country funding was received to supplement central funding. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and Institute for Youth Development South Africa (IYD-SA).

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2007 AIDSRelief will continue implementing the activities in support of the South African Government (SAG) national ARV rollout. 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 services will be provided through the 25 sites to ARV patients through clinic-based and home -based activities to optimize quality of life for HIV-infected clients and their families. All the relevant healthcare 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-infected patients are screened for tuberculosis (TB) prior to placing them on antiretroviral treatment, and are referred to TB treatment if they tested positive. Screening and testing for TB is conducted in a number of different ways, and these testing methods are specific to each site. While screening is conducted by a medical professional at each of the sites, in most cases patients are referred to the nearby SAG medical facility for TB testing and are only enrolled in antiretroviral treatment once they have completed two months of TB treatment, or have been found not to have active TB.

PEPFAR funding will also be used to support laboratory services, which are outsourced to a private provider, Toga Laboratories. A courier service collects blood that is drawn at each site, and delivers these samples to the laboratories. Results are e-mailed or faxed back to the site within 48 hours of the laboratory receiving the blood samples.

The program is designed to improve each site's capacity to implement the national ART program in the long-term, and to strengthen clinical, administrative, financial and strategic information systems. Through linkage with another PEPFAR-funded partner, John Snow Inc. (JSI), CRS is receiving technical assistance and systems support to implement a

patient information system that will be based on innovative smartcard technology. Sites will be assisted in developing appropriate policies and protocols and in setting up sound financial and strategic information systems. Each site will also develop a unique 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 and AIDS community mobilization activities and these will be linked to ART services. These lessons learned will be of value to other partners working in the non-governmental organization (NGO) sector.

All activities will continue to be implemented in close collaboration with the Department of Health HIV and AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, and this will directly contribute to the success of the SAG's own rollout and the goals of PEPFAR. These activities are also aimed at successful integration of AIDSRelief activities with those implemented by the South African Government, thus ensuring long-term sustainability.

All sites operate under the terms of a Memorandum of Understanding (MOU) with the provincial Department of Health in which they operate, observing the national and provincial treatment protocols. There is a concerted effort at each site to ensure sustainability by having the SAG provide antiretroviral drugs, or by down referring stable patients into the SAG's primary healthcare clinics after providing training for the SAG clinic staff. St. Mary's Hospital, which accounts for more than a third of patient numbers, has already been accredited as a SAG rollout site. Sinosizo receives drugs from the National Department of Health due to its status as a down referral clinic for Stanger Hospital, and at a further two sites, Centocow and Bethal, all patients already receive drugs via the SAG rollout. Monthly statistics are shared with the relevant provincial health departments.

There is a concerted effort to include men and children in the program, and all sites have specific plans to increase enrolment, including couple counseling and using a family-based approach. Most sites have clinic-based gardens to assist with nutrition programs, and several sites provide nutrition supplements, as per South African treatment guidelines. All sites provide ART access to non-South Africans, including refugees.

The CRS treatment program supports the PEPFAR goal of treating 2 million people with antiretroviral drugs.

Continued Associated Activity Information

Activity ID:	3286
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	Track 1
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy	25	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	15,045	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	12,810	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	4,891	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	50	☐

Target Populations:

Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Migrants/migrant workers
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Northern Cape

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7487
Planned Funds:	$ 3,650,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Catholic Relief Services (CRS) provides a comprehensive service including activities described in Basic Health Care and Support (#7490), TB/HIV (#7953), Counseling and Testing (#7488), and ARV Drugs (#7489). This in-country ARV Services activity is linked to the Track 1-funded ARV Services section (#7484).

SUMMARY:

Activities are implemented to support provision of quality ARV services under the comprehensive antiretroviral treatment (ART) program carried out by Catholic Relief Services (CRS) in 25 sites in 8 provinces in South Africa. Major emphasis will be on human resources, with minor focus on development of network/linkages/referral systems, local organization capacity development, quality assurance and supportive supervision, and training.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) received Track 1 funding since FY 2004 to rapidly scale up antiretroviral therapy (ART) in 9 countries, including South Africa. Since FY 2005 in-country funding was received to supplement central funding. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and Institute for Youth Development South Africa (IYD-SA).

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2007 AIDSRelief will continue implementing the activities in support of the South African Government (SAG) national ARV rollout. 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 services will be provided through the 25 sites to ARV patients through clinic-based and home -based activities to optimize quality of life for HIV-infected clients and their families. All the relevant healthcare 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-infected patients are screened for tuberculosis (TB) prior to placing them on antiretroviral treatment, and are referred to TB treatment if they tested positive. Screening and testing for TB is conducted in a number of different ways, and these testing methods are specific to each site. While screening is conducted by a medical professional at each of the sites, in most cases patients are referred to the nearby SAG medical facility for TB testing and are only enrolled in antiretroviral treatment once they have completed two months of TB treatment, or have been found not to have active TB.

PEPFAR funding will also be used to support laboratory services, which are outsourced to a private provider, Toga Laboratories. A courier service collects blood that is drawn at each site, and delivers these samples to the laboratories. Results are e-mailed or faxed back to the site within 48 hours of the laboratory receiving the blood samples.

The program is designed to improve each site's capacity to implement the national ART program in the long-term, and to strengthen clinical, administrative, financial and strategic information systems. Through linkage with another PEPFAR-funded partner, John Snow Inc. (JSI), CRS is receiving technical assistance and systems support to implement a patient information system that will be based on innovative smartcard technology. Sites will be assisted in developing appropriate policies and protocols and in setting up sound

financial and strategic information systems. Each site will also develop a unique 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 and AIDS community mobilization activities and these will be linked to ART services. These lessons learned will be of value to other partners working in the non-governmental organization (NGO) sector.

All activities will continue to be implemented in close collaboration with the Department of Health HIV and AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, and this will directly contribute to the success of the SAG's own rollout and the goals of PEPFAR. These activities are also aimed at successful integration of AIDSRelief activities with those implemented by the South African Government, thus ensuring long-term sustainability.

All sites operate under the terms of a Memorandum of Understanding (MOU) with the provincial Department of Health in which they operate, observing the national and provincial treatment protocols. There is a concerted effort at each site to ensure sustainability by having the SAG provide antiretroviral drugs, or by down referring stable patients into the SAG's primary healthcare clinics after providing training for the SAG clinic staff. St. Mary's Hospital, which accounts for more than a third of patient numbers, has already been accredited as a SAG rollout site. Sinosizo receives drugs from the National Department of Health due to its status as a down referral clinic for Stanger Hospital, and at a further two sites, Centocow and Bethal, all patients already receive drugs via the SAG rollout. Monthly statistics are shared with the relevant provincial health departments.

There is a concerted effort to include men and children in the program, and all sites have specific plans to increase enrolment, including couple counseling and using a family-based approach. Most sites have clinic-based gardens to assist with nutrition programs, and several sites provide nutrition supplements, as per South African treatment guidelines. All sites provide ART access to non-South Africans, including refugees.

Plus Up funds will be used to support the increase of the overall treatment target by the end of September 2008. These additional patients will receive the same package of services as described above – including HIV care and treatment.

The CRS treatment program supports the PEPFAR goal of treating 2 million people with antiretroviral drugs.

Continued Associated Activity Information

Activity ID:	3288
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 2,209,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Northern Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	University of Washington/I-TECH
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7491
Planned Funds:	$ 800,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to I-TECH activities also described in Policy Analysis and Systems Strengthening (#7492). In addition, I-TECH has a close working relationship with another PEPFAR partner, the Eastern Cape Regional Training Center (RTC) and I-TECH supports their activities in Basic Health Care and Support (#7961), TB/HIV (#7962) and ARV Services (#7963).

SUMMARY:

The International Training and Education Center on HIV (I-TECH) carries out activities to support the expansion of HIV and AIDS, tuberculosis (TB) and sexually transmitted infection (STI) care and treatment in the Eastern Cape (EC) through six clinical training and mentoring activities. The emphasis areas for these activities are training; minor emphasis is given to quality assurance, quality improvement and supportive supervision; local organization capacity development and development of network/linkages/referral systems. The primary target populations are doctors (public and private), pharmacists (public), and nurses (public).

BACKGROUND:

I-TECH has been working in the EC since 2003 to develop the capacity of clinicians in the care and treatment of HIV and AIDS, TB and STI. Four of the activities described here were funded in FY 2006. The placement of two Fellows in-country for six months and hiring a mentorship coordinator will be initiated in FY 2007. The EC Department of Health (ECDOH) has specifically requested on-the-job training and mentoring to augment the didactic training being conducted by the RTC and other professional training organizations in the EC. The ECDOH also specifically requested the placement of mentors in the EC for six to twelve months to allow ongoing mentoring. All activities will be implemented by I-TECH's subcontractor, the University of California at San Diego (UCSD) Owen Clinic, with the exception of hiring a mentorship coordinator, which will be implemented by the primary partner I-TECH.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Building and Program Sustainability: In-country Intensive Mentoring of the RTC Clinical Team

This activity continues the work begun in FY 2005 to mentor the RTC clinical team in-country. While the RTC clinical team has expertise in systems of care required for ARV accreditation, and in conducting basic trainings on the implementation of provincial/national guidelines, they lack the clinical expertise required for moderate to high complexity cases and have limited mentoring experience. FY 2007 PEPFAR support will be used to intensively mentor the seven-person RTC medical team (four doctors and three nurses) to develop their clinical skills in complex case management, rapidly emerging treatment complications, and evidence-based clinical decision-making. The RTC medical team members will accompany Owen Clinic doctor/nurse consultant teams as they travel to sites in the province to provide onsite mentoring to EC clinicians while seeing together up to 50 patients per week, and facilitate evidence-based clinical decision-making skills building classroom trainings (see Activity 2). The intensive mentoring model includes effective mentoring skills, differential diagnosis and treatment discussions, case study presentations, providing educational resources and ongoing e-mail consultation with Owen Clinic HIV specialists (see Activity 5). FY 2007 PEPFAR funds will support UCSD Owen Clinic administrative staff time, and the salaries, travel, lodging and expenses for six two-person Owen Clinic consultation teams to travel to the EC during FY 2007 for one month stays.

ACTIVITY 2: Human Capacity Development

Educational support of EC clinicians via short-term in-country training/mentoring and monitoring. This activity supports onsite training of public sector doctors, nurses and pharmacists at newly accredited and past-accredited EC district hospitals and clinics (i.e. referral clinics affiliated with larger hospital complexes - scheduled for phased

accreditation as independent treatment centers) as well as private practice doctors and pharmacists serving in nearby areas. Mentoring includes UCSD consultants seeing patients with doctors and nurse clinicians to provide onsite consultation (but not involving direct medical care by U.S. mentors), conducting small group discussions onsite, distribution of training materials, and case-based trainings developed from the doctor-patient panels. FY 2007 funds will support UCSD Owen Clinic administrative staff time and the salaries, travel, lodging and expenses of six two-person Owen Clinic teams (physician & nurse or pharmacist), to travel to the EC to provide onsite training/mentoring at 42 sites to 126 clinicians, as well as the costs for the Owen Clinic Director, to travel to the EC on three occasions to monitor the quality of care at the same 42 sites. Funds will also support the costs associated with training 120 private and public doctors, nurses, and pharmacists outside of the targeted clinics and CHC via classroom-based skills building sessions.

ACTIVITY 3: Human Capacity Building: Placement of UCSD Fellows to sustain EC clinician/international mentoring

This activity will recruit, orient, and send two UCSD HIV or Infectious Diseases Clinical Fellows to the EC for one year, alternating each Fellow in country every three months to sustain the training of the RTC clinical team at 20 of the 42 sites, and provide ongoing mentoring to 36 additional clinicians at 12 additional sites. The latter expands mentoring to more remote clinics by partnering with the ECDOH community outreach activities. Fellows will spend alternate quarters at the Owen Clinic to further develop their mentoring/training and consultation skills. FY 2007 funds will be used to cover the cost of airfare (four trips per year for two consultants), lodging, and in-country travel and expenses of the two Fellows.

ACTIVITY 4: Sustainability: Mentorship Coordinator

I-TECH will hire a local mentorship coordinator in the EC to plan and coordinate the in-country logistics and support for the UCSD clinical mentors. FY 2007 funds will be used to pay the coordinator salary and in-country travel expenses.

ACTIVITY 5: Human Capacity Building and Sustainability: Precepting senior level EC clinicians at the Owen Clinic

EC clinician leadership is needed to champion HIV treatment issues through further development of clinical skills, knowledge of systems of care and quality improvement methodologies. FY 2007 funds will support the air travel, lodging and per diem for four HIV committed EC clinicians to travel to the Owen Clinic for a two-week intensive training on systems of care and clinical management.

ACTIVITY 6: Human Capacity Building: Distance-based ongoing clinical consultation

During UCSD/RTC trainings, EC clinicians are encouraged to contact the RTC team for clinical consultation as needed, who then forward the query and response to the UCSD Owen Clinical mentors for additional guidance before delivering their consultative advice. FY 2007 funds will support UCSD consultant time (a portion of salaries) related to the time spent fielding consultations; estimated at five consults per week. These activities support the PEPFAR 2-7-10 objectives by building the capacity of EC clinicians to provide ARV therapies with increasing local expertise. In the past year, PEPFAR funds supported the training and mentoring of hundreds of EC physicians, nurses, pharmacists and medical students by six UCSD clinicians.

By training a large cadre of healthcare workers to provide ARV services I-TECH will contribute to the realization of the Emergency Plan's goal of providing treatment to 2 million people. These activities will also support the objectives for ARV services outlined in the USG Five-Year Strategy for South Africa.

Continued Associated Activity Information

Activity ID: 3334
USG Agency: HHS/Health Resources Services Administration
Prime Partner: University of Washington

Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 350,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	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		☑
Number of service outlets providing antiretroviral therapy	33	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	157	☐

Target Populations:

Doctors
Nurses
Pharmacists
Doctors
Nurses
Pharmacists

Key Legislative Issues

Twinning

Coverage Areas

Eastern Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	CAPRISA NIH
Prime Partner:	University of Kwazulu-Natal
USG Agency:	HHS/National Institutes of Health
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7497
Planned Funds:	$ 350,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to CAPRISA's activities in Basic Health Care and Support (#7499), ARV Drugs (#7498) and Counseling and Testing (#7496).

SUMMARY:

Activities are carried out with FY 2007 funding to continue the provision of HIV care and antiretroviral treatment (ART) services to patients already initiated on treatment and to expand access to treatment at two established treatment sites in KwaZulu-Natal. The major emphasis area is human resources, with minor emphasis on commodity procurement, infrastructure, and local organization capacity development. The target population is people living with HIV (PLHIV).

BACKGROUND:

CAPRISA was established in 2002 as a not for profit AIDS research organization by five major partner institutions; University of KwaZulu-Natal, University of Cape Town, University of Western Cape, National Institute for Communicable Diseases, and Columbia University. The headquarters of CAPRISA are at the University of KwaZulu-Natal. The PEPFAR-funded CAPRISA AIDS Treatment (CAT) Program was initially started as a supplemental effort to deal with the large volume of HIV-infected adult clients that were screened out of CAPRISA's other research studies. The current 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. The ART provision at the CAPRISA eThekwini clinical research site integrates TB and HIV care into the existing TB directly observed therapy (DOT) programs. This allows for the opportunity to initiate HIV care and ART 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 healthcare 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/Prince Zulu site, patients are referred from the TB clinic, STD clinic, or other CAPRISA research studies. The clinic is open Monday to Friday and is operated by 3 full-time doctors, 2 part-time doctors, 4 nurses, 3 counselors, an assistant and a pharmacist. No inpatient facilities are 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 Prince Zulu and are routinely offered HIV counseling and testing services through the CAT program. The counseling and testing that is offered includes prevention education and condom distribution. HIV counseling and testing 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 at both facilities. 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 liaise with social welfare departments and other CBOs to enhance 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 between 200 and 350 are seen at 3 monthly intervals, those with CD4 counts 350 to 500 are seen at 6 monthly intervals and those with CD4 counts over 500 are seen at 9 monthly intervals. All patients in the CAT Program with CD4 counts under 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. TB management is done routinely at the Prince Zulu clinic and in accordance with the South African National TB control program.

TB is a common presenting OI among HIV-infected patients, as well as a common occurrence among stable patients on ART due to the high background TB disease burden in KwaZulu-Natal. The CAT program enhances the existing TB services by making available laboratory-based TB diagnostics to patients, assisting with TB treatment adherence, as well as with regular clinical and laboratory-based monitoring of drug related side-effects. In patients on anti-TB drugs and ART, these side-effects are always managed by clinicians employed by the CAT program. All patients that are not currently on anti-TB therapy are routinely evaluated for the occurrence of incidental TB by a symptom checklist, and where indicated additional sputum or radiological diagnostics may be requested.

Patients at Vulindlela are referred from the Mafakhatini primary healthcare clinic, research programs (including the microbicide trial, adolescent cohort, community-based VCT Project) and community referrals (community health workers, community advocates and 30 youth peer-educators). The CAT program in Vulindlela will 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 for opportunistic infections, and management of OIs, adverse and serious adverse events. These are done at the clinic and through appropriate referral channels when needed. Only adolescents 14 years or older are targeted. Currently no HIV-related services are offered by CAPRISA to a pediatric population.

In FY 2007, CAPRISA plans to start transitioning stable patients to the Department of Health rollout site. Discussions are already in underway with the KwaZulu-Natal Health Department to facilitate the smooth transition of patients. It is anticipated that five patients per week will be transitioned which will not overburden the receiving facility.

EXPECTED RESULTS:

ART will be expanded in FY 2007 at both the eThekwini and Vulindlela sites. CAPRISA does not anticipate having to expand the space or staff at these facilities to reach the FY 2007 targets. Laboratory services will continue to be performed at the CAPRISA Laboratory. From October 2006, patients will start to be transitioned to the Department of Health at a rate of approximately 20 per month from each site and new patients will be enrolled to maintain a steady cohort.

These results contribute to the PEPFAR 2-7-10 goals by increasing the number of newly initiated patients on antiretroviral therapy.

Continued Associated Activity Information

Activity ID:	3072
USG Agency:	HHS/National Institutes of Health
Prime Partner:	University of Kwazulu-Natal
Mechanism:	CAPRISA NIH
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
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		☑
Number of service outlets providing antiretroviral therapy	2	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,280	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,052	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	630	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	45	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Secondary school students
Out-of-school youth
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7507
Planned Funds: $ 4,145,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to Absolute Return for Kids (ARK) activities in Counseling and Testing (#7883), OVC (#7886) and TB/HIV (#7882).

SUMMARY:

ARK's focus is to provide ART and accompanying support to HIV-infected caregivers of children, their spouses, and children. Primary emphasis areas are human resources, quality assurance, local organization capacity development, and training. Target populations include OVC, people living with HIV (PLHIV), HIV-infected pregnant women, HIV-affected families, and caregivers.

BACKGROUND:

ARK is a charity organization whose mission is to facilitate and support delivery of accessible and sustainable comprehensive treatment, care and support services to children and their caregivers in communities affected by HIV and poverty.

ARK's mission is to facilitate and support delivery of accessible and sustainable comprehensive treatment, care and support services to children and their caregivers in communities affected by HIV and AIDS. In partnership with the KwaZulu-Natal Department of Health (KZNDOH), ARK, as the implementing partner, has established an antiretroviral treatment program in government primary health facilities and hospitals. Specifically, ARK works with the KZNDOH to identify sites and areas for capacity building, including human resources, modest infrastructure support, and organizational capacity development. PEPFAR funding has enabled ARK to successfully enroll over 9,000 patients in ART in KZN.

FY 2007 funding will enable ARK to provide ARV treatment to existing and new patients, strengthen the infrastructure of the ARV delivery system in targeted sites, provide human resources, and build local institutional capacity to deliver ARV services. ARK provides treatment in accordance with national treatment guidelines.

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 extended family.

Activity 1: Support to KZNDOH

ARK works with the KZNDOH to develop the necessary processes and systems to manage the ARV program, to ensure that the model created is scaleable, sustainable and replicable elsewhere. Capacity-building is site specific. Upon identification of a site, an analysis of the needs of each site will be done with respect to staffing (doctors, nurses, pharmacists and pharmacy assistants), clinical equipment, management systems, patient advocacy and temporary structures. The most pressing requirements are met in order to speed up the ability for patients to receive treatment. Where necessary ARK provides support in the ARV site and pharmacy accreditation process.

ARK's ARV program focuses on a network of clinics operating within a district, in order to create a sustainable and efficient system that supports the continuum of care and up and down referral.

While patients are being assessed for treatment, a community health worker (CHW) from ARK's palliative care program is allocated to the patient. This CHW will conduct a pre-treatment home visit and will provide ongoing support to the patient and his/her family. Should a patient be non-adherent or lost to follow-up, the CHW will investigate the reasons for this, acting as the link between the patient and the clinic. ARK facilitates the integration process for ART, TB, other palliative care, and maternal HIV services.

Activity 2: Human Resources

ARK conducts a thorough needs analysis of human resource capacity prior to initiating support to the treatment program at each site. Once it has been determined that KZNDOH has budgeted for the identified posts needed, within a period of three years, ARK recruits all the necessary medical staff required for the successful rollout of ART. The staff recruited vary from site to site but include doctors, nurses, pharmacists and pharmacy assistants. In addition ARK employs data capturers for monitoring and evaluation of the program.

Activity 3: Family-Centered Treatment Services

Although ARK's primary goal is to provide ARV service support to primary caregivers with children, ARK assists in the treatment of all HIV-infected adults and children requiring ART at ARK sites in KZN. All patients considered for ART need to meet both medical and psychosocial criteria before starting therapy. The psychosocial criteria are designed to ensure that the patient is prepared and ready to adhere to ART. All patients being assessed undergo a treatment literacy program and are educated about positive living. Patients are encouraged to motivate their partners/spouses to get tested and, if necessary, enter the treatment program. Although ARK's treatment target population is predominantly mothers and children, increased attention is being given to encourage and increase male partner (and men in general) participation. ARK-employed doctors and nurses are responsible for treatment management, patient consultations and the treatment of opportunistic and sexually transmitted infections. Pharmacists are responsible for the dispensing of medication.

Activity 4: Pediatrics

HIV-infected parents and caregivers will be encouraged and educated by the medical staff to get their children tested and to enter the treatment program where indicated. Staff in the local midwifery and obstetric units will be trained to refer HIV-infected mothers and their babies to the ARK ART program, ensuring access to full ART services when indicated. All at-risk infected infants with HIV diagnosis confirmed by PCR will be monitored, and have immediate access to ARVs and related services including the preventive package of care. Children identified through ARK's OVC program (also PEPFAR-funded) will be referred to the clinic by community care workers and social workers.

Activity 5: Human Capacity Development

Key staff are provided with a two week orientation training which covers all aspects of ARK's ARV program areas including employee policies and procedures, onsite mentorship from experienced ARK staff, and an introduction to key performance areas. The areas covered in training include: ARV treatment guidelines for adults and children, adherence, opportunistic and sexually transmitted infections as well as the value of community access, adherence and refresher on prevention, including prevention for HIV-infected people. Staff are invited and encouraged to attend formal training offered by external providers including other PEPFAR partners such as the Foundation for Professional Development (FPD).

Activity 6: Reporting and Quality Assurance/Improvement

ARK provides computers and employs data capturers at all sites. Data is captured from patient folders and transferred to ARK's data center, allowing for ongoing evaluation and outcome analysis. Adherence rates, death rates and loss to follow-up are closely monitored. Quarterly updates are provided to the KZNDOH and information is used within the clinics to strengthen service delivery.

To ensure high standards and quality of care in line with the national guidelines, all ARK staff are provided onsite, on-the-job training. This is followed up with regular onsite mentorship and site evaluation by ARK's national executive and provincial management teams. Informal training sessions are conducted quarterly by national staff. Staff are also encouraged to attend formal external training courses offered by FPD.

These activities contribute to PEPFAR's 2-7-10 goals by increasing the number of South

Africans on treatment.

Continued Associated Activity Information

Activity ID:	3283
USG Agency:	U.S. Agency for International Development
Prime Partner:	Absolute Return for Kids
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,800,000.00

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy	15	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	8,700	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	7,570	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	4,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	120	☐

Indirect Targets

ARK staff are involved with training and setting policies in conjunction with national and provincial governments. It is very difficult to ascertain the value added of this activity, but it indirectly supports the overall achievements of the national ARV program.

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)

Coverage Areas

KwaZulu-Natal

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7509
Planned Funds:	$ 300,000.00

Activity Narrative: SUMMARY:

Boston University (BU) will use FY 2007 funds to 1) expand and extend an ongoing analysis of cost and cost-effectiveness of models of treatment delivery in South Africa; and 2) extend an ongoing analysis of the outcomes and sustainability of treatment for adult patients. Results will be used to inform future planning by the USG PEPFAR Task Force and South African Government and improve treatment delivery. All of the activities fall under the Targeted Evaluation emphasis area, and the target populations for the activities are adults, people living with HIV, policy makers, program managers, clinicians (public and private), organizations (all types), and USG staff.

BACKGROUND:

BU was requested in FY 2005 and FY 2006 to examine cost and cost-effectiveness of alternative models of treatment delivery in use in South Africa. The original methodology considered only the first 12 months following treatment eligibility and included relatively small sample sizes. Initial results have raised new questions requiring larger samples and longer periods of follow-up. In FY 2007, BU will amend the methodology to cover up to the first 36 months on treatment, expand the sample of patients from each site, and analyze new models of treatment delivery initiated after the original sites were selected (e.g. mobile clinics). In addition, with USG support, BU began an evaluation in 2005 of the impact of treatment on South African patients' social and economic welfare, including quality of life, labor productivity, family stability, and other outcomes. In FY 2007, this evaluation will be continued for a third year, allowing examination of longer term outcomes essential to treatment sustainability. Both activities address specific areas of interest of the South African Government and are being undertaken with the approval of relevant local and provincial authorities. Both activities will be conducted in partnership with the Health Economics Research Office (HERO) of the Wits Health Consortium. BU's finding from all phases of the targeted evaluations are being utilized by the USG PEPFAR Task Force and other PEPFAR partners to improve efficiencies within current treatment service delivery models.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Analysis of treatment models and costs

The USG supports a wide range of treatment delivery models in South Africa, including public sector, private sector, and NGO-based programs. In FY 2005 and FY 2006, PEPFAR provided support to BU and HERO for a targeted evaluation of the cost-effectiveness of approximately 10 treatment sites representing various models of delivery, including urban and rural public hospitals, a rural NGO clinic and a rural faith-based clinic, and a private physician-based program. The models and sites have been 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. The analysis relies mainly on retrospective data routinely collected by 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 and cost of treatment delivery. The specific measure of cost-effectiveness being used is "cost per successful patient outcome," with successful outcome defined as an undetectable viral load, incremental increase in CD4 count, and/or absence of serious clinical conditions. Both costs and outcomes are estimated at the 12-month point following medical eligibility for treatment under South African national guidelines.

Initial results of the evaluation have raised a number of additional questions that can only be answered by expanding and extending the activity for a third year (FY 2007). These include the cost per successful outcome in years 2 and 3 following treatment eligibility; costs for subsets of patients, such as those who initiate treatment with very low CD4 counts or who switch to second-line regimens during the first year; and cost-effectiveness of treatment delivery models launched after the original study sites were chosen. In FY 2007, BU will revise its methodology to estimate costs and effectiveness up to 36 months following eligibility, incorporate the larger sample sizes needed to examine subsets of patients, and add additional study sites to the evaluation.

The expected results of this activity are accurate and detailed estimates of the costs of delivering treatment and achieving successful outcomes across a wide range of settings and types of patients. This information will assist the South African Government, PEPFAR, 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.

ACTIVITY 2: Impact of treatment on patients' welfare

While the medical effectiveness of antiretroviral therapy (ART) in suppressing viral replication and restoring immune function is well established, little is known about the impact of treatment of HIV and AIDS on the economic and social welfare of African patients. In particular, it is not known if treatment will offset the impact of untreated AIDS on labor productivity, family stability, quality of life, and other indicators of social and economic development and treatment sustainability. In FY 2005, BU and HERO launched an evaluation of the economic and social outcomes of treatment for adult South Africans receiving care from three PEPFAR-supported treatment sites. The sites include a large urban public hospital, an informal settlement non-governmental clinic, and a rural faith-based non-governmental clinic. At each site, a random sample of pre-ART patients and patients who had been on ART less than 6 months were enrolled in the study and completed a baseline questionnaire focusing on family stability, ability to work and/or perform other normal activities, quality of life, adherence, costs of obtaining treatment, and sources of income. Follow-up interviews are conducted during regularly scheduled clinic visits at intervals of 3-6 months, depending on the patient's status. Over the course of FY 2005 and FY 2006, 672 ART patients and 446 pre-ART patients were enrolled in the study and completed baseline and follow-up questionnaires. By the end of the FY 2006 funding period, all of these patients will have been followed for a minimum of 1 year, and some for nearly 2 years.

In FY 2007 no new patients will be added, but because the impact of treatment on patients' welfare will change over time, following the current patients for an additional year will generate valuable information about the sustainability of treatment beyond the initial year. Most of the pre-ART patients will have initiated ART by FY 2007, allowing a pre- and post-treatment comparison for this group.

The expected result of this activity is the first empirical information available about the non-clinical outcomes of treatment for South African patients treated through PEPFAR and South African Government treatment initiatives. If patients are shown to be able to resume their normal activities, find and retain jobs, maintain family stability, and improve quality of life, support for long-term provision of treatment and expansion of current programs will be strengthened. Analysis of the characteristics of patients for whom outcomes are less successful will also help improve treatment program design and patient support efforts.

Information coming out of both of these targeted evaluations will be definitive in designing more efficient and effective programs, contributing to the US Mission's ability to reach its 2-7-10 PEPFAR targets.

Continued Associated Activity Information

Activity ID:	2916
USG Agency:	U.S. Agency for International Development
Prime Partner:	Boston University
Mechanism:	AIDS Economic Impact Surveys
Funding Source:	GHAI
Planned Funds:	$ 160,000.00

Emphasis Areas	% Of Effort
Targeted evaluation	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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

Both of the proposed activities are intended to improve the quality, efficiency, and sustainability of existing PEPFAR-supported treatment programmes. The activities will thus contribute indirectly to achievement of the PEPFAR treatment targets.

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Program managers
USG in-country staff
USG headquarters staff
Doctors
Nurses

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Mpumalanga

Northern Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Broadreach
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7510
Planned Funds:	$ 9,200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

BroadReach Healthcare's (BRHC) ARV Services activity is one component of a comprehensive set of services described in the Counseling and Testing (#7513), Basic Health Care and Support (#7511), TB/HIV (#7939), and ARV Drugs (#7512) program areas.

SUMMARY:

BRHC supports integrated ARV services that include doctor consultations, lab testing, adherence support, patient counseling, remote decision support, quality assurance (QA), and data management. BRHC's emphasis areas are human resources, local organizational capacity development, quality assurance, and training, through clinical services, pediatrics care, and support for the South African Government (SAG). Primary target populations include people living with HIV (PLHIV), their families, the private sector, public and private doctors, lab workers, nurses, pharmacists, and other healthcare workers, CBOs, FBOs, and NGOs.

BACKGROUND:

PEPFAR funds support BRHC initiatives that provide HIV and AIDS clinical management, care and support services to HIV-infected individuals in areas where the SAG rollout has not yet been implemented and assists ART rollout in the public sector. The BRHC PEPFAR program began in May 2005 and now operates in 15 communities across 5 provinces. BRHC is supporting approximately 3,500 individuals directly with care and treatment and 15,000 indirectly. BRHC taps private sector health professionals to provide comprehensive care and treatment, fostering capacity-building initiatives within the public health system, and supporting community-based programs. BRHC leverages PLHIV support programs to identify and assist with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. BRHC also works to build capacity in public health facilities, focusing efforts on human capacity development (HCD) activities, including clinical didactic training, clinical mentorships, patient training and operational assistance training. BRHC is expanding its provision of staff and infrastructure support to SAG facilities. Finally, BRHC is expanding its involvement in the design of scaleable down referral models in partnership with faith-based organizations (FBOs), community-based organizations (CBOs), and public-private partnerships (PPPs).

ACTIVITIES AND EXPECTED RESULTS:

To ensure that new patients are started on ART when clinically qualified and enrolled patients continue to receive quality care and support, BRHC will carry out the following activities:

ACTIVITY 1: Clinical Services

BRHC patients will be treated in accordance with national guidelines by ensuring that all elements for effective treatment are provided in a coordinated manner. This includes addressing issues of human resources, provision of technical expertise, training, IEC, community mobilization, laboratory and testing, drug logistics, equipment and supplies, physical space, M&E, and other cross-cutting support functions such as budgeting, finance, policy and planning support. Patients see doctors regularly, and will receive laboratory tests, HIV and AIDS education, adherence support, counseling, cotrimoxazole prophylaxis and linkage to other support and wellness (including prevention) services. Patient nutrition and wellness needs will be assisted by local FBOs and NGOs (e.g. food parcels). BRHC supports patients through the private sector until those patients can access treatment through public services and through strengthening services in the public sector.

ACTIVITY 2: Human Capacity Development (HCD)

BRHC will provide comprehensive HIV and AIDS 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 clinical mentoring from experienced clinicians. Comprehensive HIV and AIDS training for health professionals includes ART management, tuberculosis (TB), adherence, management of complications and side-effects, prevention and pediatric HIV management. BRHC human capacity development activities, such as training and clinical mentoring, will also take place within SAG facilities. BRHC will continue to train patients and support group facilitators on topics including HIV and AIDS, ART, adherence, living positively, and accessing psychosocial support in communities. The BRHC adherence program supports patients by providing features such as treatment buddies, support groups, cell phone message reminders, a patient call center and adherence counseling.

ACTIVITY 3: Support to SAG

BRHC will conduct an initial needs assessment at each SAG partner facility. The assessments will identify problems that impact overall capacity and efficiency. Solutions for each institution include recruitment and salary support for doctors, nurses, and pharmacy staff. BRHC general practitioners provide part-time services at SAG facilities, and train SAG staff in HIV care and treatment and related management. Other support may include infrastructure, such as refurbishment, equipment and supplies procurement. Finally, BRHC will build on its existing public-private partnership (PPP) model with SAG and Daimler Chrysler in East London and develop new PPPs to further involve private companies in supporting small business employees and dependents in communities where they operate.

ACTIVITY 4: Referrals and Linkages

Support systems for treatment will be provided by strengthening referral networks between the public and private sectors, including referring stable patients back to the SAG ARV program, and support to local clinics to facilitate SAG up and down referral. Finally, BRHC will continue to expand its linkages with CBOs in order to refer patients in need of food and other community services.

ACTIVITY 5: Quality Assurance/Quality Improvement (QA/QI)

Recognizing the critical role of M&E in a successful treatment program, BRHC QA/QI activities include regular internal data and systems audits, collection of patient-level surveillance data, exception reports, doctor-specific feedback report, and doctor decision-making support. The BRHC adherence program monitors patient adherence through monitoring of drug pick-up information, clinical reports, self-reported adherence, and pill counts. BRHC will also work with SAG facilities to improve data management and medical records systems.

ACTIVITY 6: Pediatric care and treatment

BRHC will expand pediatric enrollment using a family-centered approach. BRHC will encourage testing of families/households, using patients already enrolled in the BRHC program as the index case and point of entry into the household. By recruiting eligible family members, BRHC will enroll greater numbers, including children, into the program. Finally, the family-centered approach will allow BRHC to link an entire household to a single doctor in order to facilitate doctor visits and drug pick ups.

These activities directly contribute to the PEPFAR 2-7-10 goals by increasing the number of people receiving ARVs, improving access to HIV services, and increasing the capacity of local organizations.

Continued Associated Activity Information

Activity ID:	3006
USG Agency:	U.S. Agency for International Development
Prime Partner:	Broadreach
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 3,600,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy	60	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	11,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	8,000	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,500	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	500	☐

Indirect Targets

In addition to its own treatment program, Broadreach indirectly supports patients who are provided care and support through the Aid for AIDS care and treatment program, as well as indirect support provided via capacity building initiatives undertaken in FY 2007. 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 addition to the South African Government rollout. BroadReach also supports a direct care and treatment program.

Target Populations:

Business community/private sector
Community-based organizations
Factory workers
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Eastern Cape

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7536
Planned Funds: $ 2,450,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The ARV Services activities described here are part of an integrated program also described in the AB (#7532), Counseling and Testing (#7535), OVC (#7534), and Other Prevention (#7533) program areas.

SUMMARY:

With funding through the Health Communication Partnership (HCP), Johns Hopkins Health and Education in South Africa (JHHESA) coordinates the work of 15 South African partners and provides technical assistance and capacity building to mobilize and educate communities and clinicians about ARV treatment. The focus is on treatment literacy, adherence activities, and training clinicians through distance learning. The target populations for this activity are adult men and women, HIV-infected pregnant women, other people living with HIV (PLHIV), discordant couples, volunteers, public health workers, and community-based, faith-based and non-governmental organizations. The major emphasis areas for this activity are community mobilization, but IEC, training and policy and guidelines development are also important aspects of this work. Findings from the National HIV and AIDS Communication Survey, carried out in early 2006, will help HCP focus on community perceptions of treatment-related messages, their perceived needs for treatment literacy and the amount of social capital invested in providing assistance in better understanding treatment and its uptake. The survey is providing a valuable baseline to further develop present communication interventions on treatment.

BACKGROUND:

The HCP treatment initiatives are in their second year, following successful programming and ongoing partnerships in treatment literacy, adherence and clinician training with the South African Broadcasting Corporation (SABC), Mindset Health Channel (MHC), Community Health and Media Trust (CHMT), LifeLine and The Valley Trust (TVT).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Mobilization

CHMT, with PEPFAR funding, has developed a series of video and print materials for people affected by and infected with HIV, including PLHIV, their caregivers and communities. PEPFAR funding will assist CHMT in the community rollout of these materials through group sessions and workshops. CHMT, using 24 treatment literacy practitioners, will train community-based organizations to use their treatment literacy materials and mentor them throughout the year on treatment-related issues. This intervention has received National Department of Health (NDOH) accreditation and eight additional treatment literacy practitioners' salaries will be supported by the government. Treatment literacy practitioners will also work with HIV-infected clients on treatment literacy issues that will be broadcast through Mindset's patient channel at 300 health facilities.

The seven hours of treatment literacy videos materials, developed by CHMT and Mindset for the public channel, will be a major part of the support materials for the treatment literacy practitioners (in addition to the materials developed previously by CHMT). The materials also cover prevention with positives, male norms and behavior, and stigma and discrimination.

The Valley Trust, as part of their rollout of antiretroviral treatment (ART) will build a treatment literacy program with the assistance of CHMT and their treatment literacy practitioners. LifeLine will work with small business associations in Alexandra Township in Gauteng, as well as farmers and farm workers associations in the Limpopo province, to develop workplace programs, which include ART. These programs will focus on treatment preparedness and adherence for HIV-infected persons and their treatment supporters (treatment buddies). Both of these populations are at high risk.

The Mindset Health Channel (MHC) provides direct information in health clinics, targeting patients in waiting rooms with general information, and healthcare providers with technical and training information. To broadcast current and accurate information on ARV

treatment, HCP will continue its collaboration with MHC which, at the beginning of FY 2007, will be in more than 300 health facilities. Existing material will be revised and updated, including treatment videos, web content and print materials in up to five languages for healthcare workers at these sites. Materials developed through previous PEPFAR funding will be updated as national guidelines and protocols change. CHMT treatment literacy practitioners will spend half their time with patients in ARV rollout and down referral sites that have the MHC.

Both Mindset and CHMT material have been developed through public-private partnerships including; business (MTN, Liberty Foundation and Sunday Times) as well as assistance from government and parastatals (e.g. NDOH, SABC).

This intervention will mobilize communities around treatment literacy and build community preparedness by reaching several million people, while Mindset will use its onsite access to clinicians to build their capacity to deliver ART services in line with national protocols. Treatment literacy will include adherence messages for persons on treatment, treatment support education for families and individuals supporting those on treatment, and ART preparedness education for communities and individuals who anticipate initiating treatment. Other issues that will be covered include prevention with positives with emphasis on discordant couples.

ACTIVITY 2: Media support for community mobilization

SABC will continue the theme of treatment through two programs: Trailblazers, a 13 episode TV series highlighting success stories including best practices in this area; and a new 26 episode adult TV drama series. Both TV programs will be accompanied by radio talk shows (on 9 local language stations) as well as web-based content. The storylines will include a focus on treatment and prevention for positives.

HCP will contribute substantially towards meeting the vision outlined in the USG PEPFAR Task Force Five-Year Strategy for South Africa by providing quality treatment literacy education to health providers, their patients and 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-infected people on treatment literacy issues. By training individuals to deliver quality ARV services and reaching South Africans with correct treatment literacy messages, this activity contributes to the PEPFAR goal of putting two million HIV-infected people on treatment.

Continued Associated Activity Information

Activity ID:	3274
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 950,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	12,000	☐

Indirect Targets

HCP will reach approximately 200,000 people with correct and facilitated treatment literacy in clinical settings and communities; this activity contributes indirectly to the overall SAG ARV rollout. This is one of many PEPFAR activities that support the national ARV rollout.

Treatment literacy will include adherence messages for persons on treatment, treatment support education for families and individuals supporting those on treatment, ARV preparedness education for communities and those individuals who will go on to treatment.

Target Populations:

Adults
Community-based organizations
Nurses
Discordant couples
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Other Health Care Worker

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Western Cape

Free State

Mpumalanga

Northern Cape

North-West

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7553
Planned Funds:	$ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This ARV Services activity relates to other activities implemented by Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in Basic Health Care and Support (#7554), OVC (#7555), Counseling and Testing (#7556), PMTCT (#7557), and TB/HIV (#7666). Technical assistance is provided by the Management Sciences for Health/Rational Pharmaceutical Management (RPM Plus) project in ARV Services (#7559), PMTCT (#7854), and TB/HIV (#7856).

SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the National Department of Health (NDOH) will support the provision of ART services to those who have tested positive in 350 public health facilities (hospitals and clinics) in 8 districts in 5 provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West). IPHC will assist the districts in implementing the National Department of Health Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa (Comprehensive Plan) by assisting designated sites to meet the ARV accreditation requirements. IPHC will mentor and support the management team at facility and district level to implement the ARV program in accordance with the norms and standards of the Comprehensive Plan to increase access to ARV therapy through increased number of service points for ARV services. IPHC will build on its success of supporting accredited facilities and will continue to support others within the same district through the accreditation process. Integration of the ARV program into the routine primary health care (PHC) services will also be a key focal area to ensure that client adherence to ARV therapy is improved.

The primary emphasis area is quality assurance and supportive supervision, with additional emphasis on training and the development of networks/linkages/referrals. The target population will be men and women (of reproductive age), family planning clients, pregnant women (including HIV-infected women), people living with HIV (PLHIV), affected families and caregivers of orphaned and vulnerable children (OVC), and healthcare providers (nurses) and other healthcare workers.

BACKGROUND:

This is an ongoing activity continuing from FY 2006. IPHC will continue to support the districts to address the increasing demand for ARVs in South Africa. IPHC will support health facilities in providing a continuum of care through the primary, secondary and tertiary level. The project will build the human capacity to provide ART services at the three levels of care. The ARV program will be integrated with other HIV and AIDS services as well as PHC services to ensure sustainability. IPHC will continue to increase the number of accredited sites that are able to provide clients with ARV treatment who will be supported to mentor other sites, increasing access to ARV treatment. Training will include monitoring drug interactions, ongoing counseling and support for adherence and well-being, as well as down referral to community networks and home-based care service providers. IPHC will ensure adherence to the NDOH policy and drug protocols through supportive supervision and onsite mentoring. IPHC will visit each facility at least twice a month to provide onsite mentoring and support to facility staff. This will facilitate the improvement of staff skills in providing quality clinical and counseling services.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Supporting the ARV Accreditation Process

Activities will include: preparing designated sites for the accreditation process; working with the DOH site ARV task team to develop an ARV implementation plan for the site; training of healthcare providers in assessment and screening of patients for ARV therapy; screening for and treatment of opportunistic infections, adherence counseling, and nutrition counseling; training of community health workers as treatment supporters, on nutrition counseling, and adherence counseling; training healthcare providers to recognize adverse drug events and assist districts to develop an algorithm for continuum of care from counseling and testing to treatment, care and support and preparing healthcare

providers at clinic level to assess clients for ARV; and implementing patient readiness program for ARV therapy. This will result in an increased number of eligible clients on ARV therapy, and increased capacity of healthcare workers trained in the delivery of ARV services.

Activity 2: Linkages and Referrals

IPHC Project will facilitate linkages and referrals with other institutions such as TB hospitals, hospice and other home-based care services to ensure their clients are also screened for ARV treatment and are referred to the appropriate service delivery point for ARV initiation and follow-up. Activities will include: conducting an assessment of referral systems between public and private sector and community-based initiatives; determining gaps in the referral system (if they exist), developing referral systems with the various stakeholders; training service providers in other sectors; training service providers in follow-up care; and ongoing monitoring of the patient on ARV therapy. The result will be functional integration of ARV services with other health services within the district.

Activity 3: Mentoring

To ensure sustainability, the IPHC Project utilized an innovative approach to accreditation and implementation of ARV services in the Eastern Cape Province and thus accelerated the uptake of ARV services. This approach centers on using one hospital, Frontier Hospital, (an established accredited site, successfully implementing ARV services in Queenstown) to mentor identified health facilities in the Chris Hani district to implement ARV services.

The mentoring process involved staff from the other hospitals preparing for accreditation, spending at least two days at Frontier Hospital, observing and participating in ARV services under the guidance and supervision of staff at Frontier Hospital. Staff from Frontier Hospital also conducted site visits to the newly accredited facilities to mentor ARV service providers and offer treatment advice. During the preparation phase for accreditation, Frontier Hospital staff assisted the designated health facilities to prepare for accreditation. Once these facilities were accredited, they were able to take over the management of ARV clients and thus allowing quick start-up of the program at these new facilities. This process was facilitated by staff from the IPHC Project and helped to increase the number of accredited sites as well as numbers of clients on treatment, but most importantly to avoid overburdening a few sites in a district. With FY 2007 funding IPHC will roll out this mentoring approach to districts in other provinces using the Eastern Cape experience as a model.

IPHC activities contribute to the PEPFAR 2-7-10 goals by increasing access to ARV treatment.

Continued Associated Activity Information

Activity ID:	2948
USG Agency:	U.S. Agency for International Development
Prime Partner:	Management Sciences for Health
Mechanism:	TASC2: Intergrated Primary Health Care Project
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	400	☐

Indirect Targets

The IPHC Project will assist provinces in fast tracking the accreditation process of identified sites for the provision of ARV therapy to qualifying HIV positive clients. Activities will assist all provinces with identifying sites in preparing for accreditation through readiness assessment of the sites and assisting these sites in developing strategies to meet accreditation requirements. Once accredited these sites will assist in implementing ARV services following the South African Government national treatment guidelines. Through this process, IPHC will be indirectly assisting more HIV-infected individuals access treatment.

Target Populations:

Adults
Family planning clients
Nurses
HIV/AIDS-affected families
Infants
People living with HIV/AIDS
Pregnant women
HIV positive pregnant women
Other Health Care Worker

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7559
Planned Funds: $ 2,000,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to activities under ARV Drugs (#7558), PMTCT (#7854), and TB/HIV (#7856). In addition, RPM Plus is a member of the Partnership for Supply Chain Management (#8107 and #7935).

SUMMARY:

Management Sciences for Health's (MSH) Rational Pharmaceutical Management (RPM Plus) project will support of the South African Government's (SAG) Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment (CCMT). RPM Plus improves the reliable provision of ARV services and other related services; monitors progress towards full compliance with pharmaceutical legislation and ARV accreditation requirements for provincial health facilities; trains pharmacists and pharmacist assistants in basic principles of HIV and AIDS management; trains health personnel in conducting medicine use evaluations, using adherence to antiretroviral treatment (ART) measurement tools; supports the review of national standard treatment guidelines (STGs) for HIV and AIDS, TB, STI and other diseases; strengthens the provincial implementation of pharmaceutical therapeutic committees and medicine information centers; and strengthens pharmacovigilance reporting. The major emphasis area for these activities is training, but the project also includes logistics, human resources and policy and guidelines. Target populations include National AIDS Control Program staff, policy makers, public and private health care workers (especially pharmacists), people living with HIV (PLHIV) and their families, OVC and the general population of children, youth and adults. RPM Plus will work in all nine provinces to support national, provincial and local government pharmaceutical services.

BACKGROUND:

Since FY 2004, RPM Plus has been working in close collaboration with the National Department of Health Pharmaceutical Policy and Planning (NDOH-PPP) Unit, and provincial and local government pharmaceutical services to support the delivery of pharmaceutical services at all levels. The following activities are a continuation of the activities initiated since FY 2004. Systems and models have been developed and tested. In FY 2007, RPM Plus will continue the implementation of these on a larger scale and monitor the impact on the delivery of ART at accredited sites. These activities have received the full support of the NDOH-PPP unit and the provincial pharmaceutical services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Accreditation

RPM Plus will continue the assistance provided to all provinces in monitoring progress towards compliance with SAG legislative requirements to deliver pharmaceutical services and will contribute towards the accreditation of health institutions (hospitals, community health centers) to provide ART by strengthening the pharmaceutical component of the accreditation criteria. This addresses issues related to infrastructure, human resources, equipment and systems. This activity includes developing a monitoring system and conducting periodic reviews with the provinces, starting with a baseline assessment, and ending with compliance reports for provincial and institutional staff.

ACTIVITY 2: Pharmacovigilance
The CCMT recognizes the importance of strengthening pharmacovigilance measures to ensure the safe and effective use of ARVs and other medicines used in HIV and AIDS patients. The identification, diagnosis, management and reporting of HIV medication-related adverse effects are critical. RPM Plus is working with the national and provincial health departments and other key stakeholders to develop training materials to meet this need. This training program builds capacity by providing skills and knowledge to HIV and AIDS program managers and the Medicine Regulatory Authority (MRA) on the principles of public health pharmacovigilance and the safety of antiretroviral agents. In addition, RPM Plus will assist and advise facility-based HIV and AIDS programs on the planning and implementation of pharmacovigilance surveillance activities, with subsequent follow-up at the provincial and national levels; support scientific research relating to key

drug safety issues identified in the region; assist in the communication of information obtained from pharmacovigilance systems and research managed by the national and local HIV and AIDS programs; and establish networks linking pharmacovigilance programs in the region with each other in order to encourage information exchange and skills transfer.

ACTIVITY 3: ART adherence

Since August 2005, RPM Plus has been working in collaboration with the national and Eastern Cape HIV and AIDS units and other key stakeholders to improve treatment outcomes and prevent resistance to antiretrovirals (ARVs) through the development of ART adherence measurement tools and determining best practices. These are being piloted and a national workshop is scheduled to take place in 2006. With FY 2007 PEPFAR funds, these tools will be implemented on a larger scale. 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. 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 (RPTCC) for ARV adherence-related matters.

ACTIVITY 4: Review of STGs

The revised edition of the South Africa adult and pediatric STGs for the hospital level has just been published. These STGs include new chapters on HIV and AIDS care and treatment. RPM Plus will assist the NDOH in reviewing these STGs on an ongoing basis, and the provinces in promoting these new STGs. RPM Plus will also conduct provincial workshops on rational drug use; strengthen provincial, district and institutional pharmaceutical and therapeutic committees (PTCs); assist with the development of provincial formularies; and train staff in basic principles of pharmacy economics and the use of evidence-based principles for drug selection. Through these activities RPM Plus will also assist the DOH in reviewing their infection control policies and guidelines.

ACTIVITY 5: Down referral

There is a need to accelerate the implementation of the CCMT plan. One strategy of the NDOH is to down refer stabilized patients on ART to their nearest primary health care (PHC) facility. The other long-term approach is to initiate the treatment at the PHC level. RPM Plus will support these two critical initiatives by implementing and strengthening down referral systems and training pharmacist assistants on HIV and AIDS management and drug supply management.

ACTIVITY 6: Technical assistance to local counterparts

Since its start in 2003, RPM Plus has been regularly asked by government and non-government (e.g. South African Pharmacy Council) counterparts to provide ad hoc technical assistance for a wide range of services such as staffing norms for pharmaceutical services, accreditations of facilities, regulations and norms for dispensing practices, pricing committee implementation, and public-private partnership service level agreements. In FY 2007 RPM Plus will continue to respond to these matters and emerging issues such as managed care, low-income medical schemes, and monitoring and evaluation.

All these activities will build South African capacity and support the improvement of health services. This will contribute to the achievement the overall PEPFAR goals of reaching 10 million people with care and 2 million with treatment.

Continued Associated Activity Information

Activity ID: 3088
USG Agency: U.S. Agency for International Development
Prime Partner: Management Sciences for Health

Mechanism: RPM Plus 1
Funding Source: GHAI
Planned Funds: $ 1,050,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Logistics	10 - 50
Policy and Guidelines	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		☑
Number of service outlets providing antiretroviral therapy	30	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	35,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	31,126	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	15,563	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	900	☐

Indirect Targets

RPM Plus indirect targets will be based on the number of patients reached by health professionals trained by RPM Plus. The number of individuals reached will depend on the progress made by the South African Government in implementing the National HIV and AIDS Comprehensive Treatment and Care Plan.

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
Laboratory workers
Other Health Care Worker
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7582
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

PEPFAR funds allocated to ARV Services ($1,710,000) are for the Northern Cape province Department of Health (NCDOH) 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 NCDOH submitted a request to the USG/South Africa for assistance with its public sector ARV rollout. Right to Care (RTC) is providing that assistance. Funding for these ARV Services will now be covered under the Follow-On to the Right To Care Program ARV Services program area (#7545) therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID: 3347
USG Agency: U.S. Agency for International Development
Prime Partner: Northern Cape Department of Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,710,000.00

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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Coverage Areas

Northern Cape

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7586
Planned Funds: $ 850,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Family Health International (FHI) also implements activities described in the Counseling and Testing (#7588), Basic Health Care and Support (#7584) and PMTCT (#7587) program areas. This FHI activity is closely linked to Right to Care (#7545) and BroadReach (#7510) ARV Services activities.

SUMMARY:

Family Health International will use FY 2007 funding to expand access to integrated services for HIV-infected and affected individuals in home-based care (HBC) programs by strengthening the linkages between HBC and counseling and testing (CT) through establishing additional mobile clinics in underserved areas in Mpumalanga and KwaZulu-Natal provinces. FHI will work with PEPFAR partners, Project Support Association of Southern Africa (PSASA), Right to Care (RTC), and BroadReach, and will refer patients in need of antiretroviral treatment (ART) to RTC and BroadReach for ART initiation. The emphasis areas for the following activities are the development of network/linkages/referral systems, training and local capacity development. Target populations addressed are people living with HIV (PLHIV) and their families, men and women of reproductive age, family planning (FP) clients, faith-based organizations, health professionals, and caregivers.

BACKGROUND:

In response to requests from the National and provincial Departments of Health and Social Development, FHI has been strengthening the linkages between HBC, CT, ARV and FP services for comprehensive treatment, care and support. This project addresses the need to establish formal referral and follow-up mechanisms for CT and antiretroviral therapy and other essential healthcare services, such as FP, in HBC programs where clients are often in need of ARV treatment. Experience suggests that improved access to ARV services in South Africa is improving the health status of many HIV-infected individuals, leading to a return of libido and sexual activity, and this also requires careful decisions about their sexual and reproductive health. Tighter links between palliative care (PC), CT, ARV and FP services, in particular, afford men and women the opportunity to improve their overall quality of life through integrated services.

FHI is creating and strengthening functional referral mechanisms between CT, HBC, ARV and FP service programs in Mpumalanga and KwaZulu-Natal in collaboration with PSASA and the South African Council of Churches (SACC) HBC programs. To date, over 500 new clients have initiated ARVs through the program referral network. Access to ART is still a major constraint in these rural programs. PSASA's and SACC's HBC programs typically reach out to low-resource, isolated communities where HIV service needs are high and transport to services is prohibitively expensive.

In FY 2006 FHI and its partners are establishing a mobile clinic to provide better access to CT, diagnosis/treatment of sexually transmitted infections (STI), ARV services, and FP. These integrated mobile services target HBC caregivers, clients and their families, as well as the surrounding communities. Additional units are needed to reach those who reside in remote, underserved areas in Mpumalanga and KwaZulu-Natal. This will enable project partners to cover a larger geographical area and meet the needs of more HBC clients and family members.

ACTIVITIES AND EXPECTED RESULTS:

In close collaboration with the Mpumalanga and KwaZulu-Natal Departments of Health (DOH), PSASA, SACC, RTC and BroadReach, FHI will expand access to quality integrated services for infected and affected individuals in HBC programs through a continuation of the FY 2006 project and through the set-up of additional mobile service units to provide CT, ARV services, STI screening and FP services in rural, underserved areas. PSASA and SACC will provide basic care and support services and refer clients for services offered by the mobile clinics and provide follow-up and ART adherence at the HBC level. RTC and BroadReach will process lab work for CD4 counts and place clients on ARVs according to clinical protocols. Specifically FHI will:

1) Continue to support the mobile clinics initiated in FY 2006 which serves 10 HBC projects;

2) Purchase and set up three additional mobile clinics, one based in Mpumalanga and two in KwaZulu-Natal;

3) Select new remote HBC sites in Mpumalanga and KwaZulu-Natal of which the program participants and immediate community will have access to the mobile clinics;

4) Hire and supervise local mobile clinic staff (professional nurse and one counselor in each mobile clinic) to provide CT, STI and FP services and ARV referrals. It is anticipated that patients treatment by the mobile clinic staff will be transferred to public sector sites as soon as these sites have the necessary capacity.;

5) Train four professional nurses and four counselors to oversee the quality of CT, ARV screening, STI testing and treatment, and FP services and counseling;

6) Train four professional nurses and four counselors on couple counseling and gender awareness, and ensure it is staffed by qualified health professionals;

7) Work with HBC volunteers in mobile clinic service sites to provide referrals for CT, STI, FP and ARV referrals services;

8) Conduct outreach to HBC projects and communities through IEC materials and household visits, and;

9) When necessary, use the mobile clinics to transport clients to doctors or facilities for urgent care.

FHI will leverage resources from partners and the DOH for all commodities. FHI will support a Management Information System to collect service and referral data relating to all patients. A monitoring and evaluation specialist will be hired to spearhead this effort. All activities will be implemented closely with local partners with an aim towards bolstering capacity to take ownership of the mobile clinics by September 2009.

These activities will contribute to the PEPFAR 2-7-10 goals by increasing the number of people receiving ARV treatment.

Continued Associated Activity Information

Activity ID:	2927
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	CTR
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
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		☑
Number of service outlets providing antiretroviral therapy	4	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	8	☐

Indirect Targets

FHI will indirectly support ARV services in their services areas in Mpumalanga and KwaZulu-Natal. PEPFAR treatment partners, Broadreach and Right to Care will directly be providing ART to clients in the program, however, FHI, through their sub-partner PSASA, will be providing a critical referral system through their home-based care program, as well as monitoring of adherence, opportunistic infections and drug interactions. It is a synergy that has proven effective and FHIs is providing a valuable indirect contribution to the overall ART program.

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Doctors
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Caregivers (of OVC and PLWHAs)
Doctors

Key Legislative Issues

Other

Coverage Areas

Mpumalanga

KwaZulu-Natal

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7593
Planned Funds: $ 17,250,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is integrated with the Foundation for Professional Development's activities in TB/HIV (#7986), Counseling and Testing (#7987), ARV Drugs (#7985) and Strategic Information (#7594).

SUMMARY:

The Foundation for Professional Development (FPD) program supports the public sector expansion of access to comprehensive HIV and AIDS care by focusing on provision of care, and through human capacity development (HCD). Activities supporting improved and expanded service delivery in public sector ART clinics include the provision of staff, clinical and management training, equipment, technical assistance, mentoring, and refurbishment of facilities. Additional HCD activities include an international volunteer and an intern program. The major emphasis area for these activities is human resources, but several other emphasis areas support the success of the overall effort including training, infrastructure, and the development of network/linkages and referral systems. Target populations for the activities include people living with HIV (PLHIV), public and private healthcare workers, CBOs, FBOs, NGOs. The activities also target PLHIV and most at risk populations.

BACKGROUND:

FPD is a South African Private Institution of Higher Education working exclusively in the health sector in Southern Africa. With FY 2005 funding, FPD supported treatment for thousands of PLHIV and training for thousands of healthcare providers and managers delivering ART and related services. Coordination with provincial Departments of Health (DOH) takes place through Memorandums of Understanding (MOUs). FPD provides substantial assistance initially to public sector facilities and works towards a diminished role over time, working towards sustainability at the sites. Sub-agreements are used for training of Pharmacy Assistants by Health Science Academy (FPD is not licensed to train this category of health worker) and for the provision of a patient information system by John Snow Inc. (JSI). Gender issues are embedded in all aspects of the project and include collecting gender specific data in treatment programs, linkages with NGOs working in the gender field, CT services that specifically focus on couple counseling, domestic violence and abuse detection.

Other issues addressed by this project are: 1) Male norms and behaviors that are addressed in the counseling provided at ART sites. All staff actively work towards reducing violence and coercion by identifying victims of violence; 2) stigma and discrimination is addressed in counseling and training programs; and 3) volunteers, including Peace Corps volunteers, will be involved at treatment sites.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support to Government ARV clinics

PEPFAR funds are used to respond to requests from provincial DOH to support South African Government (SAG) ART sites through temporarily seconding clinical and administrative staff, providing equipment, refurbishment and technical assistance at an estimated cost per patient of $390. The FPD-supported staff play a critical role in service delivery and have been able to reduce waiting times to less than a week at most facilities. FPD works with each public sector site to determine the number of staff needed, and the timeframe for transferring them into SAG employment. Most sites provide an integrated system of treatment and prevention, including CT and wellness services. These services emphasize adherence and promote ART services among referral clinics (TB, STI & Family Planning). All sites are pediatric treatment sites and a minimum target is set at 10% of patients. FPD's support to SAG ARV clinics will expand substantially to include increased numbers of patients.

ACTIVITY 2: Human Capacity Development (HCD)/Clinical Training

This activity ensures a cadre of skilled healthcare practitioners able to provide care to

PLHIV. Healthcare workers will be trained in 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 where participants work. PLHIV form part of the faculty to help with stigma reduction (key legislative issue) among participants and to articulate the needs of PLHIV. To update knowledge, an alumni program including regular continuing medical education (CME) opportunities, meetings, journals, newsletters and mentorship has been developed. This program provides alumni with membership in a relevant professional association, the Southern African HIV Clinicians Society. Eskom (large power and utility company) and Discovery Health (large health insurance company) are in a PPP with FPD to financially support this training.

ACTIVITY 3: HCD/Management Training

This activity addresses the severe shortage of skilled managers within the public, NGO and FBO sector to manage rapid scale-up of AIDS care through a one year management training program, offered in association with Yale University, designed to develop local organizational capacity. Students will be enrolled with the SA Institute of Healthcare Managers to provide them access to alumni services. Quality assurance mechanisms for Activities 2 and 3 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 and used to make revisions to the management training program.

ACTIVITY 4: HCD/Internship Program

There is a growing need for rapid expansion of the development of human capacity to support ARV treatment programs. Based on the success of the current pilot internship program that improved the skills of graduate students by partnering them with implementing PEPFAR partners or public sector institutions, FPD will support a formalized HCD Program. FPD is well placed for this activity as training and HCD activities are FPD's core business. The USG PEPFAR Task Force is developing a more robust HCD strategy, and this activity will contribute to that strategy. FPD will coordinate with universities and other institutions to recruit interns and will mentor both the intern and the recipient organization to ensure that interns are optimally utilized to promote treatment initiatives.

ACTIVITY 5: HCD/Placement Project

This activity further expands FPD's role in HCD in the public sector by providing a user-friendly recruitment mechanism that attempts to meet severe shortages of healthcare workers in the public sector by recruiting local and internationally qualified professionals against public sector funded vacancies, on both a remunerated and voluntary basis. Support provided includes matching applicants with vacancies, fast-tracking the registration of international participants and mentoring international recruits. Atlantic Philanthropies, a charitable organization, has funded the startup of this activity in 2006 through a public-private partnership (PPP) with FPD.

ACTIVITY 6: HCD/Call Center/Clinical mentoring support

The call center will provide access for healthcare workers to infectious disease specialists, pediatricians and clinical pharmacologists through a toll-free line for queries related to treatment and post-exposure prophylaxis.

FPD will contribute to the PEPFAR 2-7-10 goals 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.

Continued Associated Activity Information

Activity ID:	2930
USG Agency:	U.S. Agency for International Development
Prime Partner:	Foundation for Professional Development
Mechanism:	N/A
Funding Source:	GHAI

Planned Funds: $ 8,915,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	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		☑
Number of service outlets providing antiretroviral therapy	33	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	30,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	29,000	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	15,300	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	7,000	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Widows/widowers
Other Health Care Worker
Doctors
Nurses
Pharmacists
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Twinning

Coverage Areas

Gauteng

Eastern Cape

Free State

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism: PHRU
Prime Partner: Perinatal HIV Research Unit, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7597
Planned Funds: $ 8,168,370.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to activities described in the following program areas: Basic Health Care and Support (#7598), TB/HIV (#7595), Counseling and Testing (#7596), PMTCT (#7599), Condoms and Other Prevention (#7881), and ARV Drugs (#7600).

SUMMARY:

The Perinatal HIV Research Unit (PHRU) provides comprehensive care and support for people living with HIV (PLHIV). PHRU will use PEPFAR funds to provide high quality, holistic ARV treatment and psychosocial support in Soweto (Gauteng), rural Limpopo and Mpumalanga, and the Western Cape. PHRU will also use PEPFAR funds to provide personnel and ARV drugs for these services. Clients are provided with ART, pre-treatment literacy, adherence counseling and access to adherence support groups. Linkages from CT, PMTCT, and palliative care will be strengthened. The major emphasis area for ARV services is human resources, minor emphasis areas are information, education and communication (IEC), local organization capacity development, and training. A family-centered approach targets HIV-infected adults and children.

BACKGROUND:

Since 1998 PHRU has provided comprehensive treatment, care and support to PLHIV. Since 2004, PEPFAR funding has supported ARV treatment and South African Government (SAG) ART sites in Gauteng, rural Limpopo and Mpumalanga provinces, and the Western Cape. PHRU is purchases ARVs and has scaled-up treatment for over 4000 adults and children. PHRU's family-centered approach encourages clients to bring partners and other family members for testing and treatment. PHRU is expanding activities to scale up government ART sites and to investigate down referral systems. With FY 2007 funds, PHRU will work with provincial health departments to ensure safe transfer of participants to ongoing care within the SAG rollout program. PHRU will support, train and mentor healthcare workers involved in the management, care and treatment of HIV-infected individuals. All programs follow national guidelines for ART. PHRU provides regular training on ART issues such as adherence, medical treatment, and appropriate regimens. A NGO partner, HIVSA, provides all sites with psychosocial support programs providing community-based support, support groups and education. They cover issues such as basic HIV and AIDS information, HIV services and treatment, treatment literacy, adherence, TB, positive living, nutrition, prevention, opportunistic infections and TB. The comprehensive care approach leads to stigma reduction, increased disclosure, and improved adherence to ART. Throughout the comprehensive program, PHRU has established a continuous set of assessment functions to improve the quality of care at ART service sites.

ACTIVITIES AND EXPECTED RESULTS:

All of the activities described in this section will be continued and expanded with FY 2007 funds.

ACTIVITY 1: ADULTS, SOWETO

Funding from PEPFAR supports over 250 adults on treatment in the family-centered PMTCT program. The program is ongoing and drugs are being purchased for over 1,100 people at the PHRU clinic based at Chris Hani Baragwanath Hospital (Bara). The program provides treatment, monitoring and support for adults who meet SAG guidelines for treatment. HIVSA provides treatment literacy and adherence support.

ACTIVITY 2: PREGNANT WOMEN, SOWETO

This program has been initiated in the maternity section at Bara in July 2005 by PHRU in partnership with the Department of Obstetrics and Gynecology. In Soweto 8,000 pregnant women are identified annually as HIV-infected, with around 1,600 needing treatment. Following SAG guidelines, pregnant women eligible for treatment are offered HAART. In order to fast-track women onto treatment, PHRU is training and mentoring doctors and nurses. The program is being expanded to other ART sites in the area through FY 2007 funds. HIVSA provides treatment literacy and adherence support.

ACTIVITY 3: CHILDREN, SOWETO

The PHRU identifies HIV-infected children who need treatment through PMTCT and 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 according to USG and SAG guidelines. More than 600 children are already on treatment procured and supplied through the PHRU pharmacy system. Staff is trained on an ongoing basis in pediatric ART.

ACTIVITY 4: RURAL MPUMALANGA AND LIMPOPO

At Tintswalo hospital, Limpopo, in partnership with Rural AIDS Development Action Research Program (RADAR), adults and children are identified as needing treatment in the palliative care and PMTCT programs. RADAR supports the ART site at the hospital with over 500 clients on treatment. This program will continue to support the ART site at Mapulaneng hospital which has started over 900 clients on treatment, and is assisting other sites for ART accreditation. Human capacity building is fundamental to sustainability of the program and PHRU provides staff, training and mentoring existing treatment staff. HIVSA offers district-wide support in the primary care clinics that includes treatment literacy, adherence counseling and group support for these clients.

ACTIVITY 5: TZANEEN, LIMPOPO

PHRU in partnership with the University of Limpopo is supporting the Limpopo Department of Health wellness program operating in the district's primary healthcare clinics. Currently clients are referred to the ART sites including Letaba hospital and CN Phatudi hospital with over 800 clients. Through Choice, a local NGO, clients are provided with a treatment readiness program, referred to rollout sites when they become eligible for treatment and given adherence support. Due to vast distances to the hospitals, clients on ART are supported in local primary care clinics.

ACTIVITY 6: FRANCHISE, GAUTENG

This program targets uninsured workers in densely populated areas in Johannesburg. ARVs will be made available and affordable through a franchising scheme, and supplied free of charge or at significantly discounted rates to patients unable to purchase their own medication. ARV drugs will be procured and supplied within the service by trained providers. This program will test the viability of a stand-alone ART full service clinic in Johannesburg and provide lessons learned about demand for ART outside the public sector, willingness and ability to pay for services, and the cost-effectiveness of this model of delivery.

ACTIVITY 7: WESTERN CAPE

A number of partners and SAG ART sites have been identified in the Western Cape that need support to scale up their activities. These include the Desmond Tutu HIV/AIDS Foundation, the University of Cape Town and Stellenbosch University. These partners are supporting SAG ART sites and provide training, mentoring and support. Many ART sites in tertiary hospitals are reaching capacity and the PHRU is encouraging innovative down referral mechanisms to be explored. This activity is relatively new and the partnerships will continue to be strengthened.

These activities will contribute substantially to the PEPFAR 2-7-10 goal of providing ARV treatment to two million people by supporting SAG treatment sites.

Continued Associated Activity Information

Activity ID: 3101
USG Agency: U.S. Agency for International Development
Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit
Mechanism: PMTCT and ART Project

Funding Source: GHAI
Planned Funds: $ 3,407,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	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		☑
Number of service outlets providing antiretroviral therapy	15	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	8,200	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	7,800	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	3,400	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	50	☐

Target Populations:

Community-based organizations
Doctors
Nurses
Pharmacists
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Public health care workers
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

Western Cape

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7623
Planned Funds: $ 0.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is linked to MEASURE Evaluation activities described in the Strategic Information Program Area (#7621).

SUMMARY:

MEASURE Evaluation has been developing tools for a patient-focused assessment of adherence to and sustained participation in antiretroviral therapy (ART) and TB programs called "ADHERE: Evaluation for Sustaining and Enhancing Participation and Adherence in ARV and TB Treatment Programs". MEASURE Evaluation, at the request of the KwaZulu-Natal (KZN) Department of Health (DOH), will expand the use of the ADHERE tool in various sites in the province. MEASURE Evaluation will implement ADHERE in one site in each of the KZN districts that have been pre-selected in collaboration with the DOH. Sites were selected based on three criteria: urban/rural distribution; number of patients on ART; and perceived ease of developing collaborative relationships. The emphasis area for this activity is Strategic Information. Target populations include people living with HIV (PLHIV), caregivers, and public sector healthcare workers.

BACKGROUND:

This is an ongoing activity that has been jointly funded through the USAID/Washington core MEASURE Evaluation contract and FY 2006 PEPFAR support from South Africa. This activity is being implemented by MEASURE Evaluation in collaboration with the KZNDOH, McCord Hospital and an NGO, the Centre for HIV and AIDS Networking (HIVAN).

The tools are designed to add qualitative information about patients' experiences of the challenges and successes of long-term adherence, and to place the patients' perspective in a holistic context. The aim is to better equip ART program managers at the provincial and health district or facility level to improve programs and better interpret quantitative measures of adherence derived from patient record systems or other clinical measures, and to better appreciate forces that may be affecting adherence outside of the clinical context. Both positive and negative determinants of adherence are elicited. Phase 1 tools have been designed and developed to study adherence to long-term treatment. The tools are being implemented in six sites in KwaZulu-Natal with FY 2006 funds.

ACTIVITIES AND EXPECTED RESULTS:

With FY 2007 funds, the ADHERE project will begin the Phase 2 expansion and further validation of rapid ethnographic tools in five additional sites already identified by the KZNDOH. Based on Phase 1 analysis and results, tools applied during Phase 2 will be further refined and made more specific based on the KZNDOH needs.

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 (e.g. institutional social factors that may promote or hamper sustained individual ART program participation); patient psychosocial support systems; and community variables (e.g. the interface of community and health system activities to promote individual and family well-being). These activities will be implemented with a focus on relevant health behaviors and beliefs and the contexts that shape them.

Proposed outputs are as follows:

1. Replicable and rapid evaluation procedures will be developed in order to generate program-relevant strategic information to enhance ART program participation and improve adherence. In addition, the project will produce procedures of best practice for program improvement. Finally, systems will be established to ensure the use of relevant routine service statistics and reporting indicators.

2. Findings and recommendations will be disseminated regarding positive and negative factors affecting adherence and participation. MEASURE Evaluation will work with the KZNDOH in order to address these factors in ongoing programs.

3. MEASURE Evaluation will look at issues around data use for program improvement. If applicable, M&E trainings will be provided at the local and provincial levels to ensure accurate and reliable routine data is captured and then utilized for decision making.

This activity will contribute to the overall PEPFAR objective of reaching 2 million people with treatment, by ensuring that once on treatment, people are adhering to the treatment to ensure a successful outcome.

Continued Associated Activity Information

Activity ID:	5059
USG Agency:	U.S. Agency for International Development
Prime Partner:	University of North Carolina
Mechanism:	MEASURE Evaluation
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

This activity will support all ARV and TB treatment activities in KZN.

Target Populations:

Doctors
Nurses
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Branson
Prime Partner: Ingwe Autonomous Treatment Center
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7628
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

Ingwe will be funded with FY 2007 funds as a sub-agreement with the NGO Ndlovu, under Right to Care (#7545). This activity is a public/private partnership between PEPFAR and Virgin Unite to expand ART-related services to an underserved population in Eastern Mpumalanga that is in close proximity to private game ranches bordering Kruger Park, where the founder of Virgin Unite owns a game ranch. This activity will be continued with FY 2007 funds and is being budgeted and operated as a sub-agreement under Right to Care's FY 2007 COP.

Continued Associated Activity Information

Activity ID: 6416
USG Agency: U.S. Agency for International Development
Prime Partner: Ingwe Autonomous Treatment Center
Mechanism: Branson
Funding Source: GHAI
Planned Funds: $ 750,000.00

Emphasis Areas	% Of Effort
Information, Education and Communication	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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Business community/private sector
Community leaders
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Mpumalanga

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7629
Planned Funds:	$ 2,725,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

JHPIEGO also has related activities in Basic Health Care and Support (#7887) and PMTCT (#7888). JHPIEGO works closely with the Foundation for Professional Development (#7985) in this program area.

SUMMARY:

JHPIEGO's activities support efforts by the National Department of Health (NDOH) and public sector antiretroviral therapy (ART) sites in Gauteng to ensure access to and quality of ART services. The emphasis areas include quality assurance and supportive supervision, and human resources. Specific target groups include people living with HIV (PLHIV).

BACKGROUND:

JHPIEGO has been working with the NDOH since FY 2004 to improve institutional capacity through training and dissemination of national HIV and AIDS ART guidelines and through support of a treatment technical advisor to the NDOH. In FY 2006, JHPIEGO partnered with the Foundation for Professional Development (FPD) (a PEPFAR-funded partner) to initiate a standards-based management and recognition approach for improving ART services. In FY 2007, JHPIEGO will continue to implement these interventions, aimed at improving access to and quality of HIV and AIDS service delivery.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: NDOH Technical Advisor

In support of the NDOH effort to increase access to and quality of ART services, as well as care for PLHIV, JHPIEGO will continue to support two local technical advisors to the NDOH treatment, care and support unit, one specifically as a treatment advisor, and the other in care. The NDOH plans to transfer these technical advisors to the NDOH budget in 2009. The role of the technical expert is to assist with: 1) transfer of learning in the area of ARV treatment; 2) accreditation of sites to provide ARV services, and; 3) evidence-based knowledge for revision and development of national policies for HIV and AIDS service delivery. The advisor will have full access to technical experts at JHPIEGO and the experts based at Johns Hopkins University. As a result of this support, the NDOH will continue to be able to expand accreditation of ART sites, thus increasing overall access to services and the number of persons receiving ART.

Activity 2: Performance Standards

Standards-based Management and Recognition (SBM-R) 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 implementing organization and related service delivery. Compliance with standards is recognized through formal mechanisms and is in line with NDOH standards and guidelines. In FY 2005 and FY 2006, JHPIEGO developed detailed performance standards for ART and introduced this process at four FPD-supported ART sites. Performance standards focused on twelve different areas of ART service delivery including pre-treatment, treatment commencement, and management of complications for both children and adults; pharmacy services; laboratory services; information, education and communication; health information systems; infrastructure; and human resources.

At the end of FY 2006, the sites will have used this process for continuous measurement of their actual performance and site supervision improvement, and will have tailored and implemented interventions to reduce performance gaps in ART service delivery. The National Department of Health will begin to accredit primary health care sites as down referral sites to improve access to ART. Based on the initial work by the South African Government, in FY 2007, JHPIEGO will support scale-up of this process to other NDOH sites in the Northern Cape, especially those where ART will be integrated into primary healthcare services. JHPIEGO will coordinate with other PEPFAR treatment partners in the accreditation process. JHPIEGO will support scale-up of SBM-R for ART in the Gauteng Province, or other provinces as requested by the NDOH. As a result of these

interventions, access to and quality of ART services will improve for both children and adults.

These activities will indirectly contribute to the overall PEPFAR objectives by ensuring sustainability and quality of ART 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 PEPFAR goal of putting two million people on treatment, and support the USG/SA Five-Year Strategy by building capacity for ART service delivery.

Continued Associated Activity Information

Activity ID:	2939
USG Agency:	U.S. Agency for International Development
Prime Partner:	JHPIEGO
Mechanism:	Capacity Building 1
Funding Source:	GHAI
Planned Funds:	$ 480,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	120	☐

Indirect Targets

These activities will indirectly contribute to the overall PEPFAR objectives as technical experts working with NDOH will indirectly contribute to increased access to treatment services through site accreditation. Standards-based management of services will indirectly increase access due to improved quality of service.

Target Populations:

HIV/AIDS-affected families
National AIDS control program staff
People living with HIV/AIDS
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7644
Planned Funds:	$ 0.00
Activity Narrative:	This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity. PEPFAR funds allocated to ARV Services ($9,920,000) are for the Reproductive Health and HIV Research Unit (RHRU) to provide ARV rollout support services in partnership with the DOH in 30 facilities in three provinces, including direct treatment for 19,900 people, training for 2,200 health care workers, and development and provision of educational materials. In addition, RHRU is responding 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 is strengthening 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. RHRU is providing support to pediatric ARV rollout in seven provinces. This activity will be competed in an Annual Program Statement (APS) for FY 2007 funding, as the activity has grown in scope and funding level that warrants competition, therefore there is no need to continue funding this activity with FY 2007 COP funds.

Continued Associated Activity Information

Activity ID:	3081
USG Agency:	U.S. Agency for International Development
Prime Partner:	Wits Health Consortium, Reproductive Health Research Unit
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 7,420,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Doctors
Nurses
Traditional healers
HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

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: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7650
Planned Funds: $ 5,283,351.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This EGPAF Track 1 activity is part of a comprehensive program that receives both Track 1 and in-country funding. The Track 1-funded activity is related to activities described in ARV Services (#7653), ARV Drugs (#7655), TB/HIV (#7968), Basic Health Care and Support (#7654) and PMTCT services (#7969). Please note that the targets below are a combination of both Track 1 and country funding.

SUMMARY:
The primary emphasis area for this activity is human resources, with minor emphases in development of networks, infrastructure, quality assurance and supportive supervision, strategic information and training. Primary populations targeted include infants, men and women, people living with HIV (PLHIV), and public and private healthcare providers. The geographic focus is KwaZulu-Natal (KZN).

BACKGROUND:
The long-term goal of the EGPAF care and treatment program in South Africa is to increase life expectancy amongst HIV-infected persons. This will be achieved through focusing on increasing access to care and treatment services and service utilization. To achieve these goals and objectives, project Help Expand ART (HEART) will expand the geographic coverage of services during FY 2007. HEART/South Africa is part of a larger worldwide initiative by EGPAF to support care and treatment services, and receives both Track 1 and in-country PEPFAR funding. The program's focus is on integrating PMTCT services to provide a family-centered model of care that includes access to treatment for HIV-infected pregnant women, couple counseling, partner testing and screening for TB.

EGPAF utilizes external resources to complement those of the KwaZulu-Natal (KZN) Department of Health (DOH) and private partners, such as FBOs and other NGOs. These resources are utilized to fund staff, infrastructure, drugs, laboratory testing and provide technical support. EGPAF will identify gaps in the program at the individual site level and implement activities to address the needs. The intent is to facilitate national and provincial plans and work together with the government and partners to transition programs to South Africa government (SAG) support.

EGPAF has a partnership with a private NGO, the AIDS Health Care Foundation (AHF); this is a cost-sharing relationship (drugs and staff) to support the AHF care and treatment program. McCord Hospital, a faith-based organization, is a sub-grantee of EGPAF. The EGPAF partnership with the DOH includes support for human capacity development, infrastructure rehabilitation and technical support for sites in KZN.

The existing sites are:
1. McCord Hospital, Durban
2. AHF (Ithembalabantu Clinic), Umlazi, Durban
3. KZN DOH, Pietermaritzburg Up/Down-referral program (Edendale Hospital and four referral clinics, Northdale Hospital and five referral clinics),
4. KZN DOH, KwaMsane Clinic in the Hlabisa Sub-district of uMkhanyekude District.
5. KZN DOH, Vryheid Hospital plus three referral clinics, Benedictine Hospital and three referral clinics, and Edumbe Community Health Centre (CHC) plus one referral clinic, in Zululand District.

New HEART partners include KZNDOH at Ceza Hospital, Nkonjeni Hospital, St Francis Hospital, Itshelejuba Hospital and two referral clinics per hospital, in Zululand District.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development
EGPAF will support training of healthcare providers on the following:
1. Screening and treatment of TB/HIV and opportunistic infections, ART in pregnancy, and referral systems (between PMTCT and ART)
2. Supporting systems to improve access to care and treatment of children (including early infant diagnosis)
3. Capacity building at sites for implementation and management of the comprehensive care, management and treatment support program
4. Monitoring and evaluation

5. Project management
6. Completing a HIV and AIDS Diploma at the University of KwaZulu-Natal.

In addition EGPAF will provide technical assistance for the creation of outreach programs to build capacity at primary healthcare (PHC) clinics for downward and upward referral in order to maintain patients on ART, initiate new patients on therapy, and decongest treatment sites that have reached capacity.

ACTIVITY 2: Down Referral Process
The KwaZulu-Natal Health Department (KZNDOH) started providing comprehensive care and treatment services to HIV-infected patients in May 2004 at hospital level. PHC clinics will be capacitated so that they are able to manage stable patients on ART referred down from the hospitals or community health centers (CHCs), and also up refer those that are eligible for initiation of ART to hospital or CHCs that are ARV rollout sites.

The KZNDOH aims to make ART accessible to all by expanding and strengthening existing HIV and AIDS care and treatment service delivery. A number of CHCs have been accredited by the national and provincial health departments and will initiate ART. The PHC clinics conduct rapid HIV testing, CD4 testing and provide the first, second and third adherence counseling sessions, which is also done at CHC and hospital level, and then refer patients to accredited CHCs or hospitals for initiation. The KZNDOH has identified the Pietermaritzburg and Zululand Districts as areas needing immediate support as they are poorly resourced with high HIV seroprevalence rates. The KZNDOH has requested that EGPAF support be extended to these districts. The districts will identify clinics where stable patients on treatment can be referred to continue management.

ACTIVITY 3: Pediatric Care and Treatment
The goal for EGPAF is to ensure that 10 percent of all patients on treatment are children, which has not been achieved in the Zululand district. To strengthen pediatric HIV care and treatment, EGPAF will provide training on early infant diagnosis, pediatric HIV clinical staging and diagnosis and ART in children, in addition to provision of staff, strengthening the linkages between PMTCT and care and treatment.

The Edendale and Northdale pediatric HIV clinic has the largest cohort of pediatrics in the province on ART. The hospital down refers stable patients to the care of the PHC clinics to free up space for new pediatric patients.

EGPAF aims to:
1. Increase the rate of down referral of stable children on ART
2. Increase the up referral of new eligible children for initiation of therapy
3. Improve linkages between PMTCT programs and care and treatment programs

EGPAF will provide financial and technical support to eight PHC clinics in the catchment area of the Edendale and Northdale hospital in Pietermaritzburg, thus capacitating them to: (1) receive and manage transferred stable pediatric patients on ART from the pediatric HIV clinic; and (2) provide screening and preparation of eligible HIV-infected patients at these PHC facilities for up referral and initiation of ART at Edendale Hospital Pediatric HIV clinic.

ACTIVITY 4: Counseling and Testing
The focus will be on strengthening the comprehensive HIV and AIDS care and treatment services using the family-centered approach to increase access to voluntary counseling and testing, by fast-tracking TB, STI, and family planning patients to VCT; to integrate PMTCT with HIV and AIDS care and treatment; to improve the referral of eligible pregnant mothers, partners, family members, and HIV-infected infants and children to treatment sites; to screen for opportunistic infections. With this focus, EGPAF will increase pediatric care and treatment, couple counseling, partner testing, and testing for siblings. The overall goal is to expand the coverage of HIV and AIDS care and treatment services to reach mothers, partners and children who would not otherwise have access to these services.

By supporting HIV care and treatment services, EGPAF contributes to the 2-7-10 goals of PEPFAR and the USG Five-Year Strategic Plan.

Continued Associated Activity Information

Activity ID: 3296
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
Mechanism: track 1
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy	15	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	22,667	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	17,000	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	7,199	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	78	☐

Target Populations:

Adults
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

KwaZulu-Natal

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7653
Planned Funds:	$ 3,300,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) carries out activities using Track 1 and in-country funds. These include in-country activities in PMTCT (#7969), ARV Drugs (#7655), Palliative Care: Basic Health Care and Support (#7654), TB/HIV (#7968) and Track 1 activities in ARV Services (#7650).

BACKGROUND:
The long-term goal of the EGPAF care and treatment program in South Africa is to increase life expectancy amongst HIV-infected persons by increasing access to care and treatment services and service utilization. Project Help Expand ART (HEART) will expand geographic coverage of services in FY 2007. HEART/South Africa is part of a larger worldwide initiative by EGPAF to support care and treatment services, and receives both Track 1 and in-country PEPFAR funding. The program's focus is on integrating PMTCT services to provide a family-centered model of care that includes access to treatment for HIV-infected pregnant women, couple counseling, partner testing and screening for TB.
EGPAF utilizes external resources to complement those of the KwaZulu-Natal (KZN) Department of Health (DOH) and private partners, such as faith-based organizations (FBOs) and other non-governmental organizations (NGOs). These resources fund staff, infrastructure, drugs, laboratory testing and provide technical support. EGPAF will identify gaps in the program at the site level and implement activities to address the needs. The intent is to facilitate national and provincial plans and work with the government and partners to transition programs to South Africa government (SAG) support.
EGPAF has a partnership with a private NGO, the AIDS Health Care Foundation (AHF); this is a cost-sharing relationship (drugs and staff) to support the AHF care and treatment program. McCord Hospital, a faith-based organization, is a sub-grantee of EGPAF. The EGPAF partnership with the DOH includes support for human capacity development, infrastructure rehabilitation and technical support for sites in KZN.
The existing sites are:
1. McCord Hospital, Durban
2. AHF (Ithembalabantu Clinic), Umlazi, Durban
3. KZN DOH, Pietermaritzburg Up/Down-referral program (Edendale Hospital and four referral clinics, Northdale Hospital and five referral clinics),
4. KZN DOH, KwaMsane Clinic in the Hlabisa Sub-district of uMkhanyekude District.
5. KZN DOH, Vryheid Hospital plus three referral clinics, Benedictine Hospital and three referral clinics, and Edumbe Community Health Centre (CHC) plus one referral clinic, in Zululand District.
New HEART partners include KZNDOH at Ceza Hospital, Nkonjeni Hospital, St Francis Hospital, Itshelejuba Hospital and two referral clinics per hospital, in Zululand District.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Human Capacity Development
EGPAF will support training of healthcare providers on the following:
1. Screening and treatment of TB/HIV and opportunistic infections, ART in pregnancy, and referral systems (between PMTCT and ART)
2. Supporting systems to improve access to care and treatment of children (including early infant diagnosis)
3. Capacity building at sites for implementation and management of the comprehensive care, management and treatment support program
4. M&E
5. Project management
6. Completing a HIV and AIDS Diploma at the University of KwaZulu-Natal.
In addition EGPAF will provide technical assistance for the creation of outreach programs to build capacity at primary healthcare (PHC) clinics for downward and upward referral in order to maintain patients on ART, initiate new patients on therapy, and decongest treatment sites that have reached capacity.
ACTIVITY 2: Down Referral Process
The KwaZulu-Natal Health Department (KZNDOH) started providing comprehensive care and treatment services to HIV-infected patients in May 2004 at hospital level. PHC clinics will be capacitated so that they are able to manage stable patients on ART referred down from the hospitals or community health centers (CHCs), and also up refer those that are eligible for initiation of ART to hospital or CHCs that are ARV rollout sites.
The KZNDOH aims to make ART accessible to all by expanding and strengthening existing

HIV and AIDS care and treatment service delivery. A number of CHCs have been accredited by the national and provincial health departments and will initiate ART. The PHC clinics conduct rapid HIV testing, CD4 testing and provide the first, second and third adherence counseling sessions, which is also done at CHC and hospital level, and then refer patients to accredited CHCs or hospitals for initiation. The KZNDOH has identified the Pietermaritzburg and Zululand Districts as areas needing immediate support as they are poorly resourced with high HIV seroprevalence rates. The KZNDOH has requested that EGPAF support be extended to these districts. The districts will identify clinics where stable patients on treatment can be referred to continue management.
ACTIVITY 3: Pediatric Care and Treatment
EGPAF's goal is to ensure that 10 percent of all patients on treatment are children, which has not been achieved in the Zululand district. To strengthen pediatric HIV care and treatment, EGPAF will provide training on early infant diagnosis, pediatric HIV clinical staging and diagnosis and ART in children, in addition to provision of staff, strengthening the linkages between PMTCT and care and treatment.
The Edendale and Northdale pediatric HIV clinic has the largest cohort of pediatrics in the province on ART. The hospital down refers stable patients to the care of the PHC clinics to free up space for new pediatric patients.
EGPAF aims to:
1. Increase the rate of down referral of stable children on ART
2. Increase the up referral of new eligible children for initiation of therapy
3. Improve linkages between PMTCT programs and care and treatment programs
EGPAF will provide financial and technical support to eight PHC clinics in the catchment area of the Edendale and Northdale hospital in Pietermaritzburg, thus capacitating them to: (1) receive and manage transferred stable pediatric patients on ART from the pediatric HIV clinic; and (2) provide screening and preparation of eligible HIV-infected patients at these PHC facilities for up referral and initiation of ART at Edendale Hospital Pediatric HIV clinic.
ACTIVITY 4: Counseling and Testing
The focus will be strengthening comprehensive HIV and AIDS care and treatment services using a family-centered approach to increase access to VCT, by fast-tracking TB, STI, and family planning patients to VCT; to integrate PMTCT with HIV and AIDS care and treatment; to improve referral of eligible pregnant mothers, partners, family members, and HIV-infected infants and children to treatment sites; to screen for opportunistic infections. With this focus, EGPAF will increase pediatric care and treatment, couple counseling, partner testing, and testing for siblings. The overall goal is to expand coverage of HIV and AIDS care and treatment services to reach mothers, partners and children who would not otherwise have access to these services.
Plus-Up funds will be used to expand EGPAF program activities viz. human capacity development, down-referral process, pediatric care and treatment as well as counseling and testing activities to Gauteng, Limpopo, Free State, and the Northern Cape provinces. In each province, EGPAF plans to initiate support in at least 2 ARV initiating sites and 4 feeder primary health care (PHC) facilities. In addition, EGPAF will strengthen M&E systems at all levels of service delivery. A memorandum of understanding (MOU) between EGPAF and the Free State Department of Health (DOH) was signed on the 12th April 2007, and a strategic planning meeting is scheduled for mid-May 2007. MOU drafts have been submitted to the Gauteng, Limpopo and Northern Cape DOH offices, and we will continue to follow up with the relevant DOH personnel.

Continued Associated Activity Information

Activity ID:	2917
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,220,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Adults
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Laboratory workers
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

KwaZulu-Natal

Free State

Gauteng

Limpopo (Northern)

Northern Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Medical Research Council of South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7660
Planned Funds:	$ 2,082,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to the Medical Research Council's activities in ARV Drugs (#7661) and TB/HIV (#7662).

SUMMARY:

The Medical Research Council (MRC) will carry out activities to support a comprehensive best-practice approach to integrated TB/HIV care at three ongoing and two new sites in three provinces of South Africa, KwaZulu-Natal, Mpumalanga and the Western Cape. The project will improve access to HIV care and treatment for tuberculosis (TB) patients by strengthening the role of TB services as entry point for delivery of HIV and AIDS care, and by expanding TB screening in people living with HIV (PLHIV). Project results and lessons learned will be shared with the National Department of Health (NDOH) to inform existing policies and guidelines on TB/HIV care. TB patients and PLHIV constitute the principal target populations and include pregnant women (referred to PMTCT services) and children (receiving ARVs if indicated). The major emphasis will be on development of network/linkage/referral systems, with minor emphasis on human resources, local organization capacity development, and quality assurance.

BACKGROUND:

A best-practice approach to integrated TB/HIV care was initiated by the Medical Research Council with FY 2004 PEPFAR funding. Early activities included a systematic description of barriers faced by TB patients co-infected with HIV in an accredited antiretroviral (ARV) site, and in FY 2005, activities were focused on the development and implementation of a best-practice model. Preliminary results from the model site confirmed the benefits of an integrated TB-HIV approach, reflected in a drastic reduction in patient mortality, improved quality of life for TB patients with HIV and prolonged survival rates. Results also confirm the safety and efficacy of dual regimens, showing that ART can safely be instituted within the first month of TB treatment.

Activities in the three established sites will continue in FY 2007. The expansion of the best-practice approach to two additional sites in different geographical settings was started in FY 2006. The best practices model drew from lessons learned in the start-up sites which highlighted the need for essential human resources, the importance of negotiated partnerships with health departments, and the challenges posed by dual stigmatization and discrimination. The new sites are characterized by extreme poverty, poor health infrastructure and limited healthcare access. The challenges of, and novel solutions for an integrated TB/HIV approach in such settings will be specifically addressed, as will strengthening of down-referral capacity in the existing sites. Activities are implemented directly by the MRC and by contracted sub-partners, Life Esidimeni, World Vision and the Foundation for Professional Development (a PEPFAR prime partner).

ACTIVITIES AND EXPECTED RESULTS:

Activities include provider-initiated HIV counseling and testing, TB screening by symptoms and sputum investigations, referral to appropriate services (PMTCT, STI, partner-counseling) and enrollment in relevant HIV care and treatment programs.

The MRC will support sites to implement a best-practice model of integrated TB/HIV care. This approach involves: (1) clinical management (CT, antiretroviral treatment (ART), management of drug adverse effects, STI management, preventive therapy); (2) nursing care (TB screening, patient education, treatment adherence, HIV prevention); (3) integrated TB/HIV information, education and communication; (4) nutrition intervention; and (5) palliative HIV and AIDS care and support. Activities include renovation of the sites to meet South African accreditation requirements for ART rollout, site staff training, supervisory staff training to maintain quality standards, hiring of key personnel, development of patient educational material, procurement of the required commodities, and establishment of appropriate referral links, including those with governmental ARV sites to ensure continuity. The MRC will monitor CT practices, strengths and weaknesses of TB/HIV referral systems, human resource analyses, and conventional TB treatment outcomes. The MRC will implement ongoing quality assessment through onsite

supervision and external quality assurance mechanisms such as utilization of checklists. Regular feedback meetings will be held with project staff to identify potential problems and to facilitate corrective action.

Stigma around HIV and AIDS and TB is specifically addressed through patient education and targeted intervention strategies such as peer group counseling and advocacy campaigns.

Results from the project will facilitate evidence-based policy formulation on expansion of integrated TB/HIV care and will help to increase and improve access to HIV care of co-infected TB patients and increasing TB case finding among PLHIV. Implementation of lessons learned in the model-based best-practice approach will facilitate rapid identification of systems and operational needs and will allow for corrective action. Analysis of the strengths and weaknesses of an expanded approach to integrated TB/HIV management will facilitate national scale-up of comprehensive programs for patients with dual infection. TB services in SA will in future form a vital link to accredited public sector ARV sites. This project will strengthen TB services as point of delivery of ART, by ensuring that human, financial and infrastructure needs for comprehensive TB/HIV programs are met through equitable allocation of scarce resources and through analyses of cost-effectiveness and cost-benefit. Increased TB case-finding in HIV settings is a crucial component of disease control, yet largely lacking in routine health services. In FY 2007 the project will therefore evaluate strategies for active TB case finding in vulnerable populations and assess its implications for TB and HIV control programs.

Activities will be directed towards eliminating bottlenecks in ART provision (particularly those due to human resource capacity), addressing weaknesses and limitations in down referral systems, documenting and managing drug adverse effects, and monitoring of treatment adherence. Integration of TB and HIV services will be a prime focus, to facilitate quick and seamless patient access to ARV drugs, thereby decreasing patient morbidity and mortality.

Funding will also be used to 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, which is now integrating HIV testing and service data.

The MRC activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by integrating TB and HIV services and expanding access to care and treatment.

Continued Associated Activity Information

Activity ID: 2953
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Medical Research Council of South Africa
Mechanism: TB/HIV Project
Funding Source: GHAI
Planned Funds: $ 1,020,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy	14	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,334	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,250	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,853	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	60	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Pregnant women
USG in-country staff
Girls
Boys
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Frontiers
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7861
Planned Funds: $ 0.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is linked to Population Council's other activities in AB (#7614), Other Prevention (#7611), PMTCT (#7613), and Counseling and Testing (#7612).

SUMMARY:

ARV services are being rolled out in a phased approach in South Africa, however, barriers to accessing treatment remain at the community and health facility level, particularly for children and OVC. Data from public sector sites also reveal that CT is not acting as an effective entry point for treatment, care and support services due to poor linkages and referral systems. The Population Council (PC) will address issues around accessing treatment through 3 key activities that address these concerns, with an emphasis on linkage and referral networks.

BACKGROUND:

Over the past two years, the PC has worked closely with projects that specifically deal with increasing access to antiretroviral treatment (ART) through different entry points. Data from three separate projects show that major barriers still exist. A recent study showed that HIV-infected children in communities do not have access to ART for several reasons, including limited availability of PMTCT interventions, the limited number of facilities offering treatment, caregivers' ignorance of the HIV status of children, and a lack of programs addressing access to ART. Group discussions with caregivers and OVC service providers, as part of an elderly caregivers intervention, showed that the caregivers had very little knowledge and information on ART for children as well as relevant prevention issues. Data from public sector sites in North West province reveal that once tested for HIV, few clients are referred for assessment, treatment, wellness, or care and support services. Thus CT is not acting as an effective entry point for these services. This activity area addresses the strengthening of three key entry points to ART delivery. The following interventions are ongoing and will be expanded.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Access to ARV Services through the Family-Centered Approach (FCA)

The objective of the FCA is to increase access to treatment for infants and children by strengthening the capacity of service providers to treat the family as a whole. The activity will build on lessons learned through the pilot program in three urban hospitals regarding the acceptability and feasibility issues. The project will be expanded to two rural facilities in the Eastern Cape province (Lusikisiki Clinic and Cecilia Makiwane Hospital) as well as an urban hospital in Free State province (Bloemfontein National District Hospital). Specific activities will include: Implementation of a short in-service training program for service providers covering information, education and communication (IEC), family-centered referral, utilizing a family treatment diary and management support for service providers. Service providers will be trained on how to recognize children with early signs of health problems and to appropriately refer. At the community level, IEC will be promoted to enhance collective family participation in CT, ultimately to access treatment services. Local NGOs and CBOs will be instrumental in linking families with health facilities. A training program for NGO and CBO community healthcare workers will be developed and implemented in accordance with South African Government standards. To enhance sustainability, partnerships will be fostered among government facilities, between facilities and NGOs and between private and public sectors.

Activity 2: OVC Treatment Access

Building on work with OVC programs and elderly caregivers in the Eastern Cape province, to understand the barriers of accessing care and treatment for OVC, this activity will focus on interventions with caregivers, OVC program managers and service providers. Activities will be conducted in two rural communities where the PC, Medical Research Council (MRC), Age-in-Action and community-based groups are working with hundreds of elderly OVC caregivers to improve the services they provide. As the final stage to this program, PC intends to incorporate information and referral to HIV testing, ART services and

HIV-related care to ensure that HIV-infected orphaned and vulnerable infants and children have the opportunity to receive timely, relevant and adequate care and treatment. Specific activities will include: 1) developing the capacity of OVC service providers to engage in relevant ART related services (e.g. referral to HIV testing, ART and TB services); 2) addressing ART information needs of caregivers; 3) facilitating access to counseling and testing, grants, and other social services; 4) educating caregivers on relevant aspects of treatment for children, e.g., treatment literacy, side effects, nutrition, adherence, how to access ART facilities; and 5) addressing concerns around disclosure of HIV status of children and counter stigma faced by infected children and affected caregivers and families.

Activity 3: Access to integrated family planning (FP) and ARV services

South Africa has a contraceptive prevalence rate of 62% and FP services are the most highly utilized public sector service. This makes FP visits an ideal entry point for counseling and testing, as well as HIV care and treatment. Therefore, PC will continue to collaborate with the Maternal Child and Women's Health (MCWH) programs as well as CT and ARV programs in North West Province (NWP) to develop and implement a model providing continuity of care. PC will identify partners providing ARVs around project clinics to develop, implement and monitor a feasible model for referral. This will include ongoing collaboration and coordination with relevant government departments. Assessing training needs for health care providers in order to develop effective referral mechanisms will be one of the first steps. It is envisioned that training of FP providers will be needed to make appropriate referrals, clinical staging of HIV, ARV monitoring and compliance. Relevant training will also be provided to participating ARV sites to enable ARV providers to discuss future reproductive intentions, and provide or refer for FP. Training materials, monitoring tools and job aides for healthcare providers will be developed where necessary, or adapted if adequate tools are already available.

These activities will assist PEPFAR to achieve its overall goal of reaching 2 million with treatment by strengthening three key entry points to service delivery.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	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		☑
Number of service outlets providing antiretroviral therapy	30	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	201	☐

Indirect Targets

Population Council, through its various approaches described above, will assist a significant number pf people access to quality ARV treatment. They will also indirectly support treatment by providing the support networks necessary to keep people on treatment.

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
Traditional healers
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	NEW APS 2006
Prime Partner:	McCord Hospital
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7909
Planned Funds:	$ 452,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to McCord Hospital's activities in Counseling and Testing (#7907), Basic Health Care and Support (#7912), PMTCT (#7906), TB/HIV (#7910), and ARV Drugs (#7908).

SUMMARY:

The McCord Hospital/Zoe Life activities of this program area relate to strengthening capacity at four municipal clinics and three non-governmental organizations (NGOs) to provide comprehensive antiretroviral treatment (ART) services in a primary healthcare setting as part of a decentralization plan. A mobile service will provide ART to infected workers as part of a workplace program. Emphasis areas are development of referrals across vertical programs (CT, PMTCT, TB/HIV), community programs and to secondary and tertiary facilities; local organization capacity building (major emphasis); quality assurance, improvement and supportive supervision; strategic information; training; and workplace programs. The primary target populations are the general population, people affected by HIV and AIDS, refugees and the private sector (workers without health insurance).

McCord Hospital receives funding for PMTCT and ARV treatment through the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). This program described here focuses on strengthening the capacity of public sector facilities, and it is distinct from the hospital-based program funded by EGPAF.

BACKGROUND:

There are a number of constraints to the rapid rollout of ART in the public sector. This is largely due to the lack of human and infrastructural resources, and that ART is generally offered at secondary or tertiary care level. McCord Hospital has over 2,000 patients on ART, and it is not sustainable to continue the follow-up of stable patients at this or any other hospital. This new activity will be implemented by the McCord/Zoe Life team in partnership with the eThekwini Municipality (Durban), three NGOs and participating corporate bodies. The project will build capacity at primary health care (PHC) level to continue follow-up of down referred stable patients on ART (initiated at hospital level) and to increase skill at PHC level to provide ART services (including initiation of ART in patients who are stable). This project is supported by metropolitan and provincial health departments. Provincial ART guidelines are followed. Gender issues will be addressed through increasing access to ART in workers (assuming most are men) in a workplace program, and by ensuring that a family-centered treatment approach is offered to partners and family members via access to couple counseling, community-based referrals, provider-initiated palliative care for partners and active case management of families.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Site accreditation

This activity will support site accreditation at four metropolitan clinics through negotiation with metropolitan and provincial health departments to ensure sustainability and ongoing provision of staff and commodities for ART services.

ACTIVITY 2: Human capacity development

Nurse-led multidisciplinary teams at each site will be trained to provide comprehensive ARV services at clinics. Training will include adult and pediatric clinical services, psychosocial support/adherence counseling, pharmacy management and monitoring and evaluation (M&E). Teams will initially be trained to follow up down referred patients on ART, and will later be supervised to initiate stable clients on ART. Counselors will be trained to provide routine focused HIV prevention counseling to clients on ART. This will also be included in routine treatment readiness training for patients. Staff will be trained to provide services with a French/Swahili interpreter to increase access to refugees/asylum seekers.

ACTIVITY 3: Pharmacy systems

Pharmacy systems will be strengthened to support drug chain management. Commodity procurement will be largely the responsibility of the provincial government, and McCord Hospital has been accredited as a KwaZulu-Natal Department of Health (KZNDOH) site, with the result that decentralized ARV service sites will also fall under the KZNDOH. Provision of ARV drugs, test kits and labs will be supplied by the DOH as a cost-share. Exploratory discussions are being held with Partnership For Supply Chain Management (PFSCM), a PEPFAR partner, to support commodity procurement at the NGO and corporate sites whilst accreditation of these sites is being negotiated with the KZNDOH.

ACTIVITY 4: Technical support

These activities will build capacity through technical support, mentorship and supervision to implement a comprehensive care and treatment program. This project will provide experienced staff to each site on a weekly basis to ensure that ARV services are seamlessly linked with wellness services, TB/HIV and PMTCT to strengthen continuity of care and patient retention. This will be supported by development of referral tools and regular M&E feedback with problem solving support.

ACTIVITY 5: Pediatric ART

McCord/Zoe Life will provide technical support to increase provision of ART to children. Staff from the municipal and NGO sites will attend a preparatory workshop in which an approach to increasing pediatric services will be formulated. Technical support will be offered to integrate ARV services into current vertical services such as PMTCT, TB, children's clinic, immunization services and community-based psychosocial services. Staff will be encouraged to implement routine testing of children, and assistance will be given to develop effective systems which ensure referral of infected children to voluntary counseling and testing, HIV care, and other programs.

ACTIVITY 6: Referrals

McCord/Zoe Life will assist in strengthening referrals and linkages by establishing a system of up referral for specialized or hospital-based care, and down referral from any accredited ARV site to the municipal clinics and NGO sites for patients living in the area; and establish referrals for workers receiving ART (workplace program).

ACTIVITY 7: Adherence

A strong community-based family-centered adherence component with existing and new role-players for continuity of care between facility and community will be developed. Where possible, treatment readiness and adherence support programs will be decentralized further into community facilities.

ACTIVITY 8: M&E

The project will develop and implement a model of M&E that can be integrated into, as well as strengthen the current data collection systems for partners across both community and vertical programs and up to the secondary and tertiary level. This will improve quality, ensure a multidisciplinary continuum of care and manage referral pathways.

ACTIVITY 9: Staff programs

Partnerships will be developed to provide ARV services to employees who do not have access to medical insurance.

Sustainability at the municipal clinic sites is addressed by assisting sites to become accredited with the KZNDOH. This project will build human capacity to effectively manage the program without ongoing technical assistance. NGO sites will be assisted to build infrastructure and referral networks to ensure sustainability of services. The long-term plan for the NGO sites is to build strong relationships with nearby clinics where clinical capacity can be increased to take over clinical aspects of decentralized ART. These

institutions will be included in FY 2008 funding to become accredited sites. NGOs will be assisted to source other funding. The workplace services will be funded as a public-private partnership. Where possible, corporate occupational health clinics will be assisted to become accredited KZNDOH sites.

The McCord Hospital activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by strengthening the public sector and expanding access to care and treatment.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	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		☑
Number of service outlets providing antiretroviral therapy	8	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,268	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	951	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,247	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	0	☐

Target Populations:

Business community/private sector
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Other

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	South African Clothing & Textile Workers' Union
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7934
Planned Funds:	$ 510,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Southern African Clothing and Textile Workers Union programs will provide comprehensive prevention, care and treatment services, described in Other Prevention (#7933), Counseling and Testing (#7932) and ARV Services (#7934).

SUMMARY:

The Southern African Clothing and Textile Workers Union (SACTWU) has a comprehensive HIV program that has received PEPFAR funding in the past through a sub-agreement with the Solidarity Center. In FY 2007, SACTWU will receive direct PEPFAR funding, and will utilize the funding for prevention, care and treatment activities, with the prevention and care program focused in five provinces: KwaZulu-Natal, Western Cape, Gauteng, Eastern Cape and Free State. The treatment program described here is limited to KwaZulu-Natal. The major emphasis is human resources, with minor emphasis on commodity procurement, infrastructure, and training. The target population of the overall program is factory workers.

BACKGROUND:

The Southern African Clothing and Textile Workers Union is South Africa's largest trade union organizing textile and clothing workers. It also organizes footwear, leather and retail workers. Hence, SACTWU members form part of the employed population. Around 66 percent of SACTWU membership is female.

SACTWU has a membership of approximately 110,000 members nationally. The SACTWU AIDS Project is a national program that provides services in five provinces. The SACTWU AIDS Project was initiated in 1998 and developed a national comprehensive program. It has matured over the years to the point where it now has a well-structured comprehensive training program, provides in house voluntary and counseling services, provides access to a social worker in KwaZulu-Natal, runs income generating workshops, provides a primary package of care through the voluntary and counseling testing service, and provides home-based care through its regional nurses and a home-based care network in KwaZulu-Natal.

SACTWU will initiate a pilot antiretroviral therapy program in the KwaZulu-Natal province as a public-private partnership (PPP) with the Department of Health. SACTWU is finalizing a partnership model with the provincial Department of Health. SACTWU utilizes South African government protocols. SACTWU has designed confidentiality protocols as well as client care flowcharts, and is working closely with the King Edward VIII Hospital in Durban to finalize a formal confidential referral system via a public-private partnership.

ACTIVITIES AND EXPECTED RESULTS:

SACTWU will contract medical practitioners to provide treatment services per the South African guidelines and eligibility criteria. Lay counselors or field workers will be employed (one per site) as well as one contracted social workers per site to serve as part of the multidisciplinary team. The long-term goal will be to develop a partnership with the public sector to replicate the model developed with the King Edward Hospital where the clients are prepared for initiation of treatment (which includes laboratory tests, and adherence counseling sessions), then referred to King Edward VIII Hospital for the initiation of treatment, and then down referred back to SACTWU once stable. The South African government will provide the antiretroviral drugs for the program. Patients will be identified for the program through the counseling and testing program, in one established site and two new rural sites in KwaZulu-Natal. In addition, patients will be referred from the existing SACTWU home-based care program, factories and the Bargaining Council Clinic in KwaZulu-Natal. In partnership with the Dream Centre in Durban, patients will have access to step-down care.

In FY 2007 SACTWU will provide antiretroviral treatment. These activities will contribute to the overall PEPFAR objectives to reach two million people on treatment.

FY07 reprogramming funds will be used to expand ARV service provision in the rural sites

to the surrounding communities as well as strengthen community capacity to deal with the epidemic in a sustainable way and pilot a 'Nurse on wheels" initiative to strengthen onsite factory-based services. Partnerships with Community leaders and Community facilities as well as local government Councilors and local Government facilities will be sought to ensure sustainability of all rural site initiatives.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	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		☑
Number of service outlets providing antiretroviral therapy	3	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	200	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	180	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	150	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	15	☐

Target Populations:

Adults
Business community/private sector
Community-based organizations
Faith-based organizations
Doctors
Nurses
People living with HIV/AIDS
Other Health Care Worker

Coverage Areas

KwaZulu-Natal

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7963
Planned Funds:	$ 450,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The activities of the Eastern Cape Regional Training Center are integrated, and include activities in the following program areas: Palliative Care (#7961), TB/HIV (#7962), ARV Services (#7963) and Laboratory Support (#7965).

SUMMARY:

The Eastern Cape Regional Training Center (RTC) will use FY 2007 funds in the Eastern Cape to strengthen the capacity of healthcare workers (HCW), facility managers, social workers, doctors, nurses, lay counselors and community health workers (CHW); prepare new sites for accreditation; and provide mentoring to strengthen the provision of quality antiretroviral (ARV) treatment. Three teams from RTC will each support a facility and its feeder clinics for a period of four months to initially evaluate the treatment services training needs and provide targeted didactic training, ongoing mentoring and coaching using standardized procedures manual and tools. NGO facilitators will be trained to implement a level four comprehensive community health worker curriculum incorporating ARV treatment. The primary emphasis will be given to training, and minor emphasis to quality assurance and supportive supervision, and information, education and communication (IEC).

BACKGROUND:

The RTC was established through a service agreement between the prime partner Eastern Cape Department of Health (ECDOH) and Walter Sisulu University (WSU) to provide ongoing training for quality improvement in HIV care and treatment programs.

The function of RTC has been to develop accredited training modules and care protocols for different categories of health workers based on National Department of Health guidelines. RTC has demonstrated and evaluated the HIV, TB and STI best practices continuum of prevention, care and treatment model in selected facilities, providing direct patient care and the opportunity for HCW to receive practical training. RTC provides technical assistance to the ECDOH regarding the expansion of its HIV intervention programs, and supports hospital/clinic site readiness for accreditation to provide comprehensive HIV care and treatment.

The primary target populations are the facility managers, doctors, nurses, social workers, lay counselors, CBO staff and community health workers.

During the past three years ECDOH has introduced a comprehensive HIV care program. After workshops alone HCW were unable to implement programs. A number of patients have been started on ARVs at hospital level, but there is a gap in preparing primary clinics to continue supporting patients (down-referral). Many eligible patients are started late on ARVs which results in poor outcomes. There is limited awareness and skill among clinics to enable early diagnosis and entry into the care system. There are known drug-drug interactions in patients with co-treatment of ARVs and other drugs and a number of side-effects and complications are beginning to emerge. There is a need to provide facility-level mentoring support from more experienced clinicians.

RTC has been working with provincial ARV treatment managers in developing and disseminating care protocols and will be providing support and working closely with the district and facility managers in introducing the process to increase skills capacity to improve the quality of HIV treatment.

In FY 2004 and FY 2005 RTC has been involved in clinical care in two hospitals and nine feeder clinics in order to develop systems, inform curriculum content and develop experience for providing mentoring support.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007 RTC activities will continue to address the following activities: training; local organization capacity development; quality assurance; and supportive supervision. Funding will be used to enhance the RTC strategy of training preparation of new facilities

for accreditation as ARV sites, and providing clinical mentoring to selected sites. RTC will use funds to employ and support administration and logistics of a comprehensive care training team consisting of a clinical director, three doctors, three nurse clinicians and three administrative assistants for three teams, one each placed at the three satellite sites (Mthatha, Port Elizabeth, and East London). Each team will provide dedicated support to three district hospital sites and at least five feeder clinics for a period of four months, and then move to the next three sites for the next four months, completing three cycles a year.

The activity will address the priority areas of human capacity development, improving skills of a care team at facilities (doctors, nurses, managers, social workers, health promoters and CHW) through targeted didactic training, case discussions and mentoring in assessing, initiation, follow-up and monitoring of patients on ARVs while considering and reviewing relevant local system issues. Ongoing support will continue with telephone consultations after the four months. RTC will train and mentor 35 facilitators from 7 NGOs who will cascade the training of a comprehensive level four curriculum for community health workers to include ARV treatment.

RTC training and mentoring will address data collection, maintaining accurate records, feedback and usage through quality improvement cycles to address early presentation, follow-up of patients for adherence, complications and pharmacovigilance.

Training of facility staff, a CBO and community health workers will emphasize follow-up and tracking mothers from the PMTCT program to enable PCR screening, early detection and referral of children into the care and treatment programs.

RTC is an Eastern Cape Department of Health (ECDOH) initiative based at Walter Sisulu University and conducts training at public facilities. RTC provides technical assistance through regular meetings and assignments from province managers as well as training for managers.

The PEPFAR funding compliments ECDOH funding to establish the program on a firm footing to continue with ECDOH funding when the PEPFAR program ends.

The primary objective of the project is sustainable targeted human capacity development for the HCWs. RTC staff will also continue to develop and improve their knowledge and skills by having weekly academic discussions, attending relevant conferences and ongoing mentoring from local experts and visiting experts through collaboration with partners I-TECH and the Owen Clinic.

In the past twelve months with USG funds, RTC has developed protocols and models which have been introduced in the province as new sites are supported for accreditation. More than 27 treatment sites have been supported for accreditation and the RTC will continue to support accreditation of at least 25 new sites in FY 2006 and FY 2007. A system of improvement cycles has been introduced. A pharmacovigilance program has piloted in two hospitals and nine clinics, which highlighted a number of complications as well as drug-related problems, which will be addressed through the training and mentoring program.

This activity contributes to the PEPFAR objective 2-7-10 by increasing the capacity of the public sector to effectively provide HIV care and treatment services.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	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		☑
Number of service outlets providing antiretroviral therapy	162	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	405	☐

Indirect Targets

The team will support human capacity development through mentoring of staff and strengthen down referral in 27 hospitals and 5 feeder clinic for each hospital. It is estimated there will be 15 new people per month in each of the 27 hospitals who will be initiated on ARVs and some will be down referred to each of 5 people per clinic in each of the 135 clinics, making an estimated indirect total of making a total of (27*15*12= 4860) individuals who will benefit.

Target Populations:

Community-based organizations
Doctors
Nurses
Pharmacists
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Coverage Areas

Eastern Cape

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:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7964
Planned Funds:	$ 4,446,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This Track 1-funded activity is part of a comprehensive program that receives both Track 1 and in-country funding. Columbia's country-funded submission is comprised of activities described in the Basic Health Care and Support (#7304), TB/HIV (#7305), Counseling and Testing (#7306), ARV Drugs (#7303) and ARV Services (#7302) program areas. Please note that the targets below reflect the totals from both Track 1 and country funding.

SUMMARY:

Activities are carried out in FY 2007 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, primarily in public sector facilities in the Eastern Cape and KwaZulu-Natal. Columbia University will support these activities by using funds for: development of network/linkages/referral systems, human resources, local organization capacity, quality assurance activities and supervision, improving strategic information and training. The degree of activity effort will vary in each site but these emphasis areas will occur in all sites. The target population will include infants, children and youth, men and women (including pregnant women) and people living with HIV (PLHIV). Columbia will continue to support the recruitment of doctors, nurses, pharmacists and pharmacist assistants.

BACKGROUND:

Columbia University (Columbia), with PEPFAR funds, began supporting comprehensive HIV care and treatment activities in FY 2004. Health facilities were initially identified in the Eastern Cape and in FY 2006, due to new boundary demarcations and additional PEPFAR funds, Columbia started providing similar assistance in KwaZulu-Natal. In FY 2006, in response to provincial HIV care and treatment priorities, Columbia began strengthening the down referral of services from hospitals to primary health clinics. This resulted in a total of 36 health facilities receiving technical and financial support from Columbia, including public hospitals, community health centers, primary health clinics and a non-governmental wellness center. In FY 2007 an additional two health facilities in KwaZulu-Natal (East Griqualand Usher Memorial Hospital and the Kokstad Community Clinic) will receive technical and financial assistance for HIV care and treatment services.

ACTIVITIES AND EXPECTED RESULTS:

All activities are in line with South African government (SAG) policies and protocols, and activities will be undertaken to create sustainable comprehensive HIV care and treatment programs, and primarily include four programmatic areas:

ACTIVITY 1: Support Recruitment and Placement of Health Staff

Since FY 2005 Columbia has been involved in the recruitment of staff to support the HIV comprehensive program at health facilities. High staff attrition rates of Department of Health (DOH) recruited personnel have been a challenge in guaranteeing a steady enrolment of eligible PLHIV into care and treatment. Columbia will continue to support the recruitment of doctors, nurses, pharmacists and pharmacist assistants through existing partnerships with University of Fort Hare, Nelson Mandela Bay Metropolitan Municipality, Ikhwezi Lokusa Wellness Center, University of KwaZulu-Natal Cato Manor, and the Foundation for Professional Development. In FY 2006, Columbia supported the recruitment and placement of approximately 15 doctors, 30 nurses (registered and enrolled nurses), 2 pharmacists and 7 pharmacist assistants. These health personnel provide direct patient care in the hospitals and clinics including: clinical assessment, screening for tuberculosis (TB) and antiretroviral treatment (ART) eligibility, opportunistic infections (OI) diagnosis and management, and offering OI prophylaxis and treatment, and ART. The health providers also develop patient treatment plans as part of the multidisciplinary team in the health facility; and assist patients to access relevant SAG social grants.

ACTIVITY 2: Training and Clinical Mentoring

Columbia has established a partnership with the Foundation for Professional Development to provide ARV didactic training in all supported health facilities. A second partnership with Stellenbosch University assists the rural health facility staff (St. Patrick's, Holy Cross and Rietlvei hospitals and their referral clinics), with the management of patients on ART by conducting case discussions on a monthly basis. Columbia has clinical advisors as part of its South African team consisting of nurse mentors, and medical officers who provide day-to-day clinical guidance on the management of patients on ART.

ACTIVITY 3: Strengthen ART Down and Up Referral Linkages Between Hospitals and Primary Healthcare Clinics

In the early phases of the ART program, all patients are evaluated and initiated on therapy at hospital-level. Within three to six months of providing support to the hospital-based ART program, designated referral clinics are integrated into the services. In the rural health facilities, a small team of health providers, usually comprising of a medical officer, professional nurse and peer educator, travel to the primary healthcare clinics (PHC) to screen patients for OIs and to determine suitability for ART. This approach has enabled expansion of ART services at PHC level and has resulted in improving and increasing access to treatment. The team of health providers has also developed capacity of the onsite health providers and the goal is to have the onsite DOH health staff eventually provide the full package of HIV care and treatment services. In FY 2007, Columbia will continue to support linkages with the public clinics and the development of a more sustainable system of service provision.

ACTIVITY 4: HIV Care and Treatment Information System

Columbia will continue to support the implementation of a provincial information system that captures information regarding HIV palliative care and ART. Activities in FY 2007 will include:
a. Continued implementation of facility paper-based ART registers that capture both adult and pediatric ART indicators.
b. In collaboration with the Eastern Cape Department of Health (ECDOH) and other partners in the Eastern Cape, support the development and implementation of standardized individualized patient records for use at health facilities that incorporates information on client ART use.
c. Develop an ART software system. Columbia is working in partnership with Africare (a PEPFAR partner) and Health Information System Program (HISP) to customize and develop ART software that captures and collates HIV and AIDS program data. This ART database will be adapted for data entry, and then installed and tested for use. Using FY 2006 funds, the system will be piloted at three health facilities in East London: Frere, Cecilia Makiwane and Duncan Day Village hospitals. In FY 2007, after assessing results from the pilot sites, Columbia will engage the ECDOH in discussion on how the module could be added into the existing District Health Information System to efficiently generate reports on the HIV program, and thereafter implemented at more ART services outlets.

By providing support for ARV services in the public sector and two NGO sites, Columbia's activities will contribute to the realization of the PEPFAR goal of providing care to 2 million people. These activities will also support efforts to meet HIV and AIDS care and support objectives outlined in the USG Five-Year Strategy for South Africa.

Continued Associated Activity Information

Activity ID:	3290
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Columbia University Mailman School of Public Health
Mechanism:	Track 1
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy	38	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	16,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	14,400	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	5,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	3,060	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
Infants
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Girls
Boys
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechanism

Mechanism: ARV
Prime Partner: South African Military Health Service
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7998
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

PEPFAR funds allocated to ARV Services ($922,000) are for the South African Military Health Services (SAMHS) 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 South African National Defense Force (SANDF) could only budget for the provisioning of ARV drugs and the relevant clinical monitoring through laboratory services in their FY 2008/FY 2009 budget due to the previous restriction on the provision of ART in the country. This final year of funding of ARV Services for SAMHS will be carried out through the Partnership for Supply Chain Management (#8107). Therefore there is no need to continue funding this activity with FY 2007 COP funds.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

Military personnel
People living with HIV/AIDS
Public health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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:	Supply Chain Management
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8107
Planned Funds:	$ 3,000,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This ARV Services activity is linked to the Partnership for Supply Chain Management (PFSCM) activity described in ARV Drugs (#7935). It is also linked to the ARV Services activities of both the Foundation for Professional Development (#7593) and Catholic Relief Services (#7487), and potentially all USG South Africa PEPFAR partners interested in procuring commodities or technical assistance from the PFSCM.

SUMMARY:

John Snow, Inc. (JSI), through the PFSCM, is using PEPFAR funds to strengthen ARV patient information and reporting capabilities utilizing STAT (Secure Technology Advancing Treatment), a system based on biometric fingerprinting to ensure data verification and smartcards as a mobile, patient-retained medical record. JSI has developed the STAT system as a cost-effective system that is both scaleable and sustainable. The major area of emphasis is local organizational capacity building, with minor emphasis on development of network/linkages/referral systems, quality assurance and supportive supervision, training and human resources. The primary target populations are people living with HIV (PLHIV) and public and NGO healthcare providers. In addition to smartcards, the PFSCM, led by JSI and with Management Sciences for Health's Rational Pharmaceutical Management (RPM Plus) project, will provide technical assistance in a wide range of supply chain issues, including quantification, quality assurance, inventory management, distribution and tracking. Of the total $3 million in funding for this activity, $2 million will be for the smartcards and $1 million for supply chain management technical assistance.

BACKGROUND:

The lack of verified program reporting data/performance indicators and use of cumbersome and often incomplete paper-based patient medical records continue to present major challenges in scaling up antiretroviral treatment (ART) programs. Under the DELIVER project, JSI developed a public-private partnership with a local biometrics and smartcard leader to design and field test a prototype patient information and reporting system, named STAT, based on combination biometrics and smartcard technology. The system was successfully demonstrated in a static clinic environment and also in an offline, remote, rural setting for both ART and care and support services. In order to address emerging issues during the pilot phase around proprietary software, licensing fees, and data transmission costs, which made large-scale implementation impractical, JSI developed new partnerships in FY 2006 to continue the development of the STAT system in an open source environment, eliminate licensing fees, and design a data transmission mechanism that was both scaleable and sustainable. The new version of the system was implemented in both NGO and government ART clinics.

In FY 2007, JSI and the PFSCM will substantially expand the number of patients utilizing the STAT system, with a focus on public sector sites at the provincial level. This latter focus is important as the National Department of Health (NDOH) has included biometrics and smartcards in its long-term strategic plan for developing an electronic patient medical record for South Africa. JSI and the PFSCM will continue to build on their collaborative relationships with the SAG, and will also explore potential deployment of the STAT system in private sector environments. If, however, the NDOH or provincial Departments of Health do not demonstrate interest or commitment in using this technology, this may be the final year of funding for this initiative.

Of particular concern in expanding ART services is the reality that large accredited ART sites are becoming overburdened with patient follow-up and are struggling with the human capacity to add new patients. Under these circumstances, the development of effective down referral systems where patients can receive follow-up care and drug re-supply closer to their local communities is critical. The STAT system offers several crucial components to a successful down referral model: from a clinical and quality of care perspective it enables doctors who have stabilized ART patients to track patients over time, quickly assess them, and make clinical treatment adjustments when patients are referred back to the initiating ART treatment site in case of treatment failures; from a patient perspective it enables patients to easily access ARV services at multiple service delivery sites; and from a program performance perspective, it enables program managers

and funding agencies to access verified (i.e. high quality) PEPFAR indicators at any time, providing virtually real time reporting and strategic information capabilities.

ACTIVITIES AND EXPECTED RESULTS:

Specific activities will include STAT system training for ARV service providers, implementation and maintenance of the STAT system at sites, and the development of sustainable financial support mechanisms to ensure STAT remains after PEPFAR funding has been utilized to introduce the system and provide the initial implementation. The focus of activities will include technical assistance and human capacity development.

Activity One: Expand STAT Patient Information and Reporting System

JSI and the PFSCM will substantially expand implementation of the STAT system with selected PEPFAR treatment partners and provincial departments of health. There will be a particular focus on utilizing the STAT system as a means of implementing an effective patient medical record and program reporting system for ARV down referral models. JSI and the PFSCM will build on FY 2006 collaboration with the Reproductive Health and HIV Research Unit (RHRU) in Durban, the Foundation for Professional Development (FPD), and Catholic Relief Services (CRS) and will more than double the number of sites and patients utilizing the system in FY 2007.

Activity Two: Human Capacity Development

Training on the patient information system for ARV service providers and data capturers will be conducted for all those participating in the expansion program. Follow-up supervision and technical assistance will be provided and evaluated. It is expected that overall quality of care will be improved by the system's ability to track patient information including ARV initiation, drug regimen changes, and treatment outcomes.

Activity Three: Technical Assistance

Technical assistance will focus on the following areas: quantification and forecasting, procurement, quality assurance, freight forwarding and inventory management, distribution (including pharmacy services for individual patient treatment packs), logistics management information systems, and assistance to manufacturers and suppliers. Technical assistance will be provided by local partners as well as international PFSCM staff.

JSI and the PFSCM will contribute significantly towards meeting the vision of the NDOH in developing an electronic patient-retained record and will also contribute significantly towards meeting the vision of the USG PEPFAR Task Force 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 required PEPFAR M&E indicators for ART for thousands of patients. This will contribute to the PEPFAR goals of 2 million people on 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, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy	102	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

The Supply Chain Management Project will indirectly support the entire national ARV rollout in South Africa through its activities aimed at strengthening ARV patient information and reporting capabilities utilizing STAT, as well as the technical assistance aspect which will focus on the following areas: quantification and forecasting, procurement, quality assurance, freight forwarding and inventory management, distribution (including pharmacy services for individual patient treatment packs), logistics management information systems, and assistance to manufacturers and suppliers.

Target Populations:

Faith-based organizations
Doctors
Nurses
Pharmacists
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers

Coverage Areas

Gauteng

KwaZulu-Natal

Eastern Cape

Free State

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	New APS 2000
Prime Partner:	Health Science Academy
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8242
Planned Funds:	$ 500,000.00

Activity Narrative: SUMMARY:

Health Science Academy (HSA) will increase access and the availability of safe and effective drug treatment through human resource development, with a specific emphasis of pharmacists and pharmacist assistants. HSA aims to substantially increase the number of South African healthcare workers with the appropriate knowledge, skills and attitudes to support substantial rollout of antiretroviral treatment (ART). The major emphasis area is training in conjunction with local capacity development and information, education and communication. The primary target population for this project is healthcare professionals, such as doctors, nurses, pharmacists and pharmacist assistants, as well as community-based healthcare workers and caregivers.

BACKGROUND:

HSA is a South African training institution, accredited with the South African Pharmacy Council, providing training in the pharmaceutical sector. HSA is a training provider to the National Department of Health (NDOH), provincial Departments of Health and the pharmacy profession in the private sector. PEPFAR funding will be utilized to scale up the existing HSA training activities. The project will be implemented on a national and provincial level, and will expand on the already existing relationship between HSA and the National Department of Health and respective provincial human resource departments. The proposed training programs have already been developed and this, in conjunction with the existing NDOH contracts, will allow the proposed training to be fast tracked. In line with HSA's past practice, learners will be recruited with an emphasis on gender and racial representation and will give preference to women wanting to register for the national qualification, providing increased access to income for this group.

ACTIVITIES AND EXPECTED RESULTS:

The project will deal predominantly with the training of healthcare professionals in the public sector in order to increase capacity, enhance the skills of existing staff and increase the number of skilled staff available. In addition the project will also attempt to leverage existing private sector pharmacists in the provision of adherence counseling for patients on ART and expand the role of community workers. The overall goals of these training activities are: 1) increased ability in the public sector to dispense antiretroviral drugs (ARV); 2) increased access to HIV care and treatment; 3) increased capacity in the public sector to adequately manage the supply chain; and 4) improved adherence support in the provision of adherence counseling, monitoring and evaluation. The following training courses will be offered:

ACTIVITY 1: Adherence Counseling

This activity will increase the role of the pharmacist and pharmacist assistant in both the public and private sector with respect to counseling and monitoring of adherence to treatment regimens. The training is offered as a competency-based training course facilitated by a two day workshop. Workshops will be offered in each province and will be available to both the public and private sector (e.g. NGOs, FBOs, private clinics, etc.) providing HIV care and treatment services.

ACTIVITY 2: Supply Chain Management

This activity deals specifically with drug supply management and will improve the capacity of the public sector in providing access to safe and effective drug treatment through good distribution practices. The program will enhance the skill of existing staff in the public sector, such as nurses, pharmacists and other personnel involved in the procurement and supply of medicines. The course is offered as a competency-based training course facilitated by a two day workshop. Workshops will be offered in each province along with the option to do cascade training at a provincial level.

ACTIVITY 3: Dispensing

This activity deals with the provision of dispensing training for all authorized prescribers in the public sector as specified by the Medicines and Related Substances Control Act 101 of

1965. This is a distance learning program that will provide healthcare providers in under-serviced areas access to the training, specifically clinic nurses who require a dispensing license in order to dispense in ARV clinics. A half day orientation workshop is offered to nurses and doctors in the public sector who are registered in this course.

ACTIVITY 4: Pharmacist Assistants

This activity will train pharmacist assistants on a national qualification accredited by the South African Pharmacy Council, based on unit standards in line with the regulated scope of practice of a pharmacist's assistant. This activity will increase the pool of pharmacist assistants available to the public sector ART programs by training people living with HIV and other school leavers as pharmacist assistants. This activity requires that learners be employed in a pharmacy for on-the-job skills training and includes modular assessment of the learner. Workshops will be made available for groups requiring additional training or tutoring.

ACTIVITY 5: Community-Based Care for People Living with HIV

This activity will train a core group of community health workers as ancillary health workers offering community-based care for people living with HIV. Particular emphasis will be placed on extending the role of the community-based health worker with regard to pharmacological aspects of ART such as monitoring adverse effects and compliance. The training program provides a national certificate and comprises practical onsite skills training facilitated by workshops.

Study material for all the activities has been developed by leading experts in relevant specialties and the course content is continually updated and refined to meet the needs of the individuals being trained.

The above activities address the 2-7-10 PEPFAR goals by developing capacity with regard to supply chain logistics and pharmaceutical management to improve the quality of ART services.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Local Organization Capacity Development	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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	1,217	☐

Target Populations:

Doctors
Nurses
Pharmacists
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other 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: L-Step
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8249
Planned Funds: $ 250,000.00

Activity Narrative: SUMMARY:

The L-STEP program will continue work started in FY 2006 to establish a system of longitudinal surveillance of a sample of adults and children on antiretroviral treatment (ART) at PEPFAR-funded treatment sites. This project will provide South Africa with standardized cohort information on treatment program retention, drop-out rates and deaths, regimen adherence and change, variations in health status indicators like weight and functional status, co-infection with active TB, recipients of basic packages of HIV care services, and development of HIV drug resistance. Activities will take place in five of the nine South African provinces, namely, Eastern Cape, Free State, Gauteng, KwaZulu-Natal and the North West. The target populations will be enrolled patients in health facilities on ART, but the information will be utilized by policy makers and implementers at facility, province and national level. The L-STEP program will involve 12 current PEPFAR treatment partners.

BACKGROUND:

The majority of facility-based treatment monitoring systems in South Africa find it difficult or impossible to keep statistics on chronic diseases and the facilities lack data that could be used for patient management and cross-sectional reporting purposes. Few programs have sufficient human or technical resources to collect or analyze longitudinal information on individuals enrolled on ART. Routine collection and analysis of data on the same individuals over time is a critical component in future analysis of outcomes such as program retention and reasons for loss, regimen adherence and change, health status change, and HIV drug resistance. To address this, the USG established a steering committee in FY 2006 of PEPFAR treatment partners to collaborate in L-STEP. Data officers collect data from existing patients (retrospective cohort) and future patients (prospective cohort). This forms part of multi-country effort, led by the Centers for Disease Control and Prevention (Atlanta).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Facility survey-retrospective sample cohort

A small sample of PEPFAR-funded facilities was selected to implement the project in FY 2006 and the facilities were drawn from the public, private and non-governmental sectors. A facility survey was conducted at each participating organization to describe programmatically relevant characteristics such as facility staffing and management, other health services, laboratory capacity, drug procurement and stocks and treatment program model. In FY 2007, the program will continue with the analysis of the retrospective sample cohort of persons on treatment with 6- and 12-month outcome data, and the ongoing monitoring of those still on therapy (at 6-month intervals).

ACTIVITY 2: Facility survey-prospective cohort

The second major activity is the prospective cohort, which collects information on a sample of people newly initiating ART and tracking the individuals over a period of time at 6-month intervals. The primary methods of data collection are abstraction of data from medical, pharmacy, and laboratory records, and a short, supplemental patient interview. Standardized data abstraction, storage, and access procedures enable the USG team and the Department of Health to critically evaluate and improve its treatment programs in South Africa.

The program will be managed in-country by a project coordinator and data manager and implemented through teams of data abstractors and interviewers placed at a sample of PEPFAR-funded treatment facilities throughout South Africa. The country project coordinator will collaborate closely with the US-based multi-agency L-STEP project team to contribute cohort information into the multi-country database. This data will be used to inform overall PEPFAR treatment program quality, success, and improvement. The surveillance activities will be implemented in a way that promotes the improvement of health records and treatment data systems and the strengthening of human capacity in treatment-related strategic information.

The L-STEP program allows for programmatic information on the antiretroviral treatment program to improve quality and implementation, and indirectly contributes to the achievement of the 2-7-10 PEPFAR goals.

Emphasis Areas	% Of Effort
Strategic Information (M&E, IT, Reporting)	51 - 100

Target Populations:

People living with HIV/AIDS
USG in-country staff
USG headquarters staff
Other Health Care Worker
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

North-West

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	Xstrata Coal SA & Re-Action!
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8260
Planned Funds:	$ 827,284.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to Xstrata's activities in Basic Health Care and Support (#8257) and Counseling and Testing (#8258).

SUMMARY:

Xstrata Coal South Africa (Xstrata) is a new PEPFAR partner, receiving funding in FY 2007 for a public-private partnership (PPP) with the Mpumalanga Department of Health. The implementing partner for this is Re-Action! Consulting (RAC). RAC will facilitate a co-investment partnership with Xstrata to provide support for strengthening targeted government clinics, expanding access to HIV and TB prevention, diagnosis and treatment in two districts of Mpumalanga. The project will build on a public-private model for strengthening HIV and TB service delivery that Xstrata and RAC has already begun to implement with Xstrata in the province with significant funding from Xstrata. Xstrata and RAC will work through established partnerships with local government, the Mpumalanga Department of Health, community groups, and private providers. Project deliverables have been defined in response to specific requests for assistance from the Mpumalanga Department of Health.

BACKGROUND:
Xstrata is a subsidiary of a multi-national mining group committed to practical ways of achieving sustainable development and contributing to the social welfare of employees and their communities. The company employs 4,000 people at 11 mines (collieries) located within the socio-economically deprived coal powerbelt region of Mpumalanga province. This funding partnership will enable further scaling up of the community extension component of the Xstrata comprehensive workplace HIV and AIDS program (uBuhle Bempilo), managed by RAC.

The project is based on implementing a public-private service-strengthening model that will capacitate available government providers to deliver HIV-related prevention, diagnosis, treatment and care within target districts. The scope of assistance is being finalized within a Memorandum of Understanding between Xstrata and the Mpumalanga Department of Health, and responds to specific requests for support by the provincial HIV and AIDS Unit, and fits within a broader range of interlinked community development investments by Xstrata.

The project will draw on technical collaborations with the World Health Organization (WHO) HIV and AIDS Department and Stop TB Partnership to provide assistance in implementing training and service monitoring, based on the Integrated Management of Adult and Adolescent Illness (IMAI) approach that is aligned with the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa, and has already been adapted for South African implementation. This will contribute to strengthening district-level primary healthcare service networks and district service management, with a strong focus on improving human resource capacity. Relationships with other PEPFAR partners in the province will be established to achieve synergies in implementing project activities.

ACTIVITIES AND EXPECTED RESULTS:

Four activities are implemented to strengthen and scale up antiretroviral treatment provided in two areas of Mpumalanga, in collaboration with the Department of Health.

ACTIVITY 1: Strengthening primary health care and district hospital services

A baseline assessment of services using the WHO service availability mapping tool that defines the specific service strengthening priorities and mix of available service providers will be conducted. Clinic accreditation plans for eight government primary health care clinics will be developed in collaboration with district health service managers. Clinic facility rehabilitation for eight government clinics (including minor structural improvements, renovations and procurement of essential equipment) will be implemented. Referral linkages between public and private providers will be strengthened to establish an improved service delivery network. The distribution systems of antiretroviral drugs will be

strengthened to ensure regular down referral of treatment to primary care sites. Health management information systems will be strengthened by training up to 12 district management personnel on the IMAI District Managers course and providing supplementary training on human resource management to improve health worker recruitment and retention plans. Through Xstrata's own funding (non-PEPFAR), this may include infrastructure (a new clinic), training, commodity procurement and local capacity development.

ACTIVITY 2: Direct HIV care and antiretroviral treatment provision

A multi-disciplinary care team consisting of a medical officer, nurses and counselors will be trained and equipped to deliver chronic HIV care and treatment based on the Integrated Management of Adult Illness approach at the existing Xstrata clinic in Breyten. Community members have access to this clinic and are able to receive HIV treatment and care at the site.

HIV care and antiretroviral treatment programs to eligible community members at supported sites will receive antiretroviral drugs provided by the Provincial Department of Health through a down referral mechanism.

ACTIVITY 3: Community mobilization and treatment preparedness

Health promoters will be trained to provide basic household health risk assessments to 1,500 households in the community. The "I know the way to live" campaign will be utilized to enhance social marketing of HIV care and treatment in the community. Thirty treatment supporters who will provide adherence support and reinforce secondary HIV prevention will be trained.

ACTIVITY 4: Community Support

Linkages with community-based service organizations (including faith-based organizations and non-governmental organizations) will be established. Peer support group activities in all 8 facilities supported will be established. A network of 50 traditional healers, with referral mechanisms in place for ongoing chronic care support, will be mobilized and trained.

Nutrition and income generation (with particular focus on women) will be a focus. A gardening project that addresses sustainable food development for patients and community members that access the Breyten clinic will be operational in late 2006, and will continue to be funded by Xstrata (non-PEPFAR funding). This enables the clinic to link treatment and care with food security in the impoverished community.

The number and type of human resources to be recruited by Xstrata is still under negotiation with the Mpumalanga Department of Health.

Sustainability of this activity area for ongoing support to deliver antiretroviral treatment is assured through the public-private partnership (PPP) between Xstrata and the Mpumalanga Department of Health.

By providing support for HIV treatment in underserved communities, Xstrata is contributing to the 2-7-10 PEPFAR goals.

ACTIVITY 5: Human Capacity Development
With reprogramming funds, two additional sites in Mpumalanga will be added for support. A key focus of all sites (including the two additional sites) will be capacity building of health workers, with a specific focus on retaining health workers within the system. The skills building will include clinical skills, but also increasingly on building management, leadership and decision-making capacity.
(Because X-Strata funds were received later than expected and targets are set on the fiscal year, the targets are only moderately increasing with the additional reprogrammed funds.)

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	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		☑
Number of service outlets providing antiretroviral therapy	8	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,200	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,080	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	700	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	50	☐

Target Populations:

Community-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers
HIV positive children (5 - 14 years)

Key Legislative Issues

Food

Coverage Areas

Mpumalanga

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	New APS 2006
Prime Partner:	St. Mary's Hospital
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8264
Planned Funds:	$ 1,000,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is part of an integrated approach to the treatment of HIV and AIDS and associated conditions, which is also addressed in St. Mary's Hospital Basic Health Care and Support (#8262) narrative.

SUMMARY:

The proposed St. Mary's Hospital project addresses comprehensive and holistic HIV care and treatment, including antiretroviral treatment (ART) within a hospital setting, with a large focus on training at a community clinic level to ensure that stable patients, once down-referred from the hospital can be treated on a continuous basis at a community level. The major emphasis area for this project is human resources and the development thereof. A minor focus will be on community participation, and linkages with other sectors, and the capacity development of local organizations. The primary target populations will be the general population, people affected by HIV and AIDS, discordant couples in special populations, the community, the South African Government (SAG), healthcare providers and other groups and organizations.

BACKGROUND:

Since 2003 St. Mary's hospital has successfully implemented an ART program based on holistic and comprehensive treatment of HIV and AIDS patients. This program was funded through another PEPFAR partner, Catholic Relief Services (CRS) as part of their Track 1 program. Since FY 2005, the USG has added additional funding to St. Mary's Hospital to focus on pregnant women. Successful treatment of HIV and AIDS requires that patients maintain adherence to medication, incorporating overall wellbeing, including nutrition. Patients on ART at St. Mary's have maintained average adherence of 90%, which is largely due to a patient-centered model of care. In the district that St. Mary's serves, an estimated 25,000 patients require immediate treatment. Just over 2,000 patients are currently on treatment at the hospital.

ACTIVITIES AND EXPECTED RESULTS:

As an accredited SAG antiretroviral (ARV) rollout site and as an extension of the service level agreement the Hospital has with the Department of Health, St. Mary's will contribute to a greater extent to the success of the SAG ARV rollout plan through this project. The funding allows St. Mary's to continue to initiate patients on ART, and once stable, down refer them to the community clinics in the area. St. Mary's will assist with the training of health workers at clinic level to facilitate this. St. Mary's has identified local partners as well as the World Health Organization's Integrated Management of Adult Illnesses (IMAI) training toolkit as a vehicle for training. The toolkit makes use of people living with HIV (PLHIV) as expert trainers which are directly aligned to the success of St. Mary's ART program. All three sites within St. Mary's Hospital strongly emphasize human capacity development. Within the entire Hospital setting (including the three ART sites) patients who have tested HIV positive but whose CD4 counts and staging preclude them from treatment form part of a wellness program. Opportunistic infections are treated at every point of care, service and nutrition interventions made, as per government protocols and guidelines. Social support services, which may take the form of social grants in accordance with the SAG guidelines, are also initiated as appropriate, providing access for patients to financial resources.

As stated previously, St. Mary's is a Department of Health accredited ARV rollout site and the partnership will be enhanced and expanded through the additional PEPFAR funding. CRS funds staffing in the St. Mary's treatment sites, with the exception of the PMTCT site for which the staffing is funded through a grant from CDC (currently but has been included into the targets 2007 and 2008). Within the antenatal clinic, patients who have received PMTCT are followed up post-delivery and if clinically appropriate, placed on antiretroviral treatment. This is a seamless program which also places the children of HIV-infected mothers on ART if clinically appropriate. The program also provides education and nutrition support in partnership with the KwaZulu-Natal Department of Health. Pediatric HIV care is strengthened through early testing and diagnosis. The main challenge is polymerase chain reaction (PCR) testing and follow-up in this area, given that 19 clinics

are being supported in the process.

The community clinics surrounding St. Mary's will be linked into St. Mary's via the referral patterns already established. The implementing organization will be St. Mary's Hospital and local partners will be recruited to assist with the WHO ART training modules. Gender issues will be addressed throughout the project as well as stigma and discrimination, twinning, the use of US-based volunteers from a training perspective, as stated in the palliative care activity narrative. Gender equity will become an increased focus as women are provided with resources (grants, nutrition) and capacitated to become self sufficient. Through a partnership with the Treatment Action Campaign (TAC) male norms and behaviors will be addressed directly through patient education, encouraging prevention, 'know your status', and promoting family values. A comprehensive nutrition program will be implemented to boost immunity with the patient cohort which will be the responsibility of the dietician employed at St. Mary's Hospital, and is supported via a partnership with the Kwazulu-Natal Department of Health (DOH). As an accredited ARV rollout site this is a vital component to the success of the treatment program.

By strengthening the down-referral system and providing technical assistance to the public sector, St. Mary's hospital is contributing to the PEPFAR 2-7-10 goals.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	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		☑
Number of service outlets providing antiretroviral therapy	1	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,712	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,000	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	276	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Infants
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Girls
Boys
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	RHRU (Follow on)
Prime Partner:	Reproductive Health Research Unit, South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9446
Planned Funds:	$ 14,515,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

These activities are part of an integrated program that also includes OP (#9449), TB/HIV (#9444), Basic Health Care & Support (#9448), and CT (#9445).

SUMMARY:

The Reproductive Health and HIV Research Unit's (RHRU) PEPFAR-funded program, subsequently referred to as the "Follow-on to the RHRU Program" (FRP), will be re-competed through an Annual Program Statement (APS) for FY 2007.

The FRP will provide ARV rollout support services with DOH partners in over 30 facilities in 3 provinces. The major emphasis area is human resources, and minor areas include quality assurance and supportive supervision, local organization capacity development, and training. Services target people living with HIV (PLHIV) and their families, including children, pregnant women, caregivers, doctors, nurses, traditional healers, and other healthcare workers.

BACKGROUND:

RHRU currently provides technical support to the South African Government (SAG) that includes the national ARV rollout. With PEPFAR funding since FY 2004, RHRU has provided regular onsite support, direct treatment, training and quality improvement to provincial departments of health (DOH) sites in Gauteng, North West and Kwazulu-Natal (KZN). The FRP will continue these activities and an inner city program in Johannesburg. Up and down treatment referral systems are being improved in all provinces. In addition, FRP will continue the provision of counseling and testing (CT), palliative care, and prevention services. FRP will develop service delivery models that can be replicated and expanded, and produces lessons learned to share with others.

An effective, sustainable ARV treatment (ART) program is founded on strong partnerships with local public sector treatment sites. The needs of each facility vary, and successful incorporation of ARV services at facilities requires a thorough facility-based situation analysis. FRP's aim is to deliver decentralized HIV care or up and down referral between hospitals and related primary care clinics. ARV clients will be identified, screened, prepared and initiated on ARV treatment with access to future care at up or down referral sites. This system reduces congestion at primary treatment sites and improves patient access to care.

As of June 2006 RHRU-assisted sites were treating over 16,000 people with ART, and over 2,000 health providers had been trained in ART. FRP will continue assistance in existing sites and expand services to several new sites. Pediatric support will be expanded. In addition, FRP will initiate an HIV Maternal Health Outreach Service, and provide planning, training and technical assistance (TA) to 2 primary healthcare clinic (PHC) networks in Gauteng and KZN (PHC project). This will enable these clinics to receive down-referred patients, and initiate new patients in selected sites. Nurse-based services will be promoted whenever feasible.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Treatment Support

Specialist HIV treatment teams will support urban and rural ARV sites for adults and pediatrics. They will provide TA to new sites, and will develop and facilitate referral networks. Teams will consist of a doctor, nurse, management specialist and counselor and will rotate among a cluster of treatment facilities providing onsite training and management support. The continuum of care will be emphasized including: prevention, healthy lifestyle, responsible behavior, nutrition advice, opportunistic infection prevention/treatment, palliative care, and ART. Materials previously developed to educate healthcare workers and HIV clients about HIV care will be utilized. Outreach teams will provide ARV and referral clinics with TA on up and down referral models. The teams will assist local clinic staff to improve practice, integrate and expand services (including TB, see TB section), and maximize referral for CT, palliative care and ART.

ARV treatment and HIV care for perinatal women will be expanded to provide outreach in maternal services. Family-based and gender-specific services for underserved groups such as men and high-risk women will also be expanded.

ACTIVITY 2: Human Capacity Development

Insufficient skills in HIV care and program management have been a barrier to scale-up of site support. FRP will develop an internal site-based training program to enhance staff skills. FRP will also offer a structured program for young doctors interested in pursuing a career in HIV. All FRP staff involved in the PEPFAR program will become skilled HIV clinicians and program implementers, benefiting the program in the short term, and improving the South African skill base in public health in the longer term.

FRP will provide DOH staff in ARV sites with expert capacity and TA to develop models of effective service delivery using existing infrastructure and resources. It will emphasize clinical training and promotion of quality improvement techniques that can be applied by the DOH staff to develop local solutions to local problems. The teams will provide onsite support to clinical management, referral, patient flow and data management.

Through the PHC project, FRP will assist PHC sites to integrate HIV care into routine service delivery and will support sites with ARV accreditation. Nurses will lead these services, with doctor support when necessary. FRP will conduct formal training courses including foundation courses in adult and pediatric ART for healthcare providers and traditional healers, and HIV management for nurses and doctors.

ACTIVITY 3: Pediatrics

FRP and its partners will expand pediatric services to additional provinces based on a review of needs and requests from provincial authorities. The pediatric clinical support teams will rotate through DOH sites, capacitating and strengthening clinical skills, and supporting the development of referral networks. They will aid collaborations between healthcare facilities and local FBOs, NGOs and CBOs to provide holistic care for children on ART. FRP will play a pivotal role in initiating pediatric ARV services at facilities where no pediatric services exist.

The National Adolescent Friendly Clinic Initiative (NAFCI) supports the public sector to provide quality services geared to youth, and are developing a referral system for HIV-infected adolescents to receive ongoing care and provision of ART. FRP will support services at NAFCI sites in proximity to HIV treatment facilities in Soweto.

ACTIVITY 4: Referral Networks

FRP will provide training, mentoring, management support and consultants across 3 provinces, to assist DOH ART sites with referral processes. This includes increasing referral capacity at secondary sites to channel and monitor stable patients at peripheral sites closer to patient's homes. This mechanism will reduce congestion at primary sites, enable clinics to see more patients, reduce patient transportation costs and increase adherence. FRP will aid capacity development and training of local organizations, as well as develop linkages, referral systems, human resources, information, education and communication, needs assessments, policy and guidelines and strategic information.

ACTIVITY 5: Nutrition

FRP will support several ART sites and TB hospitals in Johannesburg by employing a dietician to provide TA, coordinate supplies of nutritional supplements from the district health office to facilities for pediatric and TB/HIV-infected clients, give nutrition information and counseling support. FRP will provide TA to national and provincial DOH about appropriate nutrition interventions at different stages of disease in people infected with HIV and TB.

These activities directly contribute to PEPFAR's goal of 2 million people on treatment. FRP will support the South Africa 5 year strategy by expanding access to HIV services, improving ARV service delivery, and increasing the demand for and acceptance of ART.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of service outlets providing antiretroviral therapy	32	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	40,636	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	28,071	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	10,650	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	2,000	☐

Indirect Targets

FRP can not quantify any indirect targets, although significant support to the national HIV and AIDS care and treatment program is given via training. FRP will provide ARV, CT and Palliative Care trainings to public service health providers in 3 provinces.

Target Populations:

Doctors
Nurses
Traditional healers
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9453
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY 2006 COP, is funded with FY 2006 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2007 funding is requested for this activity.

PEPFAR funds allocated to ARV Services ($6,029,000) are for Right to Care (RTC) to strengthen the capacity of health care providers to deliver ARV Treatment services to eligible HIV-positive individuals in three provinces. Emphasis is placed on increasing the number of HIV-positive children and pregnant women on ARVs. This activity will be competed in an Annual Program Statement (APS) for FY 2007 funding, as the activity has grown in scope and funding level that warrants competition, therefore there is no need to continue funding this activity with FY 2007 COP funds.

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

Target Populations:

People living with HIV/AIDS
Public health care workers
Private health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gauteng

Mpumalanga

Northern Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Toga Laboratories
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	12329
Planned Funds:	$ 300,000.00

Activity Narrative: Integrated activity flag: (HLAB #12307)
This activity is part of an integrated program described elsewhere in the COP. The provision of training to healthcare workers in the implementation and rollout of ART services integrates with the development of laboratory service and with the collection of patient laboratory data to produce cumulative patient reporting of patients on ART (Laboratory Infrastructure).

Summary:
Toga will train doctors in the implementation of ART (Kimera course in advanced ART), targeted at clinical support. This program area will emphasise training, with the target population being health care providers, in particular doctors (private and public). The training will follow National and PEPFAR guidelines. It is anticipated that this program area will twin (Twinning) with other PEPFAR partners.

Background:
The training activities of Toga, carried out by Kimera Solutions, a sub-program within the Toga umbrella organization, is an ongoing service and has been honed on the demand for rapid scale-up of clinical capacity. The course consists of a two day workshop in conjunction with self-study material. Training activities will be aimed at doctors in the vicinity of Togatainer deployment sites. Once sites have been selected doctors will be invited to attend training courses. Continued clinical support will be provided subsequent to the training. The activities associated with training will be coordinated by Toga with interested government structures. It is anticipated that the training of doctors will enhance access to service for rural and peri-urban women and children.

Activities and Expected Results:

Activity 1: Training
Training will be provided to 30 doctors in advanced ART, as well as providing clinical support through an electronic support facility, with the expected result of enhanced treatment capacity in resource poor settings. The training is targeted at healthcare professionals in the public and private/NGO sector, with the aim to provide healthcare professionals involved in the rollout of ARV treatment with a more advanced level of knowledge and insight into the treatment of HIV. The course covers the following dimensions of ART: Starting ART; Laboratory monitoring; Treatment regimens; ART-associated adverse effects; Changing treatment; Adherence; Tuberculosis; Pregnancy; Paediatrics; Operational preparation; ART-Implementation; and Treatment success.

These courses are all held as two-day workshops in small groups, generally conducted in groups of eight to ten healthcare workers. The course combines a self-study component together with the two-day workshop. Training courses are continuously updated from research findings as well as our practical experience in the field.

Activity 2: Clinical support
The training of healthcare professionals is followed in programmatic sequence with clinical support. This component is of vital importance particularly at the initiation and in the early phases of an antiretroviral (ART) programme roll-out. The clinical support comprises an electronic decision support service, as well as a telephonic support line run by our clinical consultants. Clinical support is seen as an important educational reinforcement of the initial training.
Activity 3: White Rabbit (WR)
Toga will deploy 40 WR electronic requesting and reporting systems for use in conjunction with the laboratory service to produce cumulative patient reports on laboratory measurement. The WR system is currently being deployed at selected PEPFAR partner sites. With direct funding, deployment will extend to clinics and general practitioners in the vicinity of each Togatainer deployed (within a radius of approximately 30km to 50 km, depending on the setting). The activity will be coordinated by Toga with selected Togatainer placement sites, selected clinics and doctor's practices as well as interested local government structures.

Deployment of WR electronic requesting and reporting system will entail: (a) A detailed site assessment to understand the site and patient workflow, including user information,

training and technical requirements as well as existing patient numbering systems. Should a client not have a unique patient numbering system in place, advice and education is given to establish such; (b) Provision of computer hardware where none exists or where hardware is of inadequate capacity; (c) Implementation of WR system, which includes software and logistics support. The WR electronic requesting and reporting environment produces historically consolidated laboratory reports, enabling clinicians and other healthcare workers to assess the patient's laboratory measurement at a glance.

These activities support the 2-7-10 PEPFAR targets in South Africa.

Emphasis Areas	% Of Effort
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		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	30	☐

Target Populations:

Doctors
Nurses
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Academy for Educational Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	12332
Planned Funds:	$ 2,050,000.00

Activity Narrative: AED was selected through APS 674-07-001 to conduct umbrella grant management. This Activity is split with three organizations: AED, Pact and FHI.

INTEGRATED ACTIVITY FLAG:

This ARV Services activity is linked to the entries for new umbrella grants management mechanisms under Prevention/AB (#9435), Basic Health Care & Support (#9436), OVC (#9438) and ARV Drugs (#9439).

SUMMARY:

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including ARV drugs, through an umbrella grants management partner. In FY 2007, USAID will competitively identify at least two new umbrella grants management partners. The main purposes of these new umbrella organizations are: (1) to facilitate further scale-up of HIV treatment services and (2) to develop indigenous capability, thereby creating a more sustainable program. The emphasis area is local organization capacity development. Primary target populations are indigenous organizations, which refers to both Government and non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

BACKGROUND:

Since 2004, USAID obligated funds through an umbrella grant to over 30 partners and sub-partners in South Africa, playing a valuable role in the fight against HIV and AIDS, including ARV treatment services. These partners and sub-partners include local NGOs, FBOs, and CBOs. These partners and sub-partners were selected through the inter-agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition.

The umbrella organizations will not directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, who in turn implement programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds is used for administrative purposes. However, where significant technical assistance and management support to grant recipients is required, this percentage would be higher.

USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various government departments, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments.

Under the existing umbrella grant mechanism, USAID is supporting 4 partners providing ARV services to HIV-infected individuals. Partners under the current umbrella mechanism have to date initiated over 15,000 patients on antiretroviral treatment (ART) and their reach is expected to be substantially expanded. Treatment programs include patient uptake, counseling and testing, doctor consultations, laboratory testing, treatment management, adherence support, patient counseling, telemedicine, and quality assurance monitoring. The treatment partners work in both the public and private sector. Partners equip government clinics and hospitals with human resources (doctors, nurses, pharmacists, and counselors), management systems and community mobilization and outreach. Partners assist with infrastructure renovations when required. These programs also offer specialized training to improve the clinical, management, and leadership of health professionals to deliver ART services. Treatment partners engage private doctors, traditional healers, church groups, and people living with HIV to extend and enhance HIV care and treatment.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007, USAID will recompete the existing umbrella grant and identify at least two

new grant management partners that will support ARV treatment partners. Separate COP entries describe the ARV services activities implemented by each partner managed through this process. Institutional capacity building of local organizations is a key feature of the umbrella grant mechanism and is designed to promote the sustainability of HIV and AIDS treatment programs.

Activity 1. Grants Management

The umbrella mechanisms will award and administer grants to partners selected through the PEPFAR APS competitive process to implement HIV and AIDS activities, including treatment activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will monitor ARV services program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting.

Activity 2. Monitoring and Evaluation and Reporting

The umbrella grant mechanisms will provide support to partners providing ARV services in monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities. M&E support for ARV services partners include: measurement of program progress; provision of feedback for accountability and quality; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The umbrella grant mechanisms will contribute to the PEPFAR goals of providing treatment to 2 million HIV-infected people; preventing 7 million HIV infections; and providing care to 10 million people, including orphans and vulnerable children.

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

Target Populations:

Community-based organizations
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Implementing organizations (not listed above)

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: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 12337
Planned Funds: $ 1,100,000.00

Activity Narrative: PACT was selected through APS 674-07-001 to conduct umbrella grant management. This Activity is split with three organizations: AED, Pact and FHI.

INTEGRATED ACTIVITY FLAG:

This ARV Services activity is linked to the entries for new umbrella grants management mechanisms under Prevention/AB (#9435), Basic Health Care & Support (#9436), OVC (#9438) and ARV Drugs (#9439).

SUMMARY:

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including ARV drugs, through an umbrella grants management partner. In FY 2007, USAID will competitively identify at least two new umbrella grants management partners. The main purposes of these new umbrella organizations are: (1) to facilitate further scale-up of HIV treatment services and (2) to develop indigenous capability, thereby creating a more sustainable program. The emphasis area is local organization capacity development. Primary target populations are indigenous organizations, which refers to both Government and non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

BACKGROUND:

Since 2004, USAID obligated funds through an umbrella grant to over 30 partners and sub-partners in South Africa, playing a valuable role in the fight against HIV and AIDS, including ARV treatment services. These partners and sub-partners include local NGOs, FBOs, and CBOs. These partners and sub-partners were selected through the inter-agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition.

The umbrella organizations will not directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, who in turn implement programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds is used for administrative purposes. However, where significant technical assistance and management support to grant recipients is required, this percentage would be higher.

USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various government departments, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments.

Under the existing umbrella grant mechanism, USAID is supporting 4 partners providing ARV services to HIV-infected individuals. Partners under the current umbrella mechanism have to date initiated over 15,000 patients on antiretroviral treatment (ART) and their reach is expected to be substantially expanded. Treatment programs include patient uptake, counseling and testing, doctor consultations, laboratory testing, treatment management, adherence support, patient counseling, telemedicine, and quality assurance monitoring. The treatment partners work in both the public and private sector. Partners equip government clinics and hospitals with human resources (doctors, nurses, pharmacists, and counselors), management systems and community mobilization and outreach. Partners assist with infrastructure renovations when required. These programs also offer specialized training to improve the clinical, management, and leadership of health professionals to deliver ART services. Treatment partners engage private doctors, traditional healers, church groups, and people living with HIV to extend and enhance HIV care and treatment.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007, USAID will recompete the existing umbrella grant and identify at least two

new grant management partners that will support ARV treatment partners. Separate COP entries describe the ARV services activities implemented by each partner managed through this process. Institutional capacity building of local organizations is a key feature of the umbrella grant mechanism and is designed to promote the sustainability of HIV and AIDS treatment programs.

Activity 1. Grants Management

The umbrella mechanisms will award and administer grants to partners selected through the PEPFAR APS competitive process to implement HIV and AIDS activities, including treatment activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will monitor ARV services program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting.

Activity 2. Monitoring and Evaluation and Reporting

The umbrella grant mechanisms will provide support to partners providing ARV services in monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities. M&E support for ARV services partners include: measurement of program progress; provision of feedback for accountability and quality; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The umbrella grant mechanisms will contribute to the PEPFAR goals of providing treatment to 2 million HIV-infected people; preventing 7 million HIV infections; and providing care to 10 million people, including orphans and vulnerable children.

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

Target Populations:

Community-based organizations
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Implementing organizations (not listed above)

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: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 12338
Planned Funds: $ 750,000.00

Activity Narrative: FHI was selected through APS 674-07-001 to conduct umbrella grant management. This Activity is split with three organizations: AED, Pact and FHI.

INTEGRATED ACTIVITY FLAG:

This ARV Services activity is linked to the entries for new umbrella grants management mechanisms under Prevention/AB (#9435), Basic Health Care & Support (#9436), OVC (#9438) and ARV Drugs (#9439).

SUMMARY:

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including ARV drugs, through an umbrella grants management partner. In FY 2007, USAID will competitively identify at least two new umbrella grants management partners. The main purposes of these new umbrella organizations are: (1) to facilitate further scale-up of HIV treatment services and (2) to develop indigenous capability, thereby creating a more sustainable program. The emphasis area is local organization capacity development. Primary target populations are indigenous organizations, which refers to both Government and non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

BACKGROUND:

Since 2004, USAID obligated funds through an umbrella grant to over 30 partners and sub-partners in South Africa, playing a valuable role in the fight against HIV and AIDS, including ARV treatment services. These partners and sub-partners include local NGOs, FBOs, and CBOs. These partners and sub-partners were selected through the inter-agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition.

The umbrella organizations will not directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients, who in turn implement programs. The umbrella organizations function primarily as a sub-grant making entity. Typically, a relatively small percentage of overall funds is used for administrative purposes. However, where significant technical assistance and management support to grant recipients is required, this percentage would be higher.

USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various government departments, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments.

Under the existing umbrella grant mechanism, USAID is supporting 4 partners providing ARV services to HIV-infected individuals. Partners under the current umbrella mechanism have to date initiated over 15,000 patients on antiretroviral treatment (ART) and their reach is expected to be substantially expanded. Treatment programs include patient uptake, counseling and testing, doctor consultations, laboratory testing, treatment management, adherence support, patient counseling, telemedicine, and quality assurance monitoring. The treatment partners work in both the public and private sector. Partners equip government clinics and hospitals with human resources (doctors, nurses, pharmacists, and counselors), management systems and community mobilization and outreach. Partners assist with infrastructure renovations when required. These programs also offer specialized training to improve the clinical, management, and leadership of health professionals to deliver ART services. Treatment partners engage private doctors, traditional healers, church groups, and people living with HIV to extend and enhance HIV care and treatment.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007, USAID will recompete the existing umbrella grant and identify at least two

new grant management partners that will support ARV treatment partners. Separate COP entries describe the ARV services activities implemented by each partner managed through this process. Institutional capacity building of local organizations is a key feature of the umbrella grant mechanism and is designed to promote the sustainability of HIV and AIDS treatment programs.

Activity 1. Grants Management

The umbrella mechanisms will award and administer grants to partners selected through the PEPFAR APS competitive process to implement HIV and AIDS activities, including treatment activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will monitor ARV services program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting.

Activity 2. Monitoring and Evaluation and Reporting

The umbrella grant mechanisms will provide support to partners providing ARV services in monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities. M&E support for ARV services partners include: measurement of program progress; provision of feedback for accountability and quality; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The umbrella grant mechanisms will contribute to the PEPFAR goals of providing treatment to 2 million HIV-infected people; preventing 7 million HIV infections; and providing care to 10 million people, including orphans and vulnerable children.

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

Target Populations:

Community-based organizations
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Implementing organizations (not listed above)

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:	Columbia University Mailman School of Public Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	12341
Planned Funds:	$ 2,600,000.00

Activity Narrative: Plus up funds will be used by Columbia University to expand ART to pregnant women, women who have been enrolled in PMTCT programs, and children. Funds will also be used to continue and expand pediatric ART training based at Tygerburg Hospital in the Western Cape. Training will be delivered in two additional provinces, the Free State and Northern Cape. Activities to expand these services include the improvement of pediatric treatment at government and NGO facilities, on-site technical assistance, development and implementation of systems to improve pediatric referral and retention in ART programs, and strengthening links between pediatric ART services and OVC programs. Mapping exercises are underway for OVC services and for pediatric ART services and these services will be formally linked. Clinical mentoring for pediatric ART for both general practitioners and nurses will be expanded.

Added February 2008:
SUMMARY:

Columbia University is a Track 1 care and treatment partner in South Africa, implementing site-level activities in the Eastern Cape and KwaZulu-Natal with CDC funding. Since FY 2007, Columbia University's office in Western Cape has received funding from USAID to support treatment partners in Limpopo, North West, Gauteng, Mpumalanga and Western Cape to improve linkages with prevention of mother-to-child transmission (PMTCT) and pediatric antiretroviral treatment (ART). This is achieved by providing technical assistance, training, and mentoring in public and non-governmental (NGO) facilities. The emphasis areas are human capacity development and local organization capacity building.

PEPFAR funds will support the continuation and expansion of the South-to-South Partnership for Comprehensive Pediatric HIV/AIDS Care and Treatment Training Initiative (S2S), a pediatric HIV and AIDS training program implemented in partnership with Tygerberg Children's Hospital and the Stellenbosch University in the Western Cape. The S2S program's experience and materials will support the activities within this initiative.

ACTIVITY 1: On-site Skills Building, Task Shifting and Clinical Mentoring

The critical conduits for system implementation are the healthcare workers. ICAP will work with site staff and partners to implement a supportive supervision model that combines capacity-building elements such as (1) supportive and regular on-site presence; (2) on-site dynamic skills-building events that directly link to implementation and program improvement such as (a) clinical mentoring and modeling to promote the rapid application of in-service learning to the clinical settings and to improve the quality of clinical care and patient outcomes; and (b) on-the-job training to provide necessary knowledge and hands-on practice of skills needed to perform job tasks; and (3) structured training interventions that employ multiple skills building and transfer of learning strategies to reinforce and emphasize key PMTCT and pediatric ART content. Training interventions include instructional (didactic) activities that include case-based learning, group-discussions, problem solving exercises; one-on-one and small team clinical mentoring activities (across/within cadre) with responsive/dynamic coaching and modeling activities; and case study activities.

ACTIVITY 2: Utilize a Multidisciplinary Approach

ICAP will promote the strengthening of a comprehensive approach to patient care at each facility. This includes instituting distinct clinical reasoning skills among cadres, emphasizing collaborative decision making and recognizing the important contributions of all members of the team. Activities to support this will include routine and regular management meetings to discuss service delivery and patient cases, onsite skills building activities and implementation workshops.

ACTIVITY 3: Performance Support

ICAP will provide technical support to partners and site staff to develop content for simple tools, resources, and performance aids that will help providers to correctly perform tasks and make decisions. This includes the development of protocols, decision trees, flip charts and posters for clinical and counseling related services.

ACTIVITY 4: Improve Service Quality and Standards of Care

ICAP will support the adaptation and implementation of a simple standards of care (SOC) tool designed to help the staff rapidly monitor the quality and depth of PMTCT, pediatric and adult ART services being offered at a facility level. ICAP will do so in collaboration with facility staff and partners.

The approaches noted above will be applied to focus areas outlined below.

(1) Prioritizing ART for eligible pregnant woman: ICAP will build on existing PMTCT services to ensure that all HIV-infected pregnant women are assessed for ART eligibility. Eligible women will be fast-tracked to initiate ART regardless of point of entry. Depending on site attributes, ICAP will work with sites and partners to ensure the following: (a) HIV-infected pregnant women receive CD4 testing the same day they receive their HIV test results; (b) women accessing maternal and child health (MCH) services initiate ART at the nearest ART site and be given coordinated visits to ensure that both MCH and HIV and AIDS needs are met; and (c) development of additional service models that increase access to care and treatment services for families including family days at care and treatment clinics, weekend and afternoon care and treatment clinics.

(2) HIV-infected women of childbearing age and their partners: ICAP will continue to strengthen the quality of the clinical and psychosocial services available to HIV-infected women of childbearing age and males (especially partners) enrolled in care and treatment services. This includes supporting facilities to offer services and referrals to counsel HIV-infected women and partners intending to become pregnant.

(3) Ongoing support for PMTCT clients on ART: ICAP will support sites to improve clinical management of pregnant women and families on ART. The support will include assessing (a) clients for treatment failure; (b) ARV contraindication and adverse reaction; and (c) administration of appropriate drug substitution or regimen change.

(4) Psychosocial and Adherence Support (P&AS): Quality adherence and psychosocial support is the cornerstone of successful HIV care and treatment services and having healthier HIV-infected pregnant woman. ICAP will provide individual P&AS through (a) developing and routine implementation of psychosocial assessments to assess ART readiness during pregnancy and post-natal period; and (b) establishing support groups at sites to initiate or strengthen support groups for PMTCT clients. ICAP will also strengthen the roles of the Implementation Team to support P&AS programs. The Implementation Team will include pharmacists and nurses. This activity aims to ensure that facility staff understand the roles and responsibilities of each cadre and acquire the necessary skills to provide those services as part of the multidisciplinary team.

(5) Patient Follow-up: ICAP will develop a mechanism to track and trace patients that have discontinued services or missed appointments. Specifically, this includes (a) setting up a system for tracking no-shows and discontinuers; (b) implementing a follow-up system to reach out to clients soon after they fail to return to the clinic; and (c) developing strong linkages with community-based organizations and community health workers to support patients who have discontinued services.

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		☑
Number of service outlets providing antiretroviral therapy	50	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	900	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	100	☐

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Pop Council SA
Prime Partner:	Population Council
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	15757
Planned Funds:	$ 1,000,000.00

Activity Narrative: ACTIVITY 7861

Activity 7861 is linked to Population Council's other activities in AB (#7614), Other Prevention (#7611), PMTCT (#7613), and Counseling and Testing (#7612).

SUMMARY:
ARV services are being rolled out in a phased approach in South Africa, however, barriers to accessing treatment remain at the community and health facility level, particularly for children and OVC. Data from public sector sites also reveal that CT is not acting as an effective entry point for treatment, care and support services due to poor linkages and referral systems. The Population Council (PC) will address issues around accessing treatment through 3 key activities that address these concerns, with an emphasis on linkage and referral networks.

BACKGROUND:
Over the past two years, the PC has worked closely with projects that specifically deal with increasing access to antiretroviral treatment (ART) through different entry points. Data from three separate projects show that major barriers still exist. A recent study showed that HIV-infected children in communities do not have access to ART for several reasons, including limited availability of PMTCT interventions, the limited number of facilities offering treatment, caregivers' ignorance of the HIV status of children, and a lack of programs addressing access to ART. Group discussions with caregivers and OVC service providers, as part of an elderly caregivers intervention, showed that the caregivers had very little knowledge and information on ART for children as well as relevant prevention issues. Data from public sector sites in North West province reveal that once tested for HIV, few clients are referred for assessment, treatment, wellness, or care and support services. Thus CT is not acting as an effective entry point for these services. This activity area addresses the strengthening of three key entry points to ART delivery. The following interventions are ongoing and will be expanded.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Access to ARV Services through the Family-Centered Approach (FCA)
The objective of the FCA is to increase access to treatment for infants and children by strengthening the capacity of service providers to treat the family as a whole. The activity will build on lessons learned through the pilot program in three urban hospitals regarding the acceptability and feasibility issues. The project will be expanded to two rural facilities in the Eastern Cape province (Lusikisiki Clinic and Cecilia Makiwane Hospital) as well as an urban hospital in Free State province (Bloemfontein National District Hospital). Specific activities will include: Implementation of a short in-service training program for service providers covering information, education and communication (IEC), family-centered referral, utilizing a family treatment diary and management support for service providers. Service providers will be trained on how to recognize children with early signs of health problems and to appropriately refer. At the community level, IEC will be promoted to enhance collective family participation in CT, ultimately to access treatment services. Local NGOs and CBOs will be instrumental in linking families with health facilities. A training program for NGO and CBO community healthcare workers will be developed and implemented in accordance with South African Government standards. To enhance sustainability, partnerships will be fostered among government facilities, between facilities and NGOs and between private and public sectors.

Activity 2: OVC Treatment Access
Building on work with OVC programs and elderly caregivers in the Eastern Cape province, to understand the barriers of accessing care and treatment for OVC, this activity will focus on interventions with caregivers, OVC program managers and service providers. Activities will be conducted in two rural communities where the PC, Medical Research Council (MRC), Age-in-Action and community-based groups are working with hundreds of elderly OVC caregivers to improve the services they provide. As the final stage to this program, PC intends to incorporate information and referral to HIV testing, ART services and HIV-related care to ensure that HIV-infected orphaned and vulnerable infants and children have the opportunity to receive timely, relevant and adequate care and treatment. Specific activities will include: 1) developing the capacity of OVC service providers to engage in relevant ART related services (e.g. referral to HIV testing, ART and TB

services); 2) addressing ART information needs of caregivers; 3) facilitating access to counseling and testing, grants, and other social services; 4) educating caregivers on relevant aspects of treatment for children, e.g., treatment literacy, side effects, nutrition, adherence, how to access ART facilities; and 5) addressing concerns around disclosure of HIV status of children and counter stigma faced by infected children and affected caregivers and families.

Activity 3: Access to integrated family planning (FP) and ARV services
South Africa has a contraceptive prevalence rate of 62% and FP services are the most highly utilized public sector service. This makes FP visits an ideal entry point for counseling and testing, as well as HIV care and treatment. Therefore, PC will continue to collaborate with the Maternal Child and Women's Health (MCWH) programs as well as CT and ARV programs in North West Province (NWP) to develop and implement a model providing continuity of care. PC will identify partners providing ARVs around project clinics to develop, implement and monitor a feasible model for referral. This will include ongoing collaboration and coordination with relevant government departments. Assessing training needs for health care providers in order to develop effective referral mechanisms will be one of the first steps. It is envisioned that training of FP providers will be needed to make appropriate referrals, clinical staging of HIV, ARV monitoring and compliance. Relevant training will also be provided to participating ARV sites to enable ARV providers to discuss future reproductive intentions, and provide or refer for FP. Training materials, monitoring tools and job aides for healthcare providers will be developed where necessary, or adapted if adequate tools are already available.

These activities will assist PEPFAR to achieve its overall goal of reaching 2 million with treatment by strengthening three key entry points to service delivery.

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		☑
Number of service outlets providing antiretroviral therapy	30	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	2,010	☐

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: South African Business Coalition on HIV and AIDS
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 19233
Planned Funds: $ 162,022.00
Activity Narrative: Summary:
This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa. It includes activities in AB, Condoms and Other Prevention, CT, ARV Drugs, Policy Analysis and Systems Strengthening.

BACKGROUND:

PEPFAR funds will be used to support a follow on cooperative agreement for implementation of a peer education prevention program for South African workers and managers in SMEs. This is a replacement activity for public-private partnerships since the cooperative agreement with the American Center for International Labor Solidarity will soon expire. The South African Business Coalition (SABCOHA) will implement through the Vender Chain Management and BizAids sub-partnerships. The major emphasis for this program will be the development of a workplace program, with minor emphasis given to community mobilization and participation; training and linkages with other sectors and initiatives and development of information, education and communication materials. The target population will include adults (men and women of reproductive age), truck drivers, factory workers, the business community and HIV/AIDS affected families. The project will focus on gender by addressing male norms and behaviors, issues associated with violence and coercion and stigma and discrimination (all key US legislative issues).

SABCOHA, in discussion with the South African PEPFAR Treatment working group, will identify treatment partners to assist in the implementation of the treatment component of the program. SABCOHA will initially be working closely with the PEPFAR-funded Right To Care (RTC) program and eventually other partners. The treatment component of this SABCOHA initiative will initially be implemented in two provinces namely: Gauteng and Mpumalanga. The SABCOHA Vendor Chain and BizAIDS counseling and testing (CT) programs will identify HIV-infected individuals will be referred into ARV treatment (ART) services.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
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		☑
Number of service outlets providing antiretroviral therapy	6	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	525	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	525	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	525	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Adults
Business community/private sector
Factory workers
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)

Coverage Areas

Gauteng

Mpumalanga

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Tsephang Trust
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 19234
Planned Funds: $ 968,750.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Activities are linked to others described in Counseling and Testing, ARV Drugs, and Other Prevention. This is a follow-on activity to the American Center for International Labor Solidarity.

SUMMARY:

This activity is a follow-on to the partnership with the American Center for International Labor Solidarity. With FY 2007 PEPFAR funding, the USG issued an Annual Program Statement to solicit partners to provide comprehensive prevention, care and treatment services in a workplace setting. The Cooperative Agreement with the American Center for International Labor Solidarity will end in December 2007. Tshepang Trust was selected as one of the partners to continue implementing HIV and AIDS workplace intervention. Treatment will be provided to workers and their dependents living with HIV in selected small to medium enterprises (SMEs) in the health and education sector. Care and support for HIV-infected workers will be provided through wellness programs in workplaces and through referrals to community-based organizations.

BACKGROUND:

Whilst business has become somewhat more responsive to the needs of its employees to encourage testing for early detection and treatment of its employees to encourage testing for early detection and treatment of its employees in larger corporations, the reality is that there are still very low levels of counseling and testing in the workplace. Employees still do not trust that by enrolling in workplace HIV programs, they will not be discriminated against. The situation is worse in the small medium enterprises (SMEs) because unlike big corporations, SMEs are failing to follow the lead of their counterparts in providing counseling and testing services to their work force. As a result, SMEs need assistance in providing and developing a workplace response to HIV and AIDS.

The Tshepang Trust (also known as Tshepang) is the South African Medical Association (SAMA)'s HIV/AIDS program initiated to bridge the gap in medical resources using private general practitioners (GPs) in the public private partnership model in order to assist the South African government fight against HIV/AIDS. SAMA has more than 5000 private medical practitioners in the private practice trained in HIV clinical management. Tshepang has been in existence since June 2003 and is a registered local non governmental organization (ngo) operating as a trust under Section 21 of the South African Companies Act. This is a workplace program targeting small medium enterprises (SMEs) employees, their partners and dependents using general practitioners and their consulting rooms as sites. For this initiative Tshepang trust is in the process of forming collaborative relationships with two South African corporate companies to establish a HIV and AIDS workplace program. In addition to this initiative, Tshepang will work with the healthcare sector, targeting personnel in hospitals and clinics within the Gauteng area. Lastly, Tshepang will continue to provide services to educators who received services under the Solidarity Center program which is ending in December 2007. Tshepang Trust currently has strong evidence of leadership support from the South African Government through a public private partnership with the Gauteng provincial department of health to enhance the scale up of HIV counseling and testing (CT) and treatment in Gauteng's ARV sites. Tshepang currently serves under serviced rural areas in South Africa utilizing general practitioners who are located mostly in rural areas. Using this model, Tshepang has developed a public-private partnership between SMEs where employees and their dependents can access private general practitioners in areas close to where they are employed without fear of discrimination of being absent from work. In addition all of the general practitioners are within reach of the targeted audiences and are local and indigenous and therefore able to relate to the target population according to their culture and in local languages. The geographical coverage area for this project is KwaZulu Natal, Mpumalanga, and Eastern Cape Province. The emphasis area for this workplace activity is development of networks, linkages, referral systems. The target population for this initiative is men and women of reproductive age working in SMEs, their partners and dependents. This includes factory workers, teachers working in the education sector and healthcare workers working in the public healthcare sector. The emphasis areas for this

activity will be information, education, communication and development of network/linkages/referral systems.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: GP Network Model

Through a public-private partnership among workplaces, NGOs and government, participating workplace programs will employ the services of doctors to provide antiretroviral therapy (ART) to workers who qualify for treatment. The doctors will be trained in HIV and AIDS clinical management and will have experience in drug purchasing, ART and PMTCT treatment and surveillance. The doctors will perform a clinical examination and staging, including taking blood for CD4 testing. A viral load test will be done before the start of treatment. 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. The counselor will also liaise with the doctor. The treatment services will utilize South African Department of Health standards and guidelines. All patients will receive their drugs from the doctors' offices. The doctor will ensure that the delivery system keeps stock of and is able to deliver antiretroviral therapy medications to any physical address. Special care will be taken to ensure that patient confidentiality is not compromised.

By providing comprehensive ARV services, including patient eligibility testing and drug procurement, workplace HIV prevention programs will provide HIV-infected workers in small and medium enterprises in the health and education sector with care and treatment.

ACTIVITY 2: Treatment advocacy campaign

FY 2007 funding will support peer educators and peer counselors in the workplace to provide treatment literacy materials and information on treatment services available in their respective communities. This may include links for patients to a toll free support line. Information on how to access testing and treatment services will be disseminated through SMEs, hospitals and the teachers' and healthcare workers' unions.

ACTIVITY 3: Providing ART services

Workers who are HIV-infected and require ART will be able to access these services through the identified treatment partner. All workers will receive a unique identifier which will be used for tracking and monitoring the treatment services and protect the identity of the patient. The treatment partner healthcare staff will provide the range of ART initiation services, including all relevant laboratory testing, and adherence counseling, To support the clinical care, adherence councilors will conduct home visits. The identified treatment partners will use South African Government treatment guidelines and protocols.

ACTIVITY 4: Monitoring and reporting

The treatment partner will track all relevant patient data for monitoring and reporting purposes.

Providing comprehensive treatment services in a workplace setting will contribute to the PEPFAR 2-7-10 goals. 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**
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Workplace Programs	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		☑
Number of service outlets providing antiretroviral therapy	218	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	950	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Adults

Factory workers

Teachers

Men (including men of reproductive age)

Public health care workers

Coverage Areas

Eastern Cape

KwaZulu-Natal

Mpumalanga

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area: $ 4,175,000.00

Program Area Context:

The South African Government (SAG) has requested that international donor agencies not use their funds to support laboratory infrastructure in South Africa, since the country has adequate laboratory infrastructure and the domestic funding in place to support the large scale antiretroviral treatment (ART) rollout and monitoring plans. For this reason, there is no comprehensive strategy for building laboratory infrastructure in South Africa contained in the USG Five-Year Strategy and PEPFAR does not provide any funding to support the National Health Laboratory System (NHLS) for this. Instead, PEPFAR funds are used to address gaps in laboratory training and testing quality assurance identified by the National Institute for Communicable Diseases (NICD, one of the six branches of the NHLS) and the National Department of Health (NDOH). These areas must be strengthened to support the national ART rollout and to assist in the development of a National TB Reference Laboratory (NTBRL). What follows is a brief description of South Africa's comprehensive laboratory network and the activities funded by PEPFAR through a CDC cooperative agreement with the NICD.

In 2001, South Africa restructured its public sector medical laboratory services and created the NHLS, which is organized as a parastatal organization. The NICD is accountable to the NDOH through its Executive Board. It has four regions comprised of approximately 260 laboratories, which includes all provincial diagnostic pathology labs, tertiary level (including academic labs attached to university hospitals and medical schools), secondary, and primary laboratories in all 9 provinces and their associated district hospital laboratories. Each district laboratory supports a network of between 7-10 local clinics where primary care (VCT, PMTCT, ANC, TB and STI) services are provided. Many district hospitals also provide ART services. These four regions encompass all public sector laboratories throughout South Africa. The NHLS has an advanced electronic laboratory management system capable of supply chain management activities, specimen tracking and results reporting across and between all levels of the network. All laboratories within this network operate in accordance with standard written national laboratory policies, guidelines, protocols, and standard operating procedures and referral procedures. Each province has a team of quality assurance officers that monitor and evaluate specimen handling, packaging and shipment, as well as testing at each of the district labs and their affiliated feeder clinics. The NICD was created to function as a public health laboratory-based national facility modeled on the U.S. Centers for Disease Control and Prevention. It provides comprehensive microbiology laboratory support for epidemiologic surveillance and monitoring, and serves as the only national reference laboratory. It also collaborates with the World Health Organization in providing reference services for the Southern Africa region.

Consistent with the priorities identified by the SAG and NICD, PEPFAR provides funding to assure the accuracy and quality of testing services in support of rapid scale-up of HIV testing and ART rollout and monitoring, and to build long-term sustainability of a quality laboratory system in South Africa. PEPFAR funding of NICD will support: the further evaluation of HIV incidence testing methodologies; external quality assessment to monitor PCR DNA testing of infants and of molecular testing associated with ART for both clinical labs and blood banks; continued quality assessment of HIV rapid test kits; assisting the NDOH in training the staff of nearly 4000 VCT sites on proper HIV rapid testing procedures and quality management utilizing the WHO/CDC HIV Rapid Test training package; implementing an operational plan to scale up early HIV diagnosis in infants utilizing PCR testing of dry blood spots; assisting NICD in developing a national TB reference laboratory, and; CD4 hematology chemistry training for hospital-based clinical laboratorians.

It should be noted that most of the FY 2007 PEPFAR-funded activities to NICD support important strategic information activities to help inform the decisions of policy makers and program officials regarding their HIV prevention and ART rollout programs. These activities include: HIV-1 drug resistance transmission surveillance; sentinel surveillance of opportunistic bacterial and fungal pathogens in HIV-infected persons; microbiological etiological and antimicrobial resistance surveillance for sexually transmitted infections; training for epidemiologists and laboratory workers; collecting trend data for HIV incidence; and HIV-1

drug resistance transmission surveillance. These activities are detailed under the Strategic Information section in the COP.

Program Area Target:

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	200
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	12
Number of individuals trained in the provision of laboratory-related activities	2,913

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:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	7391
Planned Funds:	$ 2,975,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This National Institute of Communicable Diseases (NICD) activity also relates to activities in PMTCT (#7917), SI (#7390) and Basic Health Care and Support (#7393).
BACKGROUND: As the burden of TB increases, the need for a NTBRL is increasingly important. The National Health Laboratory Service (NHLS) is overburdened with routine diagnostic testing, affecting standards and turnaround times for specimen processing. The NTBRL will play a pivotal role in improving routine TB lab services and drug-resistance surveillance. As HIV rapid test use increases, it is critical to ensure quality assurance and quality control (QA/QC) mechanisms and review of rapid test kits for efficacy. QA mechanisms must be equivalent to those in place in diagnostic labs. The proposed quality management system (QMS) will identify and remedy any deficiencies in CT centers. There are also quality concerns with routine use of nucleic acid testing including assay sensitivity and specificity, contamination, clinical significance, variable isolation/amplification procedures, lack of robustness and standardization, lack of appropriate control material and regulations and policies. To help detect weak spots in performance and improve reliability and confidence when reporting results, an EQA (proficiency testing (PT)) and internal quality control (IQC) program (as part of the QMS) will allow comparison and benchmarking, education in good lab practice and method utility. The activity is integrated as part of the program to increase access to testing. The development of improved practical methods for early infant HIV diagnosis is important for effective PMTCT interventions and to improve clinical management of HIV-exposed infants. NICD will help develop program guidance, technical support and in-country and regional evaluations to implement an operational plan to scale up HIV diagnosis in infants. Progress includes automation for an infant diagnosis program at NHLS. The NICD supports the Lesotho Ministry of Health in testing infants and has produced a publication of usefulness of testing at 3 months of age versus later time points using standard methods in FY 2005.

ACTIVITES AND EXPECTED RESULTS:
ACTIVITY 1: The NTBRL will be integrated with NHLS service provision. Renovation of an existing laboratory will begin in 2007.. The NTBRL will: develop a quality assurance program for TB laboratories, including PT and a nationwide re-screening program as part of the National TB Control Program; characterize the mechanisms of drug resistance found in South African isolates; and conduct laboratory investigations of drug-resistant outbreaks using molecular methods. The NTBRL will enhance the SAG's ability to respond to the growing TB epidemic among the HIV-infected by quality assuring routine testing to ensure that TB cases are properly identified. This will also ensure that high quality surveillance systems are in place. The NTBRL will work with the Medical Research Council, WHO, CDC and other partners to implement rapid drug-resistance surveys to help characterize the extent of drug-resistance including XDR-TB.
ACTIVITY 2: NICD will continue to evaluate the performance of rapid test kits and testing algorithms in the field and in the lab. In Phase 1, individual rapid test kits – and combinations of kits -- are evaluated for sensitivity, specificity, positive predictive valueand negative predictive value. Phase 2 assesses the field performance of rapid kits to inform scale-up. In FY 2006, NICD evaluated 15 rapid HIV test kits, and conducted field testing of three kits and an evaluation at one clinical site. In addition, an assessment and quality control program will be expanded as part of the national strategy for quality control of HIV testing. 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, in 210 NHLS labs and 60 non-NHLS sites, including NGO/Vaccine sites. 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 aspects required for such a system (i.e., proficiency panels, standard operating procedures (SOPs), safety, piloting ELISA testing from DBS) and then establishing lab and training capacity to implement it. Expected outcomes are to train public health sector and NGO counselors that perform rapid HIV testing to implement quality management of testing. The NICD and CDC have engaged key organizations including the NDOH and NGOs in the demonstration of the WHO/CDC training curriculum. The curriculum has been revised and is ready for piloting for 2006 and rollout in 2007.
ACTIVITY 4: An EQA program will be implemented to monitor lab performance related to the ART program, including performance of the viral load assay as well as DNA PCR (standard and DBS) important for infant diagnosis. Currently 11 labs perform viral load testing, 5 provide DNA testing for infants and 45 labs are equipped CD4 testing. The ART

program will expand to 16 NHLS labs in 2007 for viral load testing and 11 NHLS labs for DNA testing. The CD4 testing sites will expand to 58 sites. The NICD will monitor HIV testing performance and provide training in EQA/IQC management.
ACTIVITY 5: NICD will provide technical support to CDC to develop expert guidance on simplified early diagnosis tools and the use of DBS 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 PEPFAR 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-infected women, the NICD will improve the ability of pediatricians to assess and prescribe ART to prevent or treat infection in exposed infants.
ACTIVITY 6: Strengthen the current NHLS HIV-related testing capacity. Assistance will include funding to expand and improve current drug resistance testing, real time PCR for infant diagnosis, implementation of new and monitoring of existing EQA programs, investigating viable and sustainable communication systems to provide rural clinics with patient results, as well as providing temporary structures to house laboratory equipment in space limited settings and/or rural areas with limited laboratory services.
ACTIVITY 7: Assist NHLS in the development of an integrated HIV/TB technologist training program. (co supported in HVTB) to maintain and sustain viable HIV and TB diagnostic services. The training curriculum would address technical HIV-testing methodologies and provide practical hands-on training to meet the increased technical demands of HIV testing services, as well as the need to improve TB smear microscopy and AFB culture techniques. Efforts will be coordinated with SA Health Care Professionals Association to ensure course accreditation.
ACTIVITY 8: Expand TB culture and drug sensitivity testing (DST) services. 4 TB laboratories will be renovated and equipped to meet current demands: 2 in the midlands and northern provincial KZN region and 2 sites in Limpopo and Mpumalanga provinces. Proposed sites would improve overall performance and TB diagnostic capacity within the region.

Continued Associated Activity Information

Activity ID:	2959
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Institute for Communicable Diseases
Mechanism:	CDC GHAI
Funding Source:	GHAI
Planned Funds:	$ 1,200,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	51 - 100
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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 laboratory-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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	9	☐
Number of individuals trained in the provision of laboratory-related activities	2,500	☐

Target Populations:

Doctors
Nurses
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

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:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	7965
Planned Funds:	$ 200,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is part of the integrated program that includes Basic Health Care and Support (#7961), TB/HIV (#7962) and ARV Services (#7963).

SUMMARY:

The Eastern Cape Regional Training Center (RTC) will use FY 2007 funds in the Eastern Cape to strengthen the capacity of healthcare providers; prepare new sites for accreditation; and deliver quality HIV care and treatment services. RTC will employ a laboratory technologist who will support the RTC training team at new or established facilities and feeder clinics for a period of four months per cycle to initially evaluate the clinical laboratory investigations training needs and provide targeted didactic training, ongoing mentoring and coaching using standardized procedure manuals and tools. Primary target populations are facility managers, doctors and nurses.

BACKGROUND:

RTC was established through a service agreement between the prime partner Eastern Cape Department of Health (ECDOH) and Walter Sisulu University (WSU) to provide ongoing training for quality improvement in HIV care programs.

The function of RTC has been to develop accredited training modules and care protocols for different categories of health workers based on National Department of Health (NDOH) guidelines. RTC has demonstrated and evaluated the HIV, AIDS, tuberculosis (TB) and sexually transmitted infection (STI) best practices continuum of prevention, care and treatment model in selected facilities, providing direct patient care and the opportunity for healthcare workers (HCW) to receive hands-on practical training. RTC provides technical assistance to the ECDOH regarding the expansion of its HIV intervention programs supporting hospital/clinic site readiness for accreditation to provide comprehensive HIV care and treatment.

A number of clinical follow-up investigations are not adequately done. The quality of specimen collection needs improvement. There is a need to improve turnaround time and record-keeping. New tests such as polymerase chain reaction (PCR) from dried blood spots (DBS) and onsite rapid tests now performed by nurses need quality assurance and ongoing training. With antiretroviral (ARV) and other drug-drug interactions and a number of side-effects and complications beginning to emerge, there is a need for early laboratory detection. This requires facility level mentoring support from more experienced laboratory personnel who are themselves having ongoing support and mentoring.

RTC has been working with the National Health Laboratory Services and will be providing support and working closely with the facility managers in introducing the process to increase skills capacity to improve the quality of laboratory support services at the facilities.

In FY 2004 and FY 2005 RTC was involved in clinical care in two hospitals and nine feeder clinics to develop systems, inform curriculum content and develop experience for providing mentoring support.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007 RTC activities will continue to address PEPFAR areas of legislative interest: training; local organization capacity development; quality assurance; and supportive supervision. Funding will be used to enhance the RTC strategy of training preparation of new facilities for accreditation as ARV sites, and providing clinical mentoring to selected sites. RTC will use funds to employ and support training administration and logistics of a comprehensive care training team consisting of a Clinical Director, three doctors, three nurse clinicians and three administrative assistants, thus comprising three teams, one placed at each of the three satellite sites (Mthatha, Port Elizabeth, East London). A laboratory technologist will join these teams. Each team is allocated to provide dedicated support to a district hospital site (including at least five feeder clinics) for a period of four months, and then moves to the next site for the next four months, completing three cycles

a year.

During this period the team will work with and support the facility managers to initially evaluate the laboratory training needs and adapt available protocols to the local conditions and provide targeted didactic training, ongoing mentoring and coaching using standardized protocols and procedure manuals. The activity will address the following priority areas:

Human Capacity Development:
To improve skills of a care team including managers, doctors, and nurses at a facility and its feeder clinics through targeted didactic, case discussions, mentoring the facility staff in laboratory diagnostic investigations and systems improvement. After four months supported the team will leave an established process that will sustained by the facility managers and staff with the opportunity for further ongoing telephone consultations.

Experience on the ground will be incorporated into the adaptation of the current provincial training program.

Quality Improvement and Assurance:
RTC training, coaching and mentoring will be addressing data collection, maintaining accurate records, feedback and usage through quality improvement cycles to address increased reliable laboratory investigations, turnaround time, quality of rapid tests, introduction of PCR specimen collection and communication with laboratory services.

Support to the South African Government (SAG):
RTC is an ECDOH initiative based at Walter Sisulu University and conducts training at public facilities. RTC has provided, and will continue to provide technical assistance to the province through regular meetings and assignments from province managers as well as training for managers.

The PEPFAR funding is complimenting ECDOH funding to establish the program on a firm footing. The RTC operates in a very rural area of South Africa where the significant shortage of skills has taken greater effort to enhance care systems to be able to mentor healthcare workers to provide quality care.

The primary objective of the project is sustainable targeted human capacity development for the managers, laboratory staff, doctors and nurses. RTC staff will also continue to develop and improve their knowledge and skills by having academic discussions, attending relevant conferences and ongoing mentoring from local experts and visiting experts through collaboration with I-TECH and the Owen Clinic.

In the past 12 months with PEPFAR funds, RTC has continued to developed protocols and models which have been introduced in the province as new sites are supported for accreditation. More than 27 treatment sites have been supported for accreditation and the RTC will continue to support accreditation of at least 25 new sites in FY 2007. A system of improvement cycles have been introduced in one local service area. A pharmacovigilance program has been piloted in two hospitals and nine clinics, which has highlighted a number of complications as well as drug-related problems. A comprehensive care training team consisting of a doctor, nurse clinician and administrative assistant has been placed and begun training at each of the three satellite sites.

This activity contributes to the PEPFAR objective 2-7-10 by increasing the people in care and treatment.

Continued Associated Activity Information

Activity ID:	3038
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Department of Health, South Africa
Mechanism:	N/A
Funding Source:	GHAI

Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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 laboratory-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		☑
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 laboratory-related activities	405	☐

Target Populations:

Doctors
Nurses
Pharmacists
Laboratory workers

Coverage Areas

Eastern Cape

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Toga Laboratories
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 12307
Planned Funds: $ 1,000,000.00

Activity Narrative: New COP entry: Integrated activity flag:
These activities are part of an integrated program described elsewhere in ARV Services.

Summary:
Toga will deploy three Togatainer laboratories (mobile, prefab structures) to support ARV programs in resource-poor settings – ideally proximal to ARV clinics. Each Togatainer will in turn serve a sub-network of referral work through the deployment of White Rabbit (WR) electronic requesting and reporting systems. The emphasis areas are Infrastructure, Linkages with Other Sectors and Initiatives, Logistics, Local Organization Capacity Development, Quality Assurance and Supportive Supervision, and Strategic Information. The target populations of this program area are patients on ARV in peri-urban, peripheral settings.

Background:
Laboratory services in the public sector is provided through regional centralized laboratories, with limited peripheral capacity for specialized testing (e.g. CD4 and viral load). In the private sector there are centralized laboratories in Johannesburg, Cape Town and Pretoria with Stat-labs proximal to high patient volume settings, mostly in urban settings. The Togatainer addresses the need for peripheral deployment of laboratory services, specifically HIV treatment monitoring, utilizing a unique set of robust assays.

The Togatainer concept is based on the MeTRo (Measure To Roll Out) principle as a means of rolling out treatment capacity. In monitoring HIV-infected patients on treatment the generation of viral load tests at specific sites empowers other cadres of healthcare personnel to make management decisions. In patients who are well controlled on ARV therapy down referral to peripheral clinic are facilitated, thus decreasing the load on a central clinic or doctor. Should laboratory results of peripheral patients suggest up-referral this decision can be made by a nurse, based on a laboratory result. This fulfils an objective of the WHO down-referral strategy.

The activities described has been tested and developed in current PEPFAR-funded settings. Prior to implementation of each Togatainer interested local government and provincial structures will be engaged. Toga will be responsible for the implementation of all Togatainers, though local contractors may be used to assist with infrastructure services. The creation of employment, including professionally qualified medical technologists, will provide a unique opportunity for people from local communities and help to retain them in the community. Medical technology as the chosen profession of many females is likely to enhance female opportunities as most laboratories are served by a preponderance of female technologists. It is anticipated that the provision of laboratory service will enhance the standard of care to for rural and peri-urban women and children.

Activities and Expected Results:

Activity 1: Togatainers
Deployment of three Togatainers capable of performing the following tests: HIV tests; CD4 tests and/or lymphocyte tests; TB diagnostics; Syphilis testing; and HIV disease monitoring. Deployment entails site preparation, laboratory infrastructure (either shipping container or bricks and mortar at site) preparation, equipment sourcing, testing, calibration and implementation. Ongoing activities will include continuous training and supervision, as well as structured Quality Control, including internal and external quality assurance programs.

Activity 2: Training
Training of three medical technologists in the operation of an HIV monitoring laboratory. The recruitment of technologists should ideally be from communities in which Togatainers are to be deployed (e.g. through advertising in local media). Prior to implementation Toga will embark on a broad assessment to determine the availability of technologists in target areas, to be sure of technologist availability upon implementation.

The duration of training ranges from 4 to 6 weeks at the central laboratory in Johannesburg. The new employee will receive training on all the relevant instrumentation as well as the administrative procedures.

Togatainer technologists report weekly in writing to the Peripheral Lab Manager on issues such as the general running of the lab, equipment, quality etc. Further monitoring occurs by having computer access from the central lab to the site's database in order to monitor turn-around times, workload, output and quality. The peripheral manager aims to carry out quarterly visits to the various sites and also deals with the performance management of the staff members at these sites.

Staff retention may be a challenge. Staff members are deployed in remote rural areas and often will be the only person in the laboratory. In addition to the regular monitoring, the program aims to rotate Togatainer technologists through Toga central lab for ongoing development and training, and this may be expanded to other sites outside of Johannesburg. Telephonic contact will be made on a regular basis.

The training component will also include the training of 5 administrative staff in the support of HIV monitoring laboratories.

Activity 3: Lab Monitoring
Conducting HIV monitoring tests for 2000 individuals at peripheral settings, expecting an additional 1000 patients (non PEPFAR funded), totaling 3000 by the end of year one. These tests include viral load, CD4 count, Full blood count, AST, ALT and U&E. Provision has also been made for hand-held Lactate testing devices.

Toga will continue its discussions with the South African Government to address long-term sustainability. Toga will also engage with other funders, specifically in the private sector, to support Togatainers. Toga will remain involved in the training and technical support of laboratories, as well as the provision of support systems. Toga will also pursue the involvement with other NGO structures and funder organizations to ensure the sustainability of peripheralised laboratories. Toga is currently supporting a broad range of organizations in the private sector (Anglo Platinum, Anglo Gold, Anglo Coal, GoldFields, etc.) and NGOs (Southern African Catholic Bishops' Conference, Right to Care, Ndlovu Medical Centre, PHRU etc.) with laboratory and programmatic support services.

These activities support the PEPFAR 2-7-10 goals in South Africa.

Emphasis Areas	**% Of Effort**
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
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 laboratory-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	200	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	3	☐
Number of individuals trained in the provision of laboratory-related activities	8	☐

Target Populations:

Doctors
Nurses
People living with HIV/AIDS
Public health care workers
Laboratory workers

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area: $ 15,024,060.00

Program Area Context:

The South Africa Strategic Information (SASI) Team has been established as a part of the USG PEPFAR Task Force. To date, the SASI team has been made up of one monitoring and evaluation (M&E) Advisor each from CDC and USAID, and supported by contractors, such as MEASURE Evaluation, as needed. Due to the increasing size of the PEPFAR portfolio, this team will be expanded to six internal USG staff, as well as external support, in FY 2007. The SASI team works closely with the Task Force and the relevant technical sub-committees. Together, two key priorities have been set for strategic information (SI): building the capacity of the South African Government (SAG) to improve the effective use of M&E and HIV surveillance systems; and building the capacity of implementing partners to improve accountability and the use of M&E for continuous effective program improvement.

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 National Department of Health (NDOH) has an engaged M&E unit, which has assisted in the development of standardized data elements, data collection tools, and the use of protocols for the HIV and AIDS program. The District Health Information System, supported by the USAID/Equity Project from 1997-2003, is an integral part of the M&E system, managing routine health data at district, provincial and national levels. The USG continues to provide TA for SI, including direct personnel support at the national and provincial health departments, development of surveillance systems and training to specific programmatic units within the NDOH.

Other SAG departments work independently of the NDOH on HIV and 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. Other SI efforts include: 1) the development of a national orphans and vulnerable children (OVC) management information system (MIS), as well as TA for an OVC M&E framework to the Department of Social Development (DOSD); 2) assistance to the South African National Defense Force to develop M&E systems as they roll out antiretroviral (ARV) services within military health clinics; and 3) support to the Department of Correctional Services for an improved M&E system.

There are also a variety of surveys implemented on a bi-annual basis in South Africa to ensure accurate and useful information is available to the appropriate decision makers. The surveys include: The Nelson Mandela/Human Science Research Council (HSRC) HIV and AIDS household survey (#7313), a national communication survey (#7531), and an in-school youth behavior survey. PEPFAR provides partial support for all three surveys, but the process is driven by SAG and South African research organizations. In addition, there are well-established antenatal care and sexually transmitted infections (STI) surveillance systems. This process is fully managed by the NDOH, although the USG has offered TA through collaboration with the National Institute for Communicable Diseases (NICD). Examples include: sentinel surveillance of opportunistic bacterial and fungal pathogens in HIV-infected individuals; microbiological, etiological and antimicrobial resistance surveillance for sexually transmitted infections; training for epidemiologists and laboratory workers; collection of trend data for HIV incidence in the evaluation of the BED assay and the validation of the assay in general populations; and HIV-1 drug resistance testing in drug-naive and drug-treated persons.

There are also PEPFAR-funded partners who provide technical assistance to the SAG SI efforts. Since these activities support specific technical areas, they are included in other program areas, but they contribute to the overall picture of SI. Examples include: John Snow, Inc. (#7530) is assisting in the development of a comprehensive condom logistic system; Rational Pharmaceutical Management Plus (#7558) is developing pharmaceutical information systems at both facility and provincial level; JHPIEGO (#7629) is installing and providing training on the Training Information Management System in two national departments as well as at the provincial level; Columbia University, in collaboration with Africare and the Eastern Cape Department

of Health, is developing an electronic patient register to be used throughout the province (#7302); the University of Pretoria will continue to implement a prevention of mother-to-child transmission (PMTCT) monitoring project aimed at improving the quality of PMTCT service delivery to public health facilities in all provinces (#7434); and many of the treatment partners are working on patient tracking systems in the absence of a national system.

The USG supports a comprehensive and systematic approach to partner capacity building so that partners can effectively plan, implement, and report on PEPFAR 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 to assist USG and USG partners with the collection, reporting and analysis of data; 3) the establishment of a data quality assessment (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 to place M&E MPH students with partners in need of more intensive M&E TA. To date, significant progress has been made toward this goal - over 70 partners (nearly 250 individuals) attended a five-day M&E training and 30 partners participated in a DQA, both resulting in increased capacity to report and use program data effectively.

As PEPFAR matures, the USG PEPFAR Task Force has tried to ensure that the evaluation component is carried out at an appropriate level to ensure the program is attaining the intended outcomes and impacts. The targeted evaluation (TE) portfolio was reviewed by the Task Force as part of the partner evaluation and in the FY 2007 COP planning; targeted evaluations have been added to fill identified gaps and to provide information to improve service delivery. Please reference activity narratives for further information (#7365, #7364, #7305, #7394, #8216, #7313, #7314, #8276, #7316, #7938, #7509, #7622, #7612, #7611, #7614, #7861, #8042, and #7955).

In addition to M&E, the Task Force will also place more emphasis on a strategy in MIS in FY 2007. In November 2005, the USG convened a meeting of PEPFAR partners and the SAG to discuss health management information systems with a specific focus on those used by partners working in ARV services. It became apparent that USG, in collaboration with the SAG, needed to work closely to collaborate on the implementation of these systems and to improve communication standards among systems. An MIS specialist will be hired and will lead an assessment of USG-supported MIS with the aim to devise an investment strategy in MIS and work towards aligning systems within PEPFAR-supported programs and the SAG.

Other major donors active in SI include the Italian Cooperation, working closely with NDOH on geographic information systems and national surveys; UNAIDS, which supports a staff person at the NDOH to work on strategic planning and M&E; DFID/United Kingdom, which collaborates closely with USAID to leverage SI expenditures; and the Japanese 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.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	423
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2,754

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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7313
Planned Funds:	$ 2,500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to the Strategic Information (SI) activities, Human Science Research Council (HSRC) also implements activities described in the PMTCT (#7315), Injection Safety (#7316), Counseling and Testing (#8276) and Other Prevention (#7314) program areas.

SUMMARY:

HSRC proposes to use PEPFAR funding to support the South Africa 2008 national population-based HIV prevalence and behavioral risk survey. The survey will use state-of-the art survey and epidemiologic methods to collect and analyze data. These data will also be used to enhance national HIV and AIDS program indicators and compare South Africa's HIV epidemic to the global pandemic. The major emphasis area of this project is a population survey, with a secondary emphasis on HIV Surveillance Systems. Additional information on behavioral risk factors for HIV infection among youth aged 15 to 24 years will be collected. The entire population of South Africa will benefit from this survey. The target population for this project will also include the South African Government as the survey results will inform national policy and planning.

BACKGROUND:

To implement effective HIV and AIDS prevention, care and treatment programs in South Africa, it is vital to have accurate data and a comprehensive understanding of the epidemic. UNAIDS (2000) advocates for the development and use of data sources beyond antenatal care (ANC) HIV prevalence data to enhance a country's understanding of the epidemic's dynamics and its impact on the population. HIV prevalence estimates derived from population-based samples yield different and complementary information on HIV transmission dynamics in a country. Often times ANC HIV surveillance data leads to overestimates of national prevalence rates. The data will be used to compare estimates derived from ANC sentinel site surveys. The results of the previous two surveys have been influential in drawing attention to gender inequalities in the HIV epidemic in South Africa. By triangulating these data, along with data on risk behaviors, countries can obtain a more accurate picture of epidemic levels and trends.

Preparatory activities for this survey will be done in 2007 and the fieldwork will begin in early 2008. The 2008 national household survey on HIV will be the third such survey conducted in South Africa. The first and second surveys were conducted in 2002 and 2005 by the HSRC and its partners were funded by the Nelson Mandela Foundation, the Nelson Mandela Children's Fund, the Swiss Agency for Development and Cooperation, and the HSRC. In the 2005 survey, HSRC also received support from PEPFAR and the South African National Institute for Communicable Diseases (NICD) for conducting HIV incidence testing on dried blood spot samples (using the BED assay). This enabled HIV incidence to be estimated for the first time in a national population-based sample of the general population. HSRC plans to seek co-funding for the 2008 survey from other sources. HSRC is also considering a couples sub-study as part of the 2008 national household survey to obtain an estimate of the prevalence, patterns, and factors associated with discordant HIV serostatus among people in established sexual partnerships. This sub-study will be contingent on mobilizing adequate funding and human resources, and devising a sampling strategy that does not compromise the main survey.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: 2008 HIV Prevalence Survey

HSRC will use PEPFAR funds to conduct the 2008 national population-based HIV prevalence survey in South Africa. The survey will include children 2 years and older, as well as youth and adults of all ages. Funds will be used to: train fieldworkers and conduct fieldwork; for staff support; field allowances; quality assurances procedures; 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. Funds will also be used to support the analysis and write-up of the results and the publication of a report, scheduled for release on 1 December 2008 (World AIDS Day).

Results will be analyzed by gender, thus providing information for increasing equity in HIV and AIDS programs (an area of legislative interest). In addition, a more detailed risk assessment will be conducted on a sample of youth, which will provide information on male norms and behaviors (an area of legislative interest).

Following the publication of the report, additional secondary analyses will be conducted using data from the 2002, 2005 and 2008 surveys. Funding will also support the development of human capacity in the area of HIV and AIDS-related strategic information. Capacity in strategic information will be enhanced among HSRC staff and new trainees through their participation in planning, fieldwork, analysis and reporting of the results of the 2008 national household survey. In addition HSRC plans to conduct a workshop on second generation surveillance in 2008 to train government and public health sector staff in strategic information.

The 2008 national household survey will provide behavioral, communication, socio-cultural and up-to-date data on HIV for South Africa. This will enable trends in HIV and behaviors associated with HIV transmission since 2002 to be compared. The 2008 national household survey will also help to determine provincial dynamics and will inform resource allocation and effective interventions.

This activity will provide vital information that can be used for program improvement, and ultimately achieve the 2-7-10 goals.

Continued Associated Activity Information

Activity ID:	3343
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Human Science Research Council of South Africa
Mechanism:	HSRC
Funding Source:	GHAI
Planned Funds:	$ 1,550,000.00

Emphasis Areas	**% Of Effort**
AIS, DHS, BSS or other population survey	51 - 100
HIV Surveillance Systems	10 - 50
Other SI Activities	10 - 50
Targeted evaluation	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	300	☐

Target Populations:

Adults
National AIDS control program staff
Policy makers
Children and youth (non-OVC)
Other MOH staff (excluding NACP staff and health care workers described below)

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7364
Planned Funds: $ 800,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is one of five activities in support of the National Department of Health (NDOH). This activity also relates to PMTCT (#7369), CT (#7366), AB (#7966) and ARV Services (#7368).
SUMMARY:
PEPFAR funds will support the NDOH to implement M&E activities in HIV and AIDS programs. The major emphasis areas are the development of health management information systems, with minor emphasis on improving information technology and communication infrastructure, M&E and reporting, targeted evaluation, and proposed staff for Strategic Information (SI). Target populations include South African policy makers, members of the National AIDS Control Program, and other NDOH staff.
Activities described in this COP entry are those that have been requested by the national or provincial Departments of Health for SI.
BACKGROUND:
The NDOH currently lacks trained M&E personnel for specialized information gathering and management tasks. Data on disease surveillance and HIV and AIDS service uptake are often not up to standard and/or not transmitted in a timely manner, negatively impacting the NDOH's ability to effectively analyze epidemiological trends. CDC has provided technical support for M&E since 2003, including developing standard indicators, developing policies and guidelines and training tools. Funds will be used to expand the NDOH's M&E activities, especially its 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 and AIDS program staff. The sessions will new (and existing) M&E officers, and will inform staff of the importance of M&E in measuring the effects of the HIV epidemic. Staff will be trained to use the District Health Information System (DHIS), an electronic database that tracks disease and health indicators, and trained to use sophisticated M&E techniques for program planning. HIV and AIDS program staff will be trained in data management techniques.
ACTIVITY 2: Staff
There are four SI positions included as part of this COP entry.
1) An M&E Advisor, who is seconded to the NDOH HIV and AIDS Directorate, will continue to provide technical assistance to the NDOH and provincial health departments to support data use and analysis efforts at the NDOH.
2) An M&E Advisor based at the CDC office will continue to work closely with the NDOH, in addition to working with PEPFAR partners, on activities including management information systems, data issues, and activities with the Western Cape Department of Health (WCDOH).
3) A Management Information Systems (MIS) specialist will soon be hired with FY 2006 funds and will continue to work in FY 2007. In November 2005, the USG convened a meeting of PEPFAR partners and the South African Government (SAG) to discuss health management information systems with a specific focus on those used by partners working in antiretroviral services. It became apparent that USG, in collaboration with the SAG, needed to work closely to collaborate on implementing these systems and to improve communication standards among systems. In FY 2006, the MIS specialist will conduct an assessment of USG-supported MIS. In FY 2007, the assessment results will lead to an improved investment strategy in MIS and work towards aligning systems. The position will provide support to partners, especially those working in the public sector, and will provide technical assistance to the NDOH on MIS. The position will also be available to provide technical assistance in MIS to other SAG departments.
4) A Data Analyst will be hired with FY 2007 funds to improve the data analysis of PEPFAR data and assist in providing feedback to partners and the SAG about PEPFAR activities. The USG is currently in discussions with the provincial departments of health to improve collaboration and communication about PEPFAR-funded activities. This position will assist in facilitating these activities in the future.
ACTIVITY 3: GIS
PEPFAR funds will support the development of a geographic information system (GIS) program in the NDOH. Funds will be used to purchase software and to train at least two additional M&E officers at the national level on how to use GIS for HIV and AIDS programs.
ACTIVITY 4: Western Cape Department of Health
The following activities have been requested by the WCDOH with FY 2007 funds.

1) Respondent Driven Sampling (RDS) Surveys. With FY 2006 funds, CDC, in collaboration with the WCDOH and the Medical Research Council (MRC), is conducting an RDS survey to gather behavioral and epidemiological surveillance data on older men who have multiple younger female sex partners, which has been identified as a high risk group contributing to HIV transmission. The RDS survey is conducted in Khayelitsha township in the Western Cape. RDS has often been used to sample most at risk populations that are often hidden (e.g., men who have sex with men, sex workers, and injection drug users). The RDS methodology is based on the premise that these populations are linked through networks and not easily reachable though population-based surveys. RDS has never been used for this population and CDC along with the MRC and the WCDOH have decided to use this methodology to gather in-depth information about this population.
The results of the survey will identify risk behaviors, perceptions of social norms, and estimate the HIV prevalence in this high risk population. If this data-gathering methodology proves successful, the WCDOH will conduct similar surveys in this population for routine behavioral and HIV surveillance on a yearly basis. The information gathered will guide the development and evaluation of HIV prevention activities, especially those targeting male norms and behaviors. With FY 2007 funds, the WCDOH has requested assistance to use RDS surveys in other higher risk populations. Some of the sub-populations to be examined include men who have multiple sex partners in rural areas and women who are the casual girlfriends of older men.
2) Evaluation of the peer education programs in the Western Cape secondary schools to look at their effect on knowledge, attitudes, and behavior change.
3) Evaluation of the nutrition supplements given in HIV programs, and strengthening nutrition support for HIV-infected patients. The NDOH provides nutritional support to HIV-infected persons. However, there is no standardized counseling or standardized method to capture data. The nutrition supplementation and the HIV clinical care data sets are not linked; and therefore, an opportunity to monitor the effect of the nutrition intervention is being lost. With FY 2007 funds, CDC and MRC will work with the WCDOH to train their nutritionists and dieticians, and to strengthen their information systems to effectively gather information and evaluate the impact of nutritional supplements on clinical outcomes. This should increase the efficiency of the program by optimizing the protocol for nutrition supplements.
Improving the NDOH's ability to collect, process and utilize SI will directly contribute to improvements in HIV and 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 PEPFAR's goals. These efforts also support the USG Five-Year Strategy for South Africa by building capacity within the South African Government.
4) Evaluation of a 'Prevention with Positives' intervention within a clinical setting that provides ART within the Western Cape public sector.

Continued Associated Activity Information

Activity ID:	3044
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Department of Health, South Africa
Mechanism:	CDC Support
Funding Source:	GHAI
Planned Funds:	$ 205,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50
Proposed staff for SI	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
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	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	400	☐

Target Populations:

Adults
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Nurses
National AIDS control program staff
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
Implementing organizations (not listed above)

Key Legislative Issues

Addressing male norms and behaviors

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 Correctional Services, South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7375
Planned Funds:	$ 150,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is part of a comprehensive range of services provided by the Department of Correctional Services. Programs are described in Other Prevention (#7373), Basic Health Care and Support (#7374), CT (#7376), ARV Services (#7378), and TB/HIV (#7379).

SUMMARY:

PEPFAR funds will be used by the Department of Correctional Services (DCS) to conduct Regional Lekgotlas (Consultative Conferences). The activity will focus on reviewing the progress of implementing the Comprehensive HIV and AIDS Programs for offenders, on monitoring the implementation of policies and on enhancing management involvement to strengthen the commitment and interventions. It is important that consultative discussions take place at an operational level, to ensure that new developments in the field of HIV and AIDS are addressed and included in the mainstreaming of HIV and AIDS programs and services at DCS. The major emphasis area is monitoring, evaluation and reporting, and the minor emphasis area is other strategic information (SI) activities. The activity primarily targets DCS staff, in particular senior managers at a policy-making level, and Regional, Management Area and Correctional Center levels.

BACKGROUND:

The implementation of comprehensive HIV and AIDS programs and services has been prioritized by the DCS. To ensure that implementation is taking place at an operational level, it is imperative to involve management at all levels to discuss and outline future endeavors pertaining to HIV and AIDS programs in the regions. In FY 2005, funding was allocated to host a National Conference on HIV and AIDS in the DCS. It is therefore envisaged that the rollout of such conferences in the form of consultative forums (Lekgotlas) in the Regions will promote discourse on the subject and focus, in particular, on the challenges with regard to the implementation of comprehensive HIV and AIDS programs in the DCS.

Monitoring and evaluation is an ongoing activity aimed at ascertaining levels of compliance to policies, procedures and programs in correctional centers. The DCS has developed monitoring and evaluation tools for HIV and AIDS programs. These tools are to be implemented at all levels to determine compliance to policies and procedures, the interpretation of these policies, as well as the status of the implementation of the Comprehensive HIV and AIDS programs. Training was provided for all management and center coordinators in 2005 for similar purposes and was found to be useful.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Hosting of Regional Lekgotlas (Consultative Forums)

The first activity is a new activity to be hosted by the regions. The activity will target management in the regions at all levels. Management is comprised of Regional staff, Area Commissioners and Correctional Center Heads. The rationale is to enhance the level of support, accountability and commitment to HIV and AIDS programs. Staff representatives from the National Office and other partners such as community-based organizations, NGOs, government departments, donors, etc., from local, provincial and national levels will also be invited to share and participate in the events. The ultimate aim is to augment management involvement in HIV and AIDS programs through participation in plenary and work sessions, and ensure relevance and effectiveness of HIV and AIDS policies and strategies. This will result in the uniform implementation of HIV and AIDS programs within correctional centers. These Lekgotlas will take place in all six Regions.

ACTIVITY 2: Monitoring and Evaluation (M&E)

M&E will be conducted using observational visits at various levels within the DCS to monitor the progress and quality of program implementation. Regular progress reports will be submitted in terms of the South African Public Finance Management Act. These will be used to collect ongoing data which will be analyzed and fed back into the programs. Evaluation has been planned, but has not yet begun. These activities will begin once the

departmental M&E framework is approved.

All activities are in support of the USG South Africa Five-Year Strategy, especially support for the South African Government, and contribute to PEPFAR's 2-7-10 goals by monitoring and providing data for evaluation purposes on the effective rollout of HIV programs within the DCS.

Note that there are no targets because the M&E activities during this time focus on convening a meeting to discuss HIV and AIDS in the prisons and using collected data for program improvement.

Continued Associated Activity Information

Activity ID:	3031
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Department of Correctional Services, South Africa
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 110,000.00

Emphasis Areas	**% Of Effort**
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

Policy makers

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:	CDC GHAI
Prime Partner:	National Institute for Communicable Diseases
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7390
Planned Funds:	$ 3,954,060.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This National Institute of Communicable Diseases (NICD) activity also relates to activities in PMTCT (#7917), Laboratory Infrastructure (#7391) and Basic Health Care and Support (#7393).
SUMMARY:
The NICD will use PEPFAR funds to: 1) Enhance existing national and provincial surveillance by extending sentinel surveillance of opportunistic bacterial and fungal pathogens in HIV-infected individuals; 2) Conduct microbiological, etiological and antimicrobial resistance surveillance for sexually transmitted infections (STIs) in five population groups in Gauteng province; 3) Develop a program to assist national efforts in communicable disease surveillance by providing appropriate training for epidemiologists and laboratory workers; 4) Collect trend data for HIV incidence in the evaluation of the BED assay and the validation of the assay in general populations; and 5) Conduct HIV-1 drug resistance testing in drug-naive and drug-treated persons. Major emphasis areas are HIV surveillance and facility surveys. Target populations include infants and children, adults, pregnant women, clients and sex partners of sex workers, volunteers, members of the National AIDS Control Program, public healthcare workers and country coordinating mechanisms.
BACKGROUND:
HIV opportunistic infection (OI) surveillance was initially enhanced with CDC funding in FY 2003 by establishing population-based incidence rates of Cryptococcus in Gauteng province. PEPFAR funding in FY 2006 was used to expand cryptococcal surveillance to all nine provinces. This system will document the effect that the introduction of antiretroviral treatment (ART) has on the incidence of opportunistic diseases. STIs remain a major co-factor for acquiring and transmitting HIV infection. An ongoing surveillance program for STIs is essential to provide 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. However, syndromic management of STIs does not allow for surveillance of either disease etiology or of antimicrobial resistance. Rising levels of antimicrobial resistance in gonococci and the high prevalence of herpes as a cause of genital ulceration are cause for concern and may accelerate HIV transmission. Microbiological surveillance activities will focus on STI microbiological surveillance in Gauteng. Data from these projects will inform national and local HIV and STI policy development.
ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Training in integrated public health practice
There is an increasing need for public health professionals to receive training in integrated public health practice. The Field Epidemiology and Laboratory Training Program (FELTP), modeled after the CDC's Epidemic Intelligence Service, is a training and service program intended to build capacity in applied epidemiology and public health practice. The NICD is working with the National Department of Health, the University of Pretoria and the CDC to develop a FELTP in South Africa. FELTP training will include: situational analyses to identify management skills and performance gaps; creating an action plan for faculty and curriculum development; and training in epidemiology, laboratory and public health practice. To date, FELTP activities include joint introductory short courses for surveillance/epidemiologists (n=9) and lab technologists (n=9) and project feedback is scheduled for October 2006. The FELTP, National Health Laboratory Systems (NHLS) and CDC provided a short course (3 days, n=34) on laboratory quality management systems that serves to segue on specific courses centered on HIV, OI and TB to promote laboratory quality systems for NHLS business managers and laboratories that provide support to the antiretroviral program. Training segues with Laboratory Information programs.
ACTIVITY 2: 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. Measuring incidence in cross-sectional population surveys can avoid the complexities associated with surveillance systems or with inferring incidence from prevalence. 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. The BED assay will be used to evaluate specimens from the 2005 and 2006 antenatal care seroprevalence surveys. The NICD will also measure the specificity of the BED, estimate the sensitivity of the BED and determine HIV-1 incidence in different general populations.

The assay will be applied to a large population-based HIV surveillance program conducted by the Africa Centre (which is located in KwaZulu-Natal and is also a PEPFAR partner). Additional incidence tests and empirically-derived correction factors will be applied to determine the suitability of the BED assay.
ACTIVITY 3: HIV drug resistance project
The HIV drug resistance project started in 2003 will continue to watch for the emergence of drug resistance in the community (transmitted resistance) as part of South African Treatment and Resistance Network (SATuRN). This is key to determine the choice of regimen 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. Other methodologies for resistance surveillance will also be evaluated, including assays for measuring phenotypic drug resistance.
ACTIVITY 4: OI surveillance
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. Microbiological STI surveillance will take place among five population groups: township youth, HIV-infected symptomatic patients, pregnant women living with HIV, STI patients attending private health providers and STI patients attending public healthcare facilities. Youth and STI clinic attendees will be encouraged to test for HIV using VCT delivered at the same time as STI testing. STIs are strongly linked to HIV transmission and effective STI management reduces HIV transmission. NICD will implement the project in collaboration with local health departments (STI medicines) Mothusimpilo NGO (youth), treatment and antenatal clinics for people living with HIV, primary healthcare and private practitioner clinics in Johannesburg and Carletonville. STI screening results will be used to determine prevalence of STIs in each population, to inform STI syndromic management guidelines through provision of information on syndrome etiology and resistance of gonorrhea to current first-line antimicrobial therapy. Thirty healthcare workers will be trained on the importance of STI management to prevent HIV transmission.
By improving surveillance and building capacity to inform policy and facilitate program management, these activities will contribute to the PEPFAR's goals of preventing 7 million new infections and treating 2 million people. These activities also support the prevention and treatment goals in the USG Strategy for South Africa.

Continued Associated Activity Information

Activity ID:	2958
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Institute for Communicable Diseases
Mechanism:	CDC GHAI
Funding Source:	GHAI
Planned Funds:	$ 2,950,000.00

Emphasis Areas	% Of Effort
HIV Surveillance Systems	51 - 100
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	580	☐

Target Populations:

Adults
Doctors
Nurses
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Pregnant women
HIV positive pregnant women
Laboratory workers
Doctors
Nurses

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:	University of Pretoria - MRC Unit
Prime Partner:	University of Pretoria, South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7434
Planned Funds:	$ 250,000.00

Activity Narrative: SUMMARY:

This is a University of Pretoria prevention of mother-to-child transmission (PMTCT) monitoring project aimed at improving the quality of PMTCT service delivery. During FY 2005 and FY 2006, the foundations for the Child Healthcare Problem Identification Program (ChIP) were laid using PEPFAR funding. FY 2007 funding will be used to continue monitoring the impact of: 1) properly managing HIV-infected pregnant women and their children; 2) the impact of the intervention on perinatal and infant mortality; and 3) the impact of cotrimoxazole prophylaxis and antiretroviral therapy on HIV-infected children. The premise of ChIP is that through ongoing monitoring and analysis of data on child deaths, key indicators can be identified, which will allow both healthcare providers and policy makers to advocate for improved quality of care strategies to be implemented. In the long-term, this will result in fewer child deaths from HIV and other causes. The major emphasis of the work falls in Health Management Information Systems, with a lesser emphasis on monitoring, evaluation and reporting, as well as other strategic information (SI) activities. Target populations for the activity include infants and children, HIV-infected pregnant women, HIV-infected infants and children, policy makers, and public and private healthcare workers.

BACKGROUND:

HIV infection has a major impact on fetal, infant and child mortality. The impact on fetuses is mostly indirect, resulting in pre-term delivery, growth restriction or infection; whereas, infants younger than age 5 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 FY 2005, information on the causes of death in children was not routinely collected, and there was no methodology to determine the impact of PMTCT. However, with FY 2005 and FY 2006 PEPFAR funding, and in collaboration with the National Department of Health (NDOH), the PPIP system was updated to include fields for antiretroviral (ARV) therapy during pregnancy and neonatal nevirapine administration.

FY 2005 and FY 2006 PEPFAR funding was also used to implement ChIP, the new hospital-based audit system on the causes of death in children, in 21 sites across South Africa. During FY 2006, in collaboration with NDOH, the ChIP system was updated to include fields for cotrimoxazole prophylaxis, ARV therapy for mothers and children, administration of nevirapine to infants and infant feeding information. These updates will allow NDOH to determine the uptake of ARV therapy in children and the number of children dying from HIV-related infections, as well as provide an indirect proxy for the impact of PMTCT.

Healthcare workers were trained to use the PPIP and ChIP monitoring systems. Analysis of the 2005 data from 21 sites indicated that only 51% of children who died had an HIV test and of these, 92% were exposed or infected. In addition, of the children who died, 34% did not receive appropriate cotrimoxazole prophylaxis, and only 6% of those children qualifying for ARV received it. Although the purpose of ChIP is to monitor the causes of death in children, particularly as they relate to HIV, it also enables hospitals to identify preventable causes of death and identify strategies to address them. Health professionals from these sites were trained to use ChIP, and to understand how the data obtained from the program can feedback into the program. As a result of this quality improvement feedback mechanism, ChIP has become a valuable tool that not only impacts morbidity and mortality, but also service delivery as a whole.

ACTIVITIES AND EXPECTED RESULTS:

Three activities will be carried out in this program area.

ACTIVITY 1: The Rollout and Training on ChIP

FY 2007 funding will be used to continue promoting, supporting and expanding ChIP implementation across South Africa. This will include national and provincial training workshops and the development of training packages for 22 sites (12 established and 10 in-training sites). A minimum of two health professionals from each site will be trained,

ensuring sustainability. Sites will be monitored and evaluated annually to assess quality and sustainability, as well as to ensure that ChIP is being used as a quality improvement mechanism. The project has established linkages with the national and provincial departments of health, and will continue to liaise with the NDOH.

ACTIVITY 2: Saving Children Report

With FY 2005 and FY 2006 funding, ChIP used data from the existing sites to develop annual versions of the Saving Children Report. In FY 2007, data from 30 established sites will be used to compile the third annual Saving Children Report. The target audience for the report is healthcare workers and policy makers. It is anticipated that the third report will be used to highlight gaps and challenges within child health service delivery, giving special attention to HIV, as well as to advocate for the implementation of recommendations aimed at improving quality of care for HIV-exposed and -infected infants and children. At the national and provincial level, the reports will be disseminated to ensure continued communication with the NDOH and to ensure further expansion of the project in FY 2008.

ACTIVITY 3: Strengthening Linkages

This activity focuses on strengthening the linkages between ChIP and PPIP sites to provide information on improving the quality of PMTCT service delivery. Data from the updated PPIP which focuses on PMTCT compliance will be analyzed and the impact of PMTCT at these sites will be assessed by ChIP data. Improved PMTCT service delivery will be achieved through feedback of this information to the department of health at facility, provincial and national levels.

ChIP contributes to the PEPFAR goals by strengthening PMTCT information and monitoring systems, and ensuring a quality of care feedback mechanism aimed at improving quality of care for HIV-infected children. In addition, this project contributes to PEPFAR's 2-7-10 objectives by early identification of children born to HIV-infected mothers and linking them to appropriate treatment and care programs.

Continued Associated Activity Information

Activity ID:	3796
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of Pretoria, South Africa
Mechanism:	University of Pretoria - MRC Unit
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
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	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	☐

Target Populations:

Doctors
Nurses
Pharmacists
Infants
People living with HIV/AIDS
Policy makers
Girls
Boys
HIV positive pregnant women
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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: Masibambisane 1
Prime Partner: South African Military Health Service
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7442
Planned Funds: $ 50,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to all other program areas for the South African National Defense Forces PEPFAR program, including, PMTCT (#8049), AB (#7438), Other Prevention (#7439), Basic Health Care and Support (#7440), OVC (#7441), Counseling and Testing (#7443), ARV Services (#7445), and Policy and Systems Strengthening (#7916) as it provides the mechanisms for monitoring and evaluation for all the program components of the "Masibambisane" HIV and AIDS program.

SUMMARY:

Strategic Information (SI) for the South African National Defense Force (SANDF) has been documented in the Monitoring and Evaluation (M&E) plan that was recently developed. This plan addresses all components necessary for a comprehensive M&E system for an HIV and AIDS program. PEPFAR funding in FY 2007 will be used to expand the current health data management systems used for the South African Military Health Systems (SAMS) to encompass HIV and AIDS specific data. Activities will include: developing data collection tools, updating the software package to allow the current health information management system (HMIS) to track HIV and AIDS data, and training at all levels of SAMS to implement and use M&E.

BACKGROUND:

The development of a more comprehensive M&E system for the SAMS Masibambisane program has been supported by PEPFAR since its inception in FY 2004. This plan has continued to develop over the past few years as the HIV and AIDS program continues to expand. The health information system used by the SAMS is quite robust; however, it has taken significant work to incorporate all relevant HIV and AIDS data that is required by PEPFAR, the National Department of Health and the SAMS program managers. Strengthening M&E activities will continue as an integral part of the SANDF program.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Review development of data management system

Review ongoing development of the data management system through an interface with the Health Informatics System of the South African (SA) Military Health Service.

Activity 2: M&E and SI Training

Training of relevant role-players in M&E and SI and ensuring that all have internet and information technology access to improve reporting capability. This activity will include training of regional and unit level data collectors in data quality management and reporting. An NGO (outside contractor) is being considered to assist with training and improving of reporting capability.

Activity 3: Seroprevalence study

Perform an organizational seroprevalence study to determine an epidemiological baseline for impact measurement of the SA DOD HIV and AIDS program.

Activity 4: Audits

Internal audits and site visits to verify data, services and facilities.

These activities will enable the SA DOD to report effectively the contribution of the Masibambisane program elements and targets that contribute to the overall PEPFAR objectives for prevention, care and treatment.

Data obtained through the M&E plan as developed with the support of PEPFAR funding is utilized to determine successful program components and to identify program gaps to be addressed.

The establishment of the data management system developed in FY 2006 is in the final testing stage, and gaps identified are being addressed.

Continued Associated Activity Information

Activity ID:	2981
USG Agency:	Department of Defense
Prime Partner:	South African Military Health Service
Mechanism:	Masibambisane 1
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	**% Of Effort**
AIS, DHS, BSS or other population survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50
Proposed staff for SI	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	☐

Target Populations:

Military personnel

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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7531
Planned Funds:	$ 400,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Activities described are part of an integrated program implemented by the Health Communications Partnership including AB (#7532), ARV Services (#7536), CT (#7535), OVC (#7534) and Other Prevention (#7533) program areas.

SUMMARY:

With funding through the Health Communication Partnership (HCP), Johns Hopkins Health and Education in South Africa (JHHESA) coordinates the work of 15 South African partners and provides technical assistance and capacity building in communications activities to prevent HIV, provide care and support, and increase treatment adherence and support. Key legislative areas are male norms and behaviors, and reducing violence and coercion, along with alcohol use and stigma and discrimination. The National HIV and AIDS Communication Survey, carried out in early 2006, serves as a baseline for comparing overall PEPFAR and South African Government (SAG) communications goals and objectives with a follow-up survey planned for 2008.

BACKGROUND:

HCP will lead the implementation of the National HIV and AIDS Communication Survey 2008, which will be a follow-on to the baseline survey carried out in 2006. This survey will build on the continued partnership with the National Department of Health (NDOH) through Khomanani, Soul City and the Centre for AIDS Research and Evaluation (CADRE). This survey measures the effectiveness of the three large mass media activities in South Africa, of which two are PEPFAR-funded. The key objectives of this survey are to develop an understanding of the overall HIV and AIDS communication environment; understand communication gaps that can inform future communication interventions; and determine the reach and complementarities of national communication campaigns and their contribution to individual level responses. The results of the 2006 Survey will be used to develop the first National HIV and AIDS Communication Strategy.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: National HIV and AIDS Communication Survey

The National HIV and AIDS Communication Survey 2008 will provide in-depth information about the communication environment in South Africa as well as estimates of the separate and joint impact of various communication interventions. No other survey captures as much information about the SAG's communication programs and other communication interventions of NGOs, community-based organizations and faith-based organizations. The results of the study will be used to measure progress on program goals and to inform future strategic planning for communications activities.

A nationally representative sample of 8,000 individuals aged 15 to 65 will be interviewed in the quantitative part of the survey. Additional qualitative studies of specific issues such as primary abstinence, partner reduction, sexual violence and coercion, and male norms will also be conducted to provide valuable information for communication strategies and message design. PEPFAR partner, Soul City, will contribute to the survey with non-PEPFAR funds, while the NDOH will contribute SAG funds.

ACTIVITY 2: Dissemination Workshops

The findings will be disseminated through a series of workshops to more than 500 key stakeholders throughout the country. The purpose of these workshops is to build national and local consensus on what has been achieved through communication interventions and in what program areas interventions need to be strengthened. In addition, the findings from the 2008 survey will be compared to those from the 2006 survey to assess changes in norms and behavior and the impact of various communication interventions.

This activity will assist in making communication interventions across the different program areas more effective by providing key data for decision making. This will contribute to the PEPFAR goals of averting 7 million new infections.

Continued Associated Activity Information

Activity ID:	2987
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 0.00

Emphasis Areas	**% Of Effort**
AIS, DHS, BSS or other population survey	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
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	3	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150	☐

Target Populations:

Adults
National AIDS control program staff
Children and youth (non-OVC)
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Foundation for Professional Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7594
Planned Funds:	$ 900,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is integrated with the Foundation for Professional Development's (FPD) other activities in South Africa, ARV Services (#7593), ARV Drugs (#7985), TB/HIV Care (#7986), and Counseling and Testing (#7987).

SUMMARY:

The FPD program supports the expansion of access to comprehensive HIV and AIDS care by focusing on human capacity development (HCD). The project activity is to develop human capacity in strategic information (SI) at AIDS service organizations by having Masters Degree interns work for a six-month period on the monitoring and evaluation (M&E) systems of South African PEPFAR partners. The major emphasis area for this activity is monitoring, evaluation and reporting, but several other emphasis areas (including health management information systems and other SI activities) support the success of the overall effort. Target populations for the activities include: community-based organizations, faith-based organizations, NGOs and implementing organizations.

BACKGROUND:

FPD is a South African Private Institution of Higher Education working exclusively in the health sector in Southern Africa. With FY 2005 funding, FPD supported treatment to thousands of people living with HIV (PLHIV) and training for thousands of healthcare providers and managers. This activity, started in FY 2006, supports the more formalized approach to HCD needs in South Africa. The activity was successfully piloted by the University of Pretoria, through MEASURE Evaluation. It will be scaled-up through the FPD given their ability to expand to all universities. FPD, as a nation-wide training institution, is well placed for implementation of this activity as training and other HCD activities are their core business and FPD has well-developed relationships with other academic institutions in the country. These relationships will create a conduit to recruit Masters Degree level interns from a variety of these institutions. FPD also provides training to various PEPFAR partners and other health service institutions. FPD will facilitate the placement of interns with PEPFAR partners who need to strengthen their M&E capacity.

With FY 2007 funding, FPD will support the expansion of access to comprehensive HIV and AIDS care by focusing on human capacity development (HCD). In addition to training and mentoring, this activity will meet the gaps in capacity in a number of South African institutions implementing PEPFAR-funded activities. M&E expertise is often the weakest link for many partners in the implementation of the South African PEPFAR program. Emphasis will be placed on ensuring gender representation in the recruitment of interns.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Human Capacity Development

The project is aimed at improving the skills of graduate students at Masters Degree level who have a specialization or interest in SI by partnering them with implementing PEPFAR partners or other related AIDS service organizations. The interns who will provide M&E and SI assistance and support to these organizations will be recruited from South African Universities that specialize in SI-related qualifications. Both the interns and the organizations will be technically supported by FPD, university and USG M&E staff. In addition, an effort will be made to design projects that are of interest to the intern, so both the organization and the intern will benefit.

Activity 2: Local organization capacity development

The project further supports the ability of such organizations to engage in SI activities by providing them with an intern with specialized knowledge in SI related disciplines. The aim of the internship is not just to do reports for the organization, but to build M&E systems. It is required that the organization accepting the intern has a full-time M&E Officer, so the systems built during the internship are sustainable.

Funding will be utilized to appoint a dedicated project manager, pay stipends and transport costs for interns and to allow FPD to coordinate with various universities and recipient organizations with regard to recruitment, placement and evaluation of the program. The sustainability component of this project revolves around the premise that some of the recipient organizations will recruit the interns at the end of their placement period. It is also expected that interns will have effected a substantial improvement in the strategic information capacity of the recipient organization during their placement and that this improvement will be maintained after their departure.

FPD will contribute to the PEPFAR 2-7-10 goals by developing the capacity of organizations to expand access to antiretroviral therapy (ART) services for adults and children, building capacity for monitoring ART service delivery.

Continued Associated Activity Information

Activity ID:	6407
USG Agency:	U.S. Agency for International Development
Prime Partner:	Foundation for Professional Development
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	**% Of Effort**
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50
Proposed staff for SI	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
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	38	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	45	☐

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Implementing organizations (not listed above)

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:	HPI
Prime Partner:	The Futures Group International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7605
Planned Funds:	$ 125,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to the activities in Strategic Information, the Health Policy Initiative (HPI) will also carry out activities in AB (#3014), Basic Health Care and Support (#3015), Condoms and Other Prevention (#6427) and Information Policy Analysis and Systems Strengthening (#3016).

SUMMARY:

The Health Policy Initiative (HPI) will carry out capacity building activities and provide technical support to ensure improved national and provincial level financial planning and effective resource allocation for HIV and AIDS. The target populations are host county government workers at national and provincial levels, with a specific focus on AIDS Control Program staff; and the emphasis area for this activity is other strategic information (SI) activities, to include healthcare financing and local organization capacity development.

BACKGROUND:

HPI is a follow-on project of the POLICY Project with the focus on policy dialogue. The Health Policy Initiative empowers new partners to participate in policymaking processes. With an additional focus on policy implementation, the initiative helps organizations translate policies, strategic plans, and operational guidelines into effective programs and services, especially for the poor and other underserved groups.

The HPI has significant expertise in providing assistance to governments and donors in planning and allocating future resources to manage national HIV and AIDS programs. This is an ongoing activity in South Africa, first initiated in 2001 with the collaboration of the National Department of Health (NDOH) and several other government departments. In 2004 and 2005, the activities were funded by PEPFAR and included provision of technical assistance and training for staff at the Health Financing and Economics Unit (HFEU) of the NDOH. HPI will continue to work in collaboration with the Health Economics Unit at the University of Cape Town and the HFEU to ensure continued support to the NDOH in preparing resource allocation and human capacity building plans in order to effectively implement the National HIV and AIDS strategy and operational plan.

The GOALS Model can serve as a useful tool for planning prevention interventions. The GOALS model is a computer model designed to support HIV and AIDS planning by linking expenditure on specific program interventions to coverage of the population in need and to program goals, such as infections averted and deaths averted. With prevalence rates still increasing steadily in South Africa, the USG Task Force has made it a priority to strengthen the prevention portfolio. The NDOH has also described 2006 as the year of prevention. The USG Task Force has asked HPI to update the GOALS model and make it specific to the South African context by incorporating data from recent South African studies. HPI will provide technical assistance to incorporate COP, Semi-Annual and Annual report information into the GOALS Model to identify gaps in budget allocations and providing information on what set of interventions can most effectively contribute to achieving the South Africa prevention target.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Resource Allocation

In this phase, HFEU staff previously trained in effective resource planning will form part of the core training team to roll this intervention out further. Training and technical assistance will be provided to HFEU trainers to conduct national and provincial training for technical working group members on resource allocation, the use of data for decision-making to prepare for the new National Comprehensive HIV and AIDS plan and human capacity needs for HIV and AIDS programming and financing.

HFEU staff will also be trained to use and teach staff at the provincial level on the use of the GOALS model to design programs, as well as allocate financial and human resources. HPI staff will follow-up throughout the year with the HFEU trainers to provide additional capacity building to roll-out the province-specific GOALS training.

ACTIVITY 2: Assistance to USG Prevention Planning

The USG Task Force has requested technical assistance from HPI to use the GOALS model again next year for planning the FY 2008 COP. The model will be updated with new information that is available in South Africa, such as the results of the male circumcision trials or the National Communication Survey, and then scenarios will be provided to USG to assist with decision making in the area of prevention.

This activity will contribute substantially towards meeting the vision outlined in the USG Five-Year Strategy for South Africa. It will contribute to reaching the goal of averting 7 million infections through improved planning and resource allocation.

Continued Associated Activity Information

Activity ID:	3017
USG Agency:	U.S. Agency for International Development
Prime Partner:	The Futures Group International
Mechanism:	Policy Project
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Emphasis Areas	**% Of Effort**
Other SI Activities	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
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	40	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	400	☐

Target Populations:

National AIDS control program staff
Policy makers
USG in-country staff
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7621
Planned Funds:	$ 2,900,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This MEASURE Evaluation activity is linked to all South African PEPFAR partners. Given the focus of PEPFAR on strategic information (SI), almost all partners receive some sort of technical assistance in SI. In addition, this activity is linked to the MEASURE Evaluation OVC activity (#7622) and ARV Services activity (#7623). This activity is also linked to the Khulisa data quality assessments and data warehouse activity (#7945).

SUMMARY:

MEASURE Evaluation will provide a broad program of technical assistance and other targeted project support to improve the quality, availability and use of SI in South Africa. SI will contribute to strengthening programs, improving accountability and reporting, and information sharing within PEPFAR partners. The major emphasis area for this activity is monitoring, evaluation or reporting. Minor areas include USG Data Warehouse development, health management information systems (HMIS), proposed staff, and other SI activities. The primary target populations for this activity include: HIV and AIDS program managers, host country government, policy makers, USG in-country staff, other healthcare workers (information officers), and the following groups and organizations: community-based organizations, faith-based organizations, non-governmental/private voluntary organizations and other PEPFAR implementing organizations not included in the above categories. In addition, MEASURE Evaluation is collaborating with the University of Pretoria to develop local capacity in monitoring and evaluation (M&E).

BACKGROUND:

MEASURE Evaluation seeks to improve the collection, analysis, and use of SI in planning, policy-making, management, monitoring, and evaluation of the South Africa PEPFAR program. MEASURE Evaluation has been providing continuous assistance to the South Africa PEPFAR program since FY 2004. In addition to the prime MEASURE Evaluation Partner, University of North Carolina, this activity is implemented by Tulane University, John Snow Inc. (JSI), the University of Pretoria School of Health Systems and Public Health, and Conference Call. This activity supports all South African Government (SAG) entities that are supported by PEPFAR through SI technical assistance. In addition, all information/data generated by this activity is shared with the SAG.

Gender relations are a key driver to the HIV and AIDS epidemic. MEASURE will address gender by helping to ensure that appropriate and quality information is collected at all levels of program implementation and is used to feedback into improving gender-specific programs.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Partner Capacity Building

MEASURE Evaluation will work to strengthen the capacity of PEPFAR implementing partners to monitor and evaluate their programs. The MEASURE Evaluation M&E Capacity Building approach is multi-faceted and includes the following activities: (1) M&E capacity building workshops: The 5-day basic M&E workshop will be offered to PEPFAR partners three times a year with FY 2007 funding. (2) M&E workshops on specific topics: There is increasing interest among PEPFAR partners for more specialized M&E training on such topics as data analysis, qualitative methods and research and evaluation methods for program improvement. These trainings will be implemented in collaboration with the University of Pretoria and other training partners. (3) Partner-specific workshops: There are a number of large partners (or primes who have many subs or sites) that want to deepen their M&E capacity. FY 2007 funds will be used to conduct 10 partner-specific workshops to respond to this need. (4) Individual M&E TA to PEPFAR implementing partners: This TA will focus on areas identified through the M&E capacity assessment. (5) Collaboration with the University of Pretoria to increase their capacity to conduct M&E trainings. (6) Specialist TA from US-based MEASURE Evaluation specialists as needed, including in the areas of Data Demand and Information Use (DDIU), M&E capacity building and data quality. To date, MEASURE has trained 277 individuals through the M&E Capacity Building Workshops.

ACTIVITY 2: Collaboration with USG/South Africa (USG/SA) SI team

MEASURE Evaluation works closely with the USG/SA SI team on the development and implementation of SI systems for the PEPFAR program. Specific activities include: (1) South Africa Strategic Information Manual: Update and disseminate a compendium of information and procedures to support PEPFAR; (2) Partner M&E Meetings: Coordinate and facilitate partner meetings; and (3) Ongoing collaboration: Given the growing data and reporting demands of PEPFAR, MEASURE Evaluation responds and assists the USG/SA SI Team as needed.

ACTIVITY 3: Increased demand, availability and utilization of SI

MEASURE Evaluation will utilize multiple strategies for increasing the demand, availability and utilization of SI in South Africa by both USG and South African partners. In November 2004 MEASURE Evaluation contracted with Khulisa Management Services to develop the Data Warehouse (DW). Initially Khulisa focused on developing the PEPFAR reporting system, but in the future Khulisa plans to emphasize making the DW more useful for partners and USG staff. Specific activities include: (1) Data Warehouse: Subcontract with Khulisa for April 1 through September 30, 2007 period, based on the understanding that Khulisa will be directly funded in FY 2007, but will suffer a delay in receiving direct PEPFAR funding that will require JSI to extend its subcontract with Khulisa through September 2007; (2) targeted TA to Khulisa and PEPFAR implementing partners on development of partner-focused utilization and reporting tools, review of current and future software codes and the application of GIS as a monitoring tool. The MEASURE Evaluation team will work with Khulisa and PEPFAR implementing partners on their data and information needs to determine functions required. (3) Partner Level MIS Reviews: MEASURE Evaluation team will work in collaboration with the new CDC HMIS Specialist and the USAID Senior M&E Advisor to conduct information systems reviews, including data and information needs, reporting cycles (PEPFAR and non-PEPFAR), technical infrastructure, and human and financial resources.

ACTIVITY 4: National-level M&E Capacity Building

MEASURE Evaluation will work to strengthen national-level M&E capacity in South Africa through collaboration with national and provincial departments such as South African Department of Social Development, the National Defense Force, Department of Education, and Department of Corrections that are funded through PEPFAR. Specific activities include: training of M&E and program staff, facilitating the exchange of information on M&E strategies; and providing technical assistance related to different information systems.

MEASURE Evaluation will also support the Western Cape Provincial Department of Health by empowering health management teams to use information for strategic and operational decision making to improve the functioning of the healthcare system for HIV and AIDS and TB. The proposed technical assistance will further strengthen the capacities of health management teams to work within existing M&E systems while integrating sustainable systems of data quality management and use of information.

These activities contribute to the overall goals of PEPFAR at both a local and global levels by providing valuable information for decision making.

Continued Associated Activity Information

Activity ID:	3075
USG Agency:	U.S. Agency for International Development
Prime Partner:	University of North Carolina
Mechanism:	MEASURE Evaluation
Funding Source:	GHAI
Planned Funds:	$ 3,050,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50
Proposed staff for SI	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
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	40	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	450	☐

Target Populations:

Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Program managers
USG in-country staff
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
Other Health Care Workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Data Quality Contract
Prime Partner:	Khulisa
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7945
Planned Funds:	$ 1,800,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
Khulisa and MEASURE Evaluation (#7621) work collaboratively with the USG/South Africa Strategic Information (SI) Team to implement SI activities.

SUMMARY:
The South Africa PEPFAR program works with over 100 prime partners, who in turn work with over 300 sub-partners and 350 service delivery sites, to implement HIV and AIDS activities across South Africa. This immense level of effort poses a significant challenge to the USG in efficiently monitoring and evaluating programs (mainly because there is no single source from which to obtain PEPFAR data) and in building monitoring and evaluation (M&E) capacity among partners. Khulisa helps to address these challenges through a web-based data warehouse (DW) and through on-going independent Data Quality Assessments (DQA) of PEPFAR partners' data management systems. Both the DW and DQA activities prioritize M&E capacity building among PEPFAR/South Africa partners.

This project addresses the emphasis areas of Health Management Information Systems, monitoring, evaluation and reporting, as well as USG database and reporting systems. The main target populations are the USG and PEPFAR prime partners, sub-partners and sites in all nine provinces.

BACKGROUND:
Khulisa Management Services is a South African-based consulting firm offering quality management and technical services to development projects throughout Africa. With PEPFAR funding, Khulisa has implemented both the DW and DQA activities since FY 2005. In FY 2005 and FY 2006, Khulisa conducted DQAs of 24 PEPFAR partners and provided data quality training for USG staff and partners. This exercise provided invaluable feedback on risks to data quality regarding reported PEPFAR data, and also sought to build M&E capacity and improve data management systems (DMS) among PEPFAR partners. These DQAs were more collaborative than traditional audits, allowing partners to receive advice on how to improve practices. The proposed DQAs will continue to build partners' understanding and capacity in M&E systems, as well as improve the overall quality of data they report.

Since October 2004, Khulisa has provided web-based data warehousing services to PEPFAR through a sub-grant through John Snow Inc. (JSI) funded through the MEASURE Evaluation project. The DW has transformed a paper-based reporting system to a more efficient web-based system with data integrity. The DW has undergone continuous revisions to address the changing needs of PEPFAR. The last development added a component to support the Country Operational Plan (COP), as well as reporting. The proposed project activities will further support the DW and develop a sustainable and replicable system.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1 - Data Quality Assessments (DQAs)

The DQAs are designed as a three-phased approach, using standardized tools based on USAID and other internationally accepted standards. At each phase, the risks to data quality are identified prompting a dialogue between the assessor and the partner about how to improve systems, resolve problems, and resolve data quality risks. The findings of each phase, with associated recommendations, are reported in detail to both the USG and the partner. In addition, the USG receives a summary report for each phase. A plan for technical assistance is developed between the partner and the USG.

Phase 1: Phase 1 assessments are conducted with a new group of partners as identified by the USG Task Force. In this phase, the partner's DMS and associated processes and procedures are examined through a self-evaluation, followed by a review of the DMS by the Khulisa assessor. The main objective is to prepare the partner for Phase 2 and familiarize them with the DQA process.

Phase 2: Phase 2 involves validation and verification of reported data. The assessor uses two selected indicators (from source) and tracks it through the partner's DMS to evaluate the reported data for validity, reliability, timeliness, precision and integrity. Any identified risks are reported to the partner and the USG with recommendations for corrective action.

Partners with high risk scores are issued compliance notes indicating poor data management and quality practices. The compliance notes also provide recommendations for resolving the poor practices.

Phase 3: Phase 3 is the follow-up visit which is only done with those partners who received a compliance note based on a high risk score in Phase 2. The assessor re-examines the data quality issues found during Phase 2 and assesses whether the corrective action taken by the partners reduces the risks that were outlined. If the assessor is satisfied, the compliance note is officially closed. This final visit also serves as an additional opportunity for the partner to receive technical assistance from the assessor on data quality practices.

ACTIVITY 2: Data Warehouse (DW)
The DW project is an ambitious and unique activity, and has proven to be a useful tool for PEPFAR reporting and planning. During the last two years, Khulisa built a web-based DW that is password-protected, through which implementing partners can electronically submit both narrative and quantitative information on progress towards their expected results. The DW also allows the USG Task Force to verify submitted data, make adjustments for partner double counts, and to maintain an audit trail by tracking changes made to data.

Over the last two years, substantial progress has been made in developing a PEPFAR reporting system. Multiple tests were performed on the system, which brought about numerous adjustments to improve efficiency and effectiveness. Feedback has been positive so far and USG staff and partners have now become more "fluent" in using the system. This year, in addition to the reporting side of the DW, a planning side has been added to electronically capture information for the COP, enabling the USG to better manage the large amount of COP data through version control.

Currently, the DW captures progress reports (quarterly, annual and semi-annual) and COP data; provides tools for managing budgets and targets through online, editable grids; provides a tool for the removal of double counting; tracks data changes through audit trails; and extracts indicator data, sub-partner and site information.

In FY 2007, Khulisa will continue to maintain and host the DW, with a focus on expanding features for better use and analysis of program data at the partner level. Specifically, the project will:
-- Continue improving the currently active functions for even greater ease of use by partners and USG staff.
-- Further extend the extraction and reporting capacity for indicator data, sub-partner and site information, status information and trend data. The extensions will focus on online graphical representation of data including maps. Manually-produced maps are already a significant aspect of data use and their availability online, in real time will improve the usage of this data.
-- Further improve partner-level data usage and data quality through site-level data capture for partners (other than the treatment partners who currently do so). Site-level capture will be started for partners who request it, starting with Orphans and Vulnerable Children partners and likely followed by Counseling and Testing partners.

EXPECTED RESULTS:
These two activities will allow the USG Task Force to make better, data-driven programming and planning decisions at the macro level, as well as assist partners develop and utilize more effective M&E systems. The sustainable impact of the system will be the partner's ability to make better programming and planning decisions for their own programs based on accurate and reliable data.

This activity will assist the entire PEPFAR program achieve its goals through effective M&E of partner achievements in meeting South Africa's portion of the 2-7-10 goals.

Continued Associated Activity Information

Activity ID: 3345
USG Agency: U.S. Agency for International Development
Prime Partner: Khulisa

Mechanism: Data Quality
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
USG database and reporting system	51 - 100

Targets

Target	Target Value	Not Applicable
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	70	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	225	☐

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
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:	National Department of Health, South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7960
Planned Funds:	$ 445,000.00

Activity Narrative: SUMMARY:

At the request of the National Department of Health (NDOH), CDC will use PEPFAR funds through a Cooperative Agreement to support activities of the 11 Monitoring and Evaluation (M&E) Officers whose placement is currently in process. They will be placed 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 department of health (DOH) offices. These officers will support 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 placement and training of proposed staff for strategic information (SI) with minor emphasis given to developing health management information systems and monitoring, evaluation and reporting. 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 then 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 in the process of assigning M&E officers to the nine provinces and two officers 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 the NDOH.

The M&E officers will provide technical expertise in strategic information, 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.

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 and AIDS prevention, care and treatment services are delivered nationwide.

Improving data quality and analysis will directly contribute to improvements in HIV and 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 PEPFAR’s 2-7-10 strategy.

Continued Associated Activity Information

Activity ID: 3039
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Department of Health, South Africa
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 0.00

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
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	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	300	☐

Target Populations:

National AIDS control program staff
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)

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:	CAPRISA NIH
Prime Partner:	University of Kwazulu-Natal
USG Agency:	HHS/National Institutes of Health
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8042
Planned Funds:	$ 250,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is part of an ongoing comprehensive PEPFAR-funded treatment program implemented by the Center for the AIDS Program of Research in South Africa (CAPRISA) that includes Basic Health Care and Support (#7499), CT (#7496), ARV Services (#7497) and ARV Drugs (#7498).

SUMMARY:

While knowledge of HIV status is an important gateway for HIV prevention and care, stigma and discrimination (perceived and/or real) is a barrier to uptake of voluntary counseling and testing (VCT) services. High HIV incidence rates in young women are an important driver of the epidemic in sub-Saharan Africa. This FY 2007 activity will build on and expand the ongoing generation of strategic information in the Vulindlela district of KwaZulu-Natal to enhance CAPRISA's AIDS Treatment (CAT) program. It proposes to advance, deepen understanding of, and develop strategies for: 1) enhancing and supporting safe disclosure of HIV status; 2) increasing uptake of HIV testing and preparedness for an HIV test; and 3) reducing HIV acquisition in young women. This strategic information is critical for understanding behaviors in the context of antiretroviral (ARV) treatment provision in this rural, geographically defined community at the epicenter of the HIV pandemic.

BACKGROUND:

The CAPRISA Vulindlela Research Facility was established in 2003 to better understand the evolving HIV epidemic in this community and to contribute to HIV prevention, understanding the pathogenesis, and scaling-up ARV treatment access in partnership with the community and the KwaZulu-Natal Department of Health. The PEPFAR-funded CAT Program was initiated to provide care and ARV treatment to HIV-infected volunteers identified through screening processes for CAPRISA's prevention research.

This program, initiated in April 2005, has contributed to infrastructure development, appointment of peer educators from the community, staff capacity building for treatment provision, community outreach activities to understand stigma and discrimination, promotion of HIV prevention interventions including knowledge of HIV status and establishment of a cohort of young uninfected young women to enhance understanding of HIV acquisition. These foundation activities and strategic information generated in the first year are being expanded to strengthen and deepen understanding of issues relating to stigma and discrimination, uptake of VCT services and drivers of HIV acquisition in young women. This information is critical to design strategies and interventions that target these areas and thereby the current epidemic trajectory in this and similar communities, including ARV treatment provision.

Despite the high prevalence of HIV infection and knowledge of HIV prevention and treatment, the majority of individuals are unaware of their HIV status. The peer educator program and extensive community outreach activities at this site have resulted in an almost five-fold increase in uptake of HIV testing since its inception. While this is a major advance, it is important to better understand why individuals choose to have an HIV test to refine strategies in this regard.

Stigma and discrimination is a major barrier to knowledge of HIV status and uptake of prevention and treatment services. Prior research in this community highlighted how pervasive this was in this community. In the first year of this program, 200 CAT patients were interviewed to determine rates of disclosure of HIV status, reasons for, and responses to HIV status disclosure and whether they had encouraged others to have an HIV test. Based on this data CAPRISA is trying to understand the role of ARV treatment access on HIV status disclosure in CAT patients. This information will be used to develop strategies for supporting HIV status disclosure.

In sub-Saharan Africa young women aged 15 to 24 years are three to six times more likely to be infected than young men in the same age group. In Vulindlela, about two-thirds of antenatal clients are under the age of 24 years and HIV prevalence is about 40% underscoring the need to focus on sexually active young women. The establishment of the

cohort of young, sexually active HIV uninfected women in the first year through the CAPRISA seroincidence study has provided a useful mechanism to understand rates of, and factors influencing HIV acquisition in this group. The role of age of sexual partner, family structure, sexual practices, sexual networking patterns, other sexually transmitted infections (STIs) as drivers of HIV transmission are being better understood. These data are important for designing targeted interventions for HIV prevention and changing behaviors of persons on ARV treatment in CAT.

ACTIVITIES and EXPECTED RESULTS:

ACTIVITY 1: Increasing uptake of VCT services

Peer educators will continue to build on outreach activities to promote knowledge of HIV status, support ARV treatment adherence and minimize AIDS-related stigma and discrimination. They will conduct home visits and, where needed, transport young people to the CAPRISA VCT service for VCT, facilitate positive persons support networks and ARV treatment adherence. Understanding the reasons and preparedness to have an HIV test will enable CAPRISA to generate important information to enhance uptake of VCT services.

ACTIVITY 2: Supporting safe disclosure of HIV status

Previous data collected through a cross-sectional survey in Vulindlela (N=594) to assess the extent and impact of perceived HIV and AIDS stigma and discrimination on the willingness to disclose a hypothetical HIV-positive status showed that participants anticipated high levels of stigma and discrimination from the community, with women more likely to report this. Ninety percent anticipated support from their families should they be HIV-infected, but women were more likely (75%) to expect forced isolation from their families if infected with HIV. Gender sensitive community interventions that confront AIDS stigma and discrimination in a human rights perspective are needed to ensure safe and supportive environments for disclosing an HIV-positive status. In FY 2007, the focus will shift to assessing the impact of access to ARV treatment in disclosure of HIV-positive status to enhance strategies to support safe disclosure of HIV status.

ACTIVITY 3: Drivers of HIV transmission in young women

The HIV incidence rate in the cohort of young women established in the first year is 7.5 per 100 women-years of follow-up [95%CI: 4.3–10.4]. Low rates of condom use, a stable partner being over 20 years of age, low contraceptive use, anal sex and the presence of other STIs were significantly associated with HIV acquisition in this cohort of young women. A combination of PCR technology and a Clinical Evaluation Tool (CET) was used to identify early HIV infection. Through this cohort and CAT, data were generated on HIV transmission in uninfected women, recently infected women and men and women with established HIV infection on and off ARV treatment and enhance intervention design to impact HIV transmission dynamics. FY 2007 activities to enhance understanding of what is driving HIV acquisition in these young women will be invaluable for understanding HIV risk behaviors in the context of ARV treatment provision. Data will be used to develop a partner level intervention to reduce HIV infection in young women.

This activity generates key strategic information to enhance strategies and development of interventions for increasing uptake of VCT, reducing stigma and discrimination, reducing HIV acquisition especially in young women and enhancing ARV treatment provision. These results contribute directly to the PEPFAR 2-7-10 goals by producing valuable information to guide current and future prevention and treatment activities in this, and similar settings.

Continued Associated Activity Information

Activity ID:	3074
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of Kwazulu-Natal
Mechanism:	CAPRISA CDC
Funding Source:	GHAI
Planned Funds:	$ 250,000.00

Emphasis Areas	% Of Effort
Other SI Activities	10 - 50
Proposed staff for SI	10 - 50
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
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	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	27	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
Secondary school students
Out-of-school youth

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

KwaZulu-Natal

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Medical Research Council of South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8044
Planned Funds:	$ 500,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is linked with the USAID partner, University of North Carolina/MEASURE Evaluation Strategic Information COP entry (#8044). In FY 2007, MEASURE Evaluation will provide technical assistance to the Medical Research Council (MRC) to conduct the activities described below.

SUMMARY:
The MRC will continue to strengthen the health system to support the expansion of a comprehensive tuberculosis (TB)/HIV program in collaboration with the Western Cape Department of Health (WCDOH) through four approaches: 1) assessing the current use of information and identifying what information is needed to make strategic and operational decisions to improve service delivery; 2) assessing the quality of existing health information through an assessment of select Quarterly Indicators across all six districts; 3) improving the quality of existing health information systems by reviewing and clarifying the rationale for collecting certain indicators, the format of the data collection tools, and by developing Standard Operating Procedures (SOP) for data quality; and 4) improving the ability for related information systems to interface, to assess program outputs and outcomes across the systems, including the quality of services and the efficiency by which those services are provided. The primary emphasis areas for these activities are monitoring, evaluation and reporting, and secondary emphasis areas are proposed staff and other strategic information (SI) activities. Specific target populations include senior and mid-level managers involved in the TB/HIV program.The CDC previously supported the Medical Research Council to conduct a national Youth Risk Behavior Survey (2002), which includes risk behaviors associated with HIV risk. In order to measure behavioral changes over time and to provide information for designing HIV prevention interventions among youth the survey must be repeated

BACKGROUND:
The WCDOH strategy, "Healthcare 2010," states it will decentralize management structures to the district and sub-district level to strengthen local management capacity and expertise at the ground level to significantly improve service delivery and ensure participation and local networking in the provision of primary healthcare services. The WCDOH already has one of the largest TB/HIV programs in South Africa and the decentralization strategy will significantly impact the success of this program.
To have the greatest impact on health outcomes, this decentralization process needs to be based on evidence and strategic planning. Efficient implementation will depend on timely production and utilization of strategic information at appropriate levels of management to monitor and evaluate service delivery and its outcomes.
The project aims to empower health management teams to use information for strategic and operational decision-making to improve the functioning of the health system.
In FY 2006, the MRC is a sub-partner under MEASURE Evaluation and carries out these activities at the request of the WCDOH. For FY 2007, MRC will be the prime partner.
FY 2006 activities have recently
Begun which have resulted in a draft of the work plan for
the upcoming year.

ACTIVITES AND EXPECTED RESULTS:
The MRC will carry out five activities in this Program Area.
ACTIVITY 1: Needs Assessment
The first activity will be to repeat the initial assessment (which is currently planned to begin in FY 2006) to ascertain how information is used and to identify information that is required to make strategic and operational decisions. Program managers at the provincial and district level will be trained to collect and analyze data. Staff at all levels will participate in this process to ensure data is not only used at the highest levels, but also by those who collect it. The activity results will include identifying why targets for the comprehensive TB/HIV program are not being met, and possible reasons for the gap. The WCDOH has a plan to institutionalize the activity once the tools and SOPs are finalized.
ACTIVITY 2: Data Quality Assessments
The second activity is to continue auditing the quality of existing health information by selecting a random sample of the Quarterly Indicators across all six districts in the

Western Cape. Program managers and information officers will be trained to conduct self-audits on the quality of key indicators used to monitor the comprehensive TB/HIV program. The project will pay for the external facilitation and documentation of this process based on existing data quality assessment models. By the end of 2007, all training curricula and materials will be developed and the activity will continue directly through the WCDOH.
ACTIVITY 3: Implementation of Data Quality Recommendations
The third activity is to implement recommendations identified by the data quality assessments. This will improve the quality of existing health information systems by reviewing and clarifying the rationale for the indicators that are collected, the data collection tools, and by developing data quality SOPs. The activity will lead to improving the interface among related information systems, which will enable the assessment of program outputs and outcomes. Project facilitators will work with district teams in an action learning mode of working.
ACTIVITY 4: Training on Data Use
The final activity is to continue ongoing work with the WCDOH senior management and district management teams to act upon findings from the data quality assessments. Also, there will be periodic reviews of the data to link results of program outputs and outcomes to management decisions and competency. Through this activity, MRC will continue to build the capacity of WCDOH by training and working with managers to more effectively manage a growing program.
ACTIVITY 5: Multiple Risk Behavior Study (MRBS)
In collaboration with the National Department of Health, the MRC will conduct the second MRBS which will provide outcome and impact level reporting of PEPFAR indicators specifically around youth behavior. It covers many areas of youth risk behavior, but USG will only support that portion which revolves around HIV risk.
By improving the data management system and the use of strategic information in the Western Cape for TB and HIV services, the quality of TB and HIV services will improve. It is expected that resources will be used more efficiently and that the number of persons accessing these services will increase.

Emphasis Areas	**% Of Effort**
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50
Proposed staff for SI	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
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	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	☐

Target Populations:

Doctors
Nurses
Pharmacists
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers

Coverage Areas

Western Cape

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: $ 5,257,081.00

Program Area Context:

Despite its relatively high gross national product (GNP) and per capita income, South Africa has significant health service delivery constraints, particularly in rural areas and the public health sector. Many healthcare providers are drawn to the private sector or emigrate in search of higher pay or better working conditions. According to the National Department of Health (NDOH) 2004 data, only 40% of health facilities have primary care nurses, and only 30% are visited by a doctor at least weekly. In many public sector clinics and hospitals, vacancy rates range from 30% to 50%, with even higher rates in some healthcare worker categories. Aside from the sheer numbers of needed providers, skills and management need to be strengthened.

Program policies and guidelines for HIV are developed at the national level and provided to all program implementers. Often the guidelines are comprehensive and the quality is sound. However, revision and updating of policy and guidelines is slow, usually occurring after practice has already shifted.

South Africa has a strong commitment to providing quality health services for all. This is reflected in the government's investment in the health sector and in the Constitution and labor legislation, which provide some of the best protections in the world for those infected and affected by HIV and AIDS. However, the gap between intent and reality is large.

South Africa has a vast network of NGOs, FBOs, CBOs and private industry that are engaged in HIV and AIDS activities, and the USG team relies heavily on the expertise of local organizations.

In order to ensure sustainability of effort, the USG PEPFAR Task Force has, since the inception of PEPFAR, required that all USG partners: (1) ensure that technical innovations and standards become routine practice; (2) develop the management, administrative, and technical capabilities and systems of all implementing bodies; (3) assure planning to secure diversified and renewable financing; and (4) build continued support at the policy level. For each partner, the USG requires a sustainability plan.

Sexual violence and gender inequities drive the spread of HIV in South Africa, and enhancing gender norms and equity are critical factors in enabling responsible sexual behavior. The PEPFAR program in South Africa currently addresses policy analysis and systems strengthening through a variety of mechanisms and activities that focus on: (1) capacity building through twinning, volunteers, and pre- and in-service training; (2) public-private partnerships; (3) policy development and strengthening; and (4) reducing stigma and gender inequities. In FY 2007, these efforts will continue and expand. All initiatives are consistent with South Africa's National HIV and AIDS Strategy and the Comprehensive Plan for HIV and AIDS Care, Management and Treatment.

Many policy analysis and systems strengthening activities relate to specific program areas and are therefore included in those sections of the FY 2007 COP, and only the cross-cutting activities are described in this section. These include: (1) training implemented to address stigma and discrimination; (2) development of effective HIV workplace policies in the public and private sector; (3) development of national guidelines and standards for HIV peer education; (4) assistance in increasing the involvement of people with HIV in the NDOH treatment and care initiatives; (5) human capacity development including training and mentoring of healthcare workers; (6) support for government-to-government twinning relationships; and (7) technical assistance to the NDOH and provincial health departments.

There are significant efforts to provide pre- and in-service training to healthcare providers, such as those offered by the Foundation for Professional Development, the Field Epidemiology and Laboratory Program and the Eastern Cape Regional Training Center. All training focuses on provision of technically sound prevention, care and treatment, and on quality assurance, mentoring, and clinical preceptorships to assure that training is translated into actual practice. Although many of these activities are described in different

sections of the COP, there are important synergies across these efforts that will be closely monitored to assure an overall coordinated systems strengthening program for South Africa. In addition, many partners whose activities are described in other sections are also serving on advisory boards, nursing council boards, and clinician societies, and are affecting policy development through these memberships.

The USG uses its many links to businesses in South Africa to promote the expansion of initiatives to reach the workforce. These efforts focus on integrated workplace programs that offer workplace policies, as well as HIV services of prevention, counseling and testing, and treatment for employees. A large program in this area -- a cooperative agreement with the American Center for International Labor Solidarity -- is ending in March 2007. However, these important activities will be continued through a new Annual Program Satement to solicit proposals which is partially described in this section of the COP. The Health Policy Initiative also provides important capacity building around HIV and AIDS policies in the workplace.

Another methodology that PEPFAR uses across technical areas to assist in policy development and systems strengthening is piloting best practices projects on a small scale at the provincial or district level with plans to replicate nationally. This has proven to be an effective mechanism for moving the NDOH forward in issuing revised policy. Some of these models explore task shifting to lower level cadres of workers.

Much effort is put into building the capacity of local NGOs through grant management organizations, such as CARE and the Ambassador's Small Grants Program. Most of the larger, better resourced NGOs are currently engaged in implementing PEPFAR activities. There is a need to build capacity in the next cadre of NGOs to increase their ability to work effectively in HIV prevention, care, and treatment. Again, these efforts are described elsewhere in the COP, but are described here to ensure a complete understanding of efforts in this area.

In recognition of the role that gender plays in the spread of HIV, the USG incorporates gender as an overarching theme in most programs. Activities have been strategically planned at two levels – those aimed at changing behavior within society and those directed at improving service delivery.

In the FY 2007 COP, the USG team in South Africa has placed a special emphasis on improving and increasing activities in the area of human capacity development (HCD). The HCD Appendix highlights the ongoing and new activities in this area. At the end of FY 2006, the USG conducted an HCD assessment to better understand what the South African Government and PEPFAR partners are doing to address HCD and to better define unmet needs. The USG PEPFAR Task Force has allocated funds in the TBD category to support specific HCD activities that have been developed, based on the findings of the assessment.

Other major donors in this program area support workplace policies and programs and organizational capacity building among NGOs working in HIV and AIDS. UNHCR funds work on HIV policies for refugees, and UNDP supports policy development focused on the poverty and AIDS cycle. Many donors and civil society groups address stigma and discrimination within their HIV and AIDS programs. In addition to industry and labor organizations, other donors involved in HIV workplace policies are GTZ, DFID/United Kingdom and DCI (Ireland).

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	272
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	830
Number of individuals trained in HIV-related policy development	2,070
Number of individuals trained in HIV-related institutional capacity building	2,690
Number of individuals trained in HIV-related stigma and discrimination reduction	1,510
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,330

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 7290
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY06 COP, is funded with FY06 PEPFAR funds, and is included here to provide complete information for reviewers. No FY07 funding is requested for this activity.

The five–year cooperative agreement with the American Center for International Labor Solidarity is ending on March 31, 2007.

A new competitive program announcement will be released to identify a new partner (or partners) to implement similar activities in FY 2007.

The proposed activities are described in this COP as PPP TBD.

Continued Associated Activity Information

Activity ID: 3546
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: American Center for International Labor Solidarity
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,000,000.00

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		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
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		☑

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:	ASPH Cooperative Agreement
Prime Partner:	Association of Schools of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7293
Planned Funds:	$ 260,000.00

Activity Narrative: INTEGRATED ACTIVITY NARRATIVE:

This activity relates to activities to be carried out by Harvard School of Public Health (HSPH) in AB (#7295) and Condoms and Other Prevention (#7291).

SUMMARY:

Through the South African Center for the Study and Support of Peer Education (SACSSPE), the Harvard School of Public Health (HSPH) contributes to PEPFAR prevention (AB and Other), OVC, and system/capacity building goals by providing training, technical assistance, and materials development to government, NGOs, FBOs, corporate, and other organizations using peer education strategies. SACSSPE is the linchpin of an unprecedented sustainable, intersectoral national system delivering rigorous peer education in schools, FBOs and CBOs, clinics, sport and recreation programs, higher education, and public and private sector workplaces. The major emphasis area is training; minor emphasis areas are local organization capacity development and policy and guidelines. The target populations are girls and boys, primary and secondary students, out-of-school youth, adults, orphans and vulnerable children, HIV and AIDS affected families, the community, policy makers, and CBOs, FBOs, NGOs and other implementing organizations.

BACKGROUND:

This project is an expansion and institutionalization of a five-year national consultative process developing consensus on goals, essential elements and standards of practice for peer education programs, and materials and tools in wide circulation to improve how peer education is conducted. Rutanang - meaning "teaching one another" -- peer education is consistently defined and implemented as including, among other characteristics, multiple-dose small-group structured and facilitated discussions; informal influence; recognition and referral of those with further needs (e.g, VCT, OVC); and advocacy.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

SACSSPE is especially designed to build capacity among PEPFAR and non-PEPFAR partners through training and ongoing technical assistance and assists with the development and adaptation of educational materials, tools, policy guidelines, linkages and community mobilization, and strategic information. The Center will prepare and coordinate trainers (with accreditation process initiated) from a variety of sectors and geographic areas. Partners will use evolving standardized monitoring and evaluation tools to collect and share comparable data on program activities and outcomes. All SACSSPE materials explicitly and intensively address the following areas of legislative interest: male norms and behaviors; reducing sexual violence and coercion; stigma reduction; and maintaining infected and affected children in school. By its very nature, peer education also explicitly promotes democratic leadership development.

ACTIVITY 2:

SACSSPE will attempt to work with Learner Representative Councils, the Congress 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. Peer education with adolescents and adults emphasizes delaying sexual debut, secondary abstinence, and reduction in concurrent partners. Peer education also is a means for early identification and referral to services of vulnerable children and youth, and SACSSPE is pursuing strategies that enhance peer education as an advocacy tool to make environments safer. Each of the foregoing content themes is explicitly addressed in design of peer education support systems, training of peer educators, and content peer educators are trained to deliver.

The SACSSPE initiative strengthens an essential strategy currently used across South Africa, and indeed, across the world, with little rigor and evaluation. A key SACSSPE goal is South African Qualification Authority (SAQA) and other accreditation for programs, peer

educator trainers and supervisors, and peer educators themselves. SACSSPE policy and system strengthening activities also feature education of multi-sectoral policymaking bodies, including National and Provincial Infectious Diseases Advisory Committees, unions, and the business community. SACSSPE continues to work at the Deputy Director-General and ministerial levels in a number of national and provincial departments.

ACTIVITY 3:

SACSSPE will also develop, refine, and implement standardized monitoring and evaluation (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. An integral part of systems/capacity building is dissemination through training and technical assistance, articles and publicity of our models and materials for psychosocial support of OVCs and for workplace programs in public and private sectors, especially 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.

In addition to contributing to PEPFAR annual and cumulative targets, long-term results of the HSPH project will be the establishment of a sustainable integrated system supporting rigorous, measurable peer education that increases the amount and quality of social interactions and skills acquisition concerning norms, traditions, and behaviors that will help reduce the transmission of HIV.

Continued Associated Activity Information

Activity ID:	2934
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Association of Schools of Public Health
Mechanism:	ASPH Cooperative Agreement
Funding Source:	GAP
Planned Funds:	$ 175,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	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	190	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	650	☐
Number of individuals trained in HIV-related policy development	180	☐
Number of individuals trained in HIV-related institutional capacity building	710	☐
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	200	☐

Target Populations:

Adults
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
Policy makers
Program managers
Volunteers
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders
Implementing organizations (not listed above)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Education

Democracy & Government

Coverage Areas

Eastern Cape

Free State

KwaZulu-Natal

Mpumalanga

Western Cape

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 7310
Planned Funds: $ 0.00
Activity Narrative: This activity was approved in the FY06 COP, is funded with FY06 PEPFAR funds, and is included here to provide complete information for reviewers. No FY07 funding is requested for this activity.

The USG Task Force provided PEPFAR funds to Dire Sengwe to support the 3rd South African National HIV/AIDS Conference. This Conference is held every other year and is the primary national conference for South Africa on the topic of HIV and AIDS. It brings together healthcare providers, program implementers, and policy-makers from governmental and non-governmental organizations for scientific, program and policy discussions. PEPFAR and its local partners will be highly engaged in presentations and attendance at the meeting. The Conference is occurring in June 2007. However, Dire Sengwe is well along in its planning and has solicited early support from PEPFAR. These funds were provided by OGAC as part of the plus-up funding.

Funds to support the June 2009 meeting will be requested in the FY 2008 COP.

Continued Associated Activity Information

Activity ID: 3012
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Dira Sengwe
Mechanism: SA AIDS Conference
Funding Source: GHAI
Planned Funds: $ 25,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Infrastructure	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		☑
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		☑

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:	
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7370
Planned Funds:	$ 500,000.00

Activity Narrative: SUMMARY:

In FY 2007, the National Alliance of State and Territorial AIDS Directors (NASTAD) will continue to support government-to-government twinning relationships between four South African provincial Departments of Health AIDS Directorates and four 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, linkages with other sectors and initiatives, and policy and guidelines. The activity targets persons living with HIV (PLHIV), policy-makers, teachers, public health workers, and faith-based organizations (FBOs).

BACKGROUND:

NASTAD is a U.S. non-governmental organization (NGO) with a membership of U.S. state health department AIDS program directors whose positions are analogous in program responsibility to provincial AIDS Directors in South Africa. NASTAD utilizes state AIDS program directors and their staff to engage in twinning relationships with South African provincial and district staff, providing peer-based technical assistance to increase program capacity. This project builds on a government-to-government twinning relationship between the Massachusetts (MA) Department of Health AIDS Bureau and the Eastern Cape Department of Health AIDS Directorate and the Eastern Cape PLHIV community that has been in existence since 2000, and has been facilitated by South African partners. In FY 2006, NASTAD was provided funding through PEPFAR to expand these initiatives and to support two additional twinning relationships between California and the Western Cape Department of Health (WCDOH) and between Illinois and the Northern Cape Department of Health (NCDOH).

ACTIVITIES AND EXPECTED RESULTS:

In this program, the key legislative issue is twinning. In FY 2007, NASTAD and South African partners will (1) maintain the existing three health department twinning relationships (2) add a fourth twinning relationship with the Free State province, and (3) enhance the network, linkages, and referral capacity of the provincial health departments by promoting twinning relationships between U.S. state and South African provincial academic centers and NGOs. In the selected regions, this twinning activity will demonstrate best practices in the areas of community capacity building for antiretroviral treatment (ART) roll-out and for prevention programs for PLHIV. Specific activities and expected results for each twinning relationship will vary according to the needs of the partnership.

ACTIVITY 1: Eastern Cape Department of Health and Massachusetts Department of Public Health AIDS Bureau

Building on already active communication between Masihlanganeni (a network of PLHIV) and the Eastern Cape Department of Health (ECDOH), South African partners will establish regular quarterly meetings between the leadership of the Masihlanganeni Network and ECDOH HIV and AIDS Directorate. These meetings will be used to report progress on activities identified by the Directorate and to identify additional areas of cooperation. During this same period, the Masihlanganeni Network will establish regular meetings with District HIV Coordinators to report progress related to Directorate activities and to identify additional district areas of cooperation. It will also focus on promoting the Greater Involvement of People Living with HIV/AIDS Principle (GIPA) (Paris AIDS Summit Declaration) within the Eastern Cape. This will be accomplished by producing a pamphlet about the GIPA specifically geared toward Eastern Cape PLHIV. The Masihlanganeni Network will also develop and implement an outreach strategy to better inform the public and government about the GIPA and how it can be implemented. In addition, it will implement a campaign focused on getting PLHIV appointed to district AIDS Councils and health facility boards to facilitate input in the structuring and delivery of health services. The capacity building program for the Masihlanganeni Network will continue with additional advanced training in leadership development, project management and advocacy. A new series of introductory level training courses will take place for new members of the Network who have been identified as future leaders. South African

partners will complete a manual documenting the formation of the Masihlanganeni Network and this will become a blueprint for future use. A PLHIV Network Training Manual will also be published. The Masihlanganeni Network will begin to implement a business plan for the model PLHIV Wellness Center in the Nelson Mandela Metropolitan Municipal Health District. The business plan will include local stakeholders in Port Elizabeth. In addition to the Masihlanganeni Network activities, the ECDOH will continue its ongoing consultation with the Massachusetts Department of Public Health AIDS Bureau (MDPH). They will continue to exchange visits to identify MDPH best practices for adaptation and implementation in the Eastern Cape. Exchanges will continue to focus on modeling cross-sector relationships in the area of antiretroviral drug dissemination and management, and on updating strategic planning between Massachusetts and the Eastern Cape.

ACTIVITY 2: Western Cape Department of Health and California Office of AIDS

In initial meetings, the Western Cape Department of Health (WCDOH) officials expressed interest in sending physicians to California for training; establishing a relationship between Cape Town and San Francisco; and exploring migrant population issues. In FY 2006, two delegation visits between the two health departments have taken place (one each way) and a work plan has been developed within which specific activities and expected results are delineated.

ACTIVITY 3: Northern Cape Department of Health and Illinois Department of Health

The twinning relationship between the Northern Cape Department of Health and Illinois Department of Health was initiated in FY 2005. Two delegation visits and work plan development between the two health departments occurred in late FY 2006, within which specific activities and expected results for FY 2007 were delineated.

ACTIVITY 4: Free State and U.S. State Health Department, To Be Determined

A twinning relationship between the Free State and a state health department will be initiated in FY 2007. Delegation visits and work plan development between the two health departments will occur in FY 2007, within which specific activities and expected results for FY 2007 will be delineated.

These activities contribute to the 2-7-10 goals of PEPFAR by strengthening the capacity of the HIV prevention, care, and treatment systems of provincial health departments and local PLHIV initiatives.

Continued Associated Activity Information

Activity ID:	3033
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Association of State and Territorial AIDS Directors
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 395,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	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	15	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	70	☐
Number of individuals trained in HIV-related policy development	1,000	☐
Number of individuals trained in HIV-related institutional capacity building	1,000	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	1,000	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,000	☐

Target Populations:

Faith-based organizations
Doctors
Nurses
People living with HIV/AIDS
Policy makers
Teachers
Other Health Care Worker

Key Legislative Issues

Twinning

Coverage Areas

Eastern Cape

Free State

Western Cape

Northern Cape

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	University of Washington/I-TECH
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7492
Planned Funds:	$ 600,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to activities also described in ARV Services (#7492). In addition, I-TECH has a close working relationship with another PEPFAR partner, the Eastern Cape Regional Training Center (RTC) and I-TECH supports their activities in Basic Health Care and Support (#7961), TB/HIV (#7962) and ARV Services (#7963).

SUMMARY:

The International Training and Education Center on HIV (I-TECH) activities will be carried out to support sustainability of HIV, AIDS, TB and STI care and treatment programming in the Eastern Cape (EC) province through four components: 1) establishing an I-TECH field office in South Africa (SA); 2) providing organizational development and human capacity building technical assistance (TA) to the RTC; 3) supporting the EC Department of Health (ECDOH) HIV and AIDS program; and 4) providing programmatic TA to other PEPFAR partners in the province. The primary emphasis area for these activities is local organization capacity development. Development of network/linkages; quality assurance/quality improvement and supportive supervision; and training are secondary emphasis areas. The primary target population is non-governmental organizations and host country government workers.

BACKGROUND:

I-TECH has been working in the EC for the past three years to develop the capacity of the RTC to train/mentor clinicians in the care and treatment of HIV, AIDS, TB and STI. Two of the activities described here were funded in FY 2006. In the past year USG funds supported I-TECH providing technical assistance to dozens of individuals at four local sites in topics such as training needs assessment, monitoring and evaluation, data management and auditing, and budget development and justification. The establishment of an I-TECH office in SA, and the provision of programmatic TA to other PEPFAR partners will be initiated in FY 2007. I-TECH is working in SA at the invitation of the ECDOH, and the HIV and AIDS Directorate supports the development of an I-TECH office in the EC. All activities described under this program area will be implemented by the primary partner.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Establishing an I-TECH Field Office in South Africa

Establishment of an I-TECH office in East London (EL) allows more continuous local organization HIV-related institutional capacity building activity and human capacity building to support sustainability of HIV/AIDS/TB/STI programming in the EC. FY 2007 PEPFAR support will be used to: 1) rent and set-up an office space in East London; 2) cover the salary of the SA country director (CD) and relocate her in East London for a year; 3) purchase a vehicle and pay for in-country business transportation costs including air travel back to the USA on three occasions to attend I-TECH conferences/retreats and air travel to Pretoria for PEPFAR meetings, and coordinate/collaborate with other international and in-country like-programming organizations; and 4) pay travel and accommodation costs for one person to travel to East London to assist with office setup.

ACTIVITY 2: Organizational Development and Human Capacity Building TA to the RTC

This activity for which FY 2007 PEPFAR funds is being requested will provide sustained in-person and distance TA and mentoring by the country director to the RTC Director, four sub-program directors and managers (i.e. Deputy Director of Training, Medical Director, Deputy Director of Research Monitoring and Evaluation and Community Mobilization Manager), and four staff members working on training and/or data capturing/information. TA will center on local organization HIV-related institutional capacity building (i.e., program planning, management, and evaluation) but also on individual capacity building of staff. These activities will be accomplished via three two-day ground travel trips to Mthatha per month and ongoing telephone and e-mail support. Outputs include training 21 RTC staff on training plans, and monitoring/evaluation and quality assurance; revised M&E and data management plans; development of required data/management forms; and written recommendations. FY 2007 funds will also support three one-day site visit trips to

each RTC satellite site to provide TA and mentoring to staff (includes a training coordinator, training assistant, one physician and one nurse at each site) on issues related to program planning, program management, training, and monitoring and evaluation. Outputs are the same as those mentioned above for the RTC office activities.

ACTIVITY 3: Supporting the ECDOH HIV and AIDS Program

This local organization HIV-related institutional capacity building activity supports the expansion, and monitoring and evaluation of HIV and AIDS programming in the EC as requested by the ECDOH. It will support TA by the country director to HIV and AIDS managers in the province on the evaluation and mentoring of PMTCT facilities as the facilities implement the RTC PMTCT manual designed to improve quality of care according to national guidelines. It will also support activities conducted to coordinate the training/mentoring activities being conducted by a host of in-country and international organizations is the EC. Monthly visits by the country director to the ECDOH HIV and AIDS Directorate are expected to result in the potential expansion of the program, e.g. more sites or faster implementation of their plan; the development of required monitoring and evaluation data/management forms; needs assessment reports as appropriate; and written recommendations.

ACTIVITY 4: Programmatic TA to other PEPFAR Partners

This local organization HIV-related institutional capacity building activity supports other PEPFAR partners working in the EC. Activities include field assessments of partner needs and arranging for I-TECH support within the constraints of the I-TECH SA budget. FY 2007 funds will support the country director to travel to one PEPFAR partner per week for four months (16 partners) to conduct field assessments of TA needs which could be supported by I-TECH. Outputs include field assessment reports and recommendations to I-TECH.

These activities support the PEPFAR 2-7-10 objectives by building local organizational capacity and human capacity to sustain HIV and AIDS programming in the Eastern Cape.

Continued Associated Activity Information

Activity ID:	3335
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	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	18	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	40	☐
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

Nurses

Non-governmental organizations/private voluntary organizations

Policy makers

Other MOH staff (excluding NACP staff and health care workers described below)

Other Health Care Worker

Coverage Areas

Eastern Cape

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	HPI
Prime Partner:	The Futures Group International
USG Agency:	
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7604
Planned Funds:	$ 1,100,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
In addition to this activity, the Health Policy Initiative (HPI) will also carry out activities in AB (#7602), Basic Health Care and Support (#7603), Condoms and Other Prevention (#7606) and Strategic Information (#7605).

SUMMARY:

HPI will strengthen institutional capacity in public, private and civil society organizations to design and implement HIV and AIDS policies and programs. This activity will also focus on operational policy barriers which often result in poor planning, lack of access to services and ineffective ways of ensuring that resources are used in such a way that they achieve the greatest impact. The major emphasis area is policy and guidelines. The minor emphasis areas are community mobilization and training. Specific target populations for this activity are people living with HIV and AIDS, civil servants/host government workers, community-based organizations (CBOs), and other public health workers.

BACKGROUND:

HPI is a follow-on project of the POLICY Project with the focus on policy dialogue. HPI empowers new partners to participate in policymaking processes. With an additional focus on policy implementation, the initiative helps courtiers and organizations translate policies, strategic plans, and operational guidelines into effective programs and services, especially for the poor and other underserved groups.

HPI will continue to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV and AIDS prevention, care, and support programs and policies. HPI will focus on improving multi-sectoral capacity and involvement in the country's national HIV and AIDS and STI program by assisting different role players in developing and implementing effective advocacy strategies for HIV and AIDS; facilitating effective planning for HIV and AIDS programs; increasing the information used for policy and program development; and strengthening collaboration between government and civil society organizations (CSOs) and institutions working in HIV and AIDS.

Workplace Programs:
HPI has provided support to the Postgraduate Diploma in the Management of HIV and AIDS in the World of Work since 2001. In FY 2005, PEPFAR funds supported the implementation of three modules called; Developing an HIV and AIDS Policy: Content, Process, Challenges and Implementation. More than 500 managers graduated from this program.

Building on this work, but with a new mandate to focus on policy and program implementation, HPI will randomly select 10 workplaces where participants of the diploma training are implementing workplace policies. HPI will assess the level of development of new workplace policies at these sites and provide technical assistance to strengthen the implementation of workplace policies.

The Department of Public Service and Administration, Government Workplace Policies:
The South African Government (SAG) is the single largest employer in the country. The Department of Public Service and Administration (DPSA) has human resource oversight responsibilities for government employees. HPI developed "Managing HIV and 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 and AIDS. Thus far technical assistance for HIV and AIDS programming within the DPSA has mostly been done at the national level. HPI will provide technical assistance to four government departments in strengthening their skills to develop stigma and discrimination mitigation programs at provincial and district levels.

National Stigma Framework, Stigma Mitigation:
Evidence from programs in South Africa suggests that unless stigma and discrimination is addressed, there is still fear associated with coming forward for HIV and AIDS testing and treatment. Since 2002, Center for the Study of AIDS (CSA) has implemented a project that focuses on HIV and AIDS stigma -- the Siyam'kela Project (meaning "to accept") -- in

partnership with Futures Group. To date, the project has been extremely successful in developing conceptual and theoretical tools to understand and mitigate HIV and AIDS stigma. This work has been used with government and civil society to inform stigma mitigation efforts, build capacity, develop advocacy messages and materials, and offer training and technical assistance around HIV and AIDS stigma. With FY 2007 funds, HPI will use tools developed through the Siyam'kela Project, such as the Stigma Resource Pack, to implement stigma mitigation programs across all the nine provinces of South Africa with particular emphasis on FBOs, people living with HIV and AIDS, and public servants. In addition, a group of media practitioners will be trained on how to address stigma through the media.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Workplace Programs

HPI will provide capacity building and technical assistance to graduates of the Stellenbosch University Postgraduate Diploma to strengthen the development and implementation of HIV and AIDS workplace policies and programs in their respective workplaces. HPI will select 10 workplace sites to conduct an assessment of the level to which workplace action plans have been put into place and the successes and challenges managers have experienced in implementing HIV workplace policies, and provide technical assistance to managers in these sites to revise policies, strengthen program components and implement workplace policies.

ACTIVITY 2: DPSA

In partnership with the DPSA, HPI will provide TA in facilitating and developing training materials such as workbooks to four government departments in four provinces to strengthen staff capacity to design and implementation of HIV and AIDS workplace programs in the public service.

ACTIVITY 3: Stigma Mitigation

Stigma and discrimination (key legislative issue) have had a negative impact on HIV and AIDS prevention in South Africa and have affected efforts to improve care and support for people living with HIV. This has been exacerbated by the lack of concepts and theoretical tools to understand and measure HIV and AIDS stigma and discrimination.

Through the ongoing implementation of the Siyam'kela Project, advocacy and capacity building for people living with HIV organizations and people living with HIV themselves to effectively advocate for stigma mitigation has occurred at national level. With FY 2007 funds, the Siyam'kela project will focus on providing technical assistance on stigma and discrimination, advocacy and mitigation to people living with HIV organizations and their members at both the provincial and district levels. Technical assistance will be provided to advocate at both national and provincial levels to for stigma mitigation.

ACTIVITY 4: Support to National Department of Health

The South African Government's AIDS Action Plan, a unit of the National Department of Health (NDOH), spearheaded a national capacity building process for the interfaith sector, in collaboration with the POLICY Project. An interfaith program, FBOs in HIV/AIDS Partnership (FOHAP), was established in early 2002. HPI will provide TA to three FOHAP structures in three provinces identified by the National Department of Health to strengthen their capacity to: 1) develop strategic plans for program implementation; and 2) provide institutional capacity building by facilitating governance and organizational development workshops to respond to the need for designing and implementing HIV and AIDS prevention programs.

The activities outlined above will contribute towards meeting the vision outlined in the USG Five Year PEPFAR Strategy for South Africa by building institutional capacity of workplace programs for FOHAP, DPSA and the University of Stellenbosch to help strengthen their HIV and AIDS workplace responses and stigma mitigation.

Continued Associated Activity Information

Activity ID: 3016
USG Agency: U.S. Agency for International Development
Prime Partner: The Futures Group International
Mechanism: Policy Project
Funding Source: GHAI
Planned Funds: $ 750,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Policy and Guidelines	51 - 100
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		☑
Number of individuals trained in HIV-related policy development	510	☐
Number of individuals trained in HIV-related institutional capacity building	160	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	380	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community-based organizations
People living with HIV/AIDS
Policy makers
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Masibambisane 1
Prime Partner:	South African Military Health Service
USG Agency:	
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7916
Planned Funds:	$ 50,000.00

Activity Narrative: IINTEGRATED ACTIVITY FLAG:

This activity also relates to Masibambisane's activities in Basic Healthcare and Support (#7570), OVC (#7571), Strategic Information (#7572), CT (#7573), PMTCT (#7574), ARV Services (#7575), AB (# 7568) Condoms and Other Prevention (#7569).

SUMMARY:

The main components of this program area are planning and coordinating workshops for all the relevant role players, and building the capacity of those role players to strengthen this program. Most of the training provided within the South African Department of Defense (SA DOD) HIV and AIDS Training program has been developed internally by utilizing the knowledge and skills of members in the organization. Training development workshops are now needed to update training content. The major emphasis areas of these activities are policy and guidelines and training. The target population is public healthcare workers.

BACKGROUND:

The Masibambisane program was established in 2001, and has received PEPFAR funding from FY 2004. The funding allowed the program to expand and to address program elements that were not possible before. The program currently consists of an excess of 35 program components, with various sub-program and project coordinators and members of the HIV and AIDS Management Structure that facilitate program development, planning, execution, monitoring and evaluation. As the program expands, various additional role players become involved that need to be provided with induction training, and existing role players need to be provided with strategic guidance towards comprehensive planning and effective coordination to ensure an integrated approach to HIV an AIDS management in the SA DOD. This is done through workshops and training.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

SA DOD will conduct training for regional and national HIV coordinators and sub-program and project coordinators in the strategic objectives of the program. This training will consist of a workshop that reviews the results of the Knowledge, Attitude, and Practices (KAP) study and discusses strengths and weaknesses of the program to help plan for the following year's activities.

ACTIVITY 2:

SA DOD will conduct strategic and operational planning work sessions to ensure integrated program development and coordinated execution of program elements. These work sessions will be led by the Monitoring and Evaluation (M&E) Director at South Africa Military Health Services. Representatives from all provinces that collect data will be invited to participate. The sessions will address strengths and weaknesses of the M&E processes and will include training in new M&E activities and guidelines issued by PEPFAR.

ACTIVITY 3:

SA DOD will hold training development workshops to assist in the establishment of new HIV-related training courses and updating of training contents in existing HIV-related training curriculums. Training development will include courses specifically targeted at mid- and upper-level leadership concerning the prevention of and identification and remediation of stigma and discrimination (key legislative issue) in the workplace.

A number of training opportunities and workshops have been funded since the inception of PEPFAR and these opportunities have contributed to the success of the Masibambisane program. The Masibambisane program is implemented through a cascade of national and regional program coordinators, trainers and sub-program and project coordinators. These individuals are responsible for the development, planning and execution of the program to address all the components necessary to ensure a comprehensive HIV and AIDS Program

in the South Africa Department of Defense, thereby supporting accomplishment of the PEPFAR 2-7-10 goals.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Training	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		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development	50	☐
Number of individuals trained in HIV-related institutional capacity building	50	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	50	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	50	☐

Target Populations:

Doctors
Nurses
Pharmacists
Laboratory workers
Other Health Care Worker

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 3.3.14: Activities by Funding Mechanism

Mechanism:	Twinning Project
Prime Partner:	American International Health Alliance
USG Agency:	
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7928
Planned Funds:	$ 650,000.00

Activity Narrative: SUMMARY:

The American International Health Alliance (AIHA) will conduct activities to support strengthening national and organizational policies and systems to address human resource capacity development through two components: twinning and volunteers (both are issues of legislative interest). Twinning between the Foundation for Professional Development (FPD) and Yale University in the U.S. will focus on strengthening FPD's capacity to provide HIV and AIDS in-service training for healthcare providers; a twinning partnership between FPD and a U.S. nursing program will develop nurse case manager systems in selected ARV sites. The volunteer activity will result in placing infectious diseases (ID) specialists in primary healthcare clinics in four provinces to help develop those clinics' capacities to deliver high-quality HIV care. The primary emphasis areas for the twinning and volunteer activities is local organization capacity development and the minor emphasis areas are training, human resources, and quality assurance, quality improvement and supportive supervision. The specific target populations for these activities are public and private healthcare providers and host country government policy makers.

BACKGROUND:

These are new twinning and volunteer activities. The twinning activities build on an existing collaborative relationship between FPD and AIHA which was developed during a twinning partnership that the Twinning Center facilitated between FPD and Brits District Hospital. That partnership was jointly funded by PEPFAR through the South African Country Operational Plan (COP) and Twinning Center core funding.

The new twinning activities are implemented through a sub-grant to either one or both partners, with partnership development, management and evaluation provided by the Twinning Center. The Twinning Center South Africa Regional Office will manage, monitor and evaluate the volunteer activities.

ACTIVITIES AND EXPECTED RESULTS:

Two activities will take place as a result of this partnership:

ACTIVITY 1: Twinning

Two twinning partnerships, each with a different emphasis, will be developed with FPD. The first twinning partnership is between FPD and the Department of Epidemiology and Public Health's Health Management Program (HMP) at Yale University. The focus of this partnership is threefold: (1) to strengthen FPD's faculty in policy research and analysis; (2) to redesign the current management development program and to expand it by introducing new short courses targeted at program managers working in the health sector; and (3) to expand FPD's current management alumni program to be a fully fledged mentorship program. This program will be informed by the Master's degree program initiated by HMP in Ethiopia. The partners will design training materials that address HIV and AIDS in the workplace. An initial assessment is underway to determine the skills and competencies required to inform the curriculum development of these courses. The anticipated results of this partnership include improved knowledge and skills of human resources and integration and use of tools to better manage health programs including ARV clinical care services in South Africa.

The second twinning partnership with FPD will develop nursing case management systems in four selected clinics, and this will garner support for this approach within the nursing profession. A U.S. nursing program with a strong case management component will be selected as the twinning partner. The key objectives of this partnership are to:

- Train a cadre of nurses, nurse leaders, nurse educators and key clinic management personnel from selected clinics, associations, and schools in HIV nursing case management;
- Implement HIV nursing case management in selected ARV clinics identified by the National Department of Health (NDOH) and USG;
- Create organizational and management support for nursing case management systems;
- Implement a training/mentoring model of "nurses supporting nurses" to institute and

support HIV nursing case management and to expand the model to additional clinics/down referral sites; and
- Develop an HIV Nursing Case Management Module to use for in-service training of nurses and hospital and clinic management personnel.

These twinning activities will strengthen effective and efficient case management in selected clinics, and training on nursing case management will be incorporated into in-service/continuing education course offerings. Both of these outputs will result in improved quality of HIV care by South African nurses.

ACTIVITY 2: Volunteers

The Twinning Center will place up to 16 ID specialists (physicians and nurses) for up to three months in selected primary care clinics in four provinces: KwaZulu-Natal, North West, Northern Cape and Mpumalanga. Depending on the capacity and needs at the identified sites, volunteers will be assigned to work in just one clinic for the entire time, or to rotate between clinics in a designated area. The volunteers are expected to support at least five health professionals per site. The volunteers will quickly determine the training and systems management gaps at the clinics and help find solutions to fill the gaps, provide training and ongoing mentoring to staff, help to cement relationships between the hospitals and the down-referral sites, ensure that supplies and systems are in place to handle an increased patient load, and provide encouragement and support to clinic staff. Twinning Center core funds will support the costs of recruitment, pre-travel logistics (i.e. vaccination, medical screening, passports, etc.) and pre-assignment orientation. South African COP funds will cover transportation and in-country costs, including orientation, housing, living allowance and program monitoring.

The volunteer activities are expected to increase the knowledge and expand the skills of healthcare professionals in primary care clinics that deliver HIV services. The volunteer activities will result in the implementation of functional down referral systems. It is also expected that the volunteers will continue to provide technical assistance to their host clinics after their return to the U.S.

All of the Twinning Center activities support PEPFAR 2-7-10 goals by strengthening HIV care in primary care clinics, by enhancing HIV care training for health care providers, by creating innovative models of service delivery, and by expanding the role of primary care nurses in HIV care. Moreover, these activities address four South African strategic priorities for National Health System (NHS) 2004-2009 namely:

- Human resource planning, development and management;
- Improving governance and managements of NHS;
- Contributing towards human dignity by improving quality of care; and
- Strengthening primary health care and hospital delivery systems.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	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	21	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	21	☐
Number of individuals trained in HIV-related policy development	200	☐
Number of individuals trained in HIV-related institutional capacity building	200	☐
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
Nurses
Pharmacists
Policy makers
Laboratory workers
Doctors
Laboratory workers
Nurses
Pharmacists

Key Legislative Issues

Twinning

Volunteers

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

Northern Cape

North-West

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Global HIV/AIDS Nursing Capacity Building Program
Prime Partner:	Georgetown University
USG Agency:	
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7950
Planned Funds:	$ 250,000.00

Activity Narrative: SUMMARY:

The proposed Global HIV and AIDS Nursing Capacity Building Program (CBP) will work in South Africa, Lesotho, and Zambia to contribute to the ongoing efforts to support the nursing response to the AIDS pandemic in these three countries. The CBP will enhance capacity to provide nursing leadership, clinical care, and education for HIV and AIDS. For nursing capacity improvements to be sustainable in the context of the AIDS pandemic, strategies must apply to various levels of nursing and be meaningful to the country's nursing community. Building capacity among nursing leaders can not be successful without developing the competencies to provide clinical care, integrating HIV and AIDS materials into the curricula with nursing educators, and acknowledging the trend towards task-shifting to non-professional caregivers and its impact upon the professional nursing role.

BACKGROUND:

To enhance the African nursing response to HIV and AIDS, faculty in the Georgetown University School of Nursing & Health Studies propose to conduct a three-year Capacity Building Program (CBP) to enhance leadership skills, networks, and resources for nurse participants. The CBP will focus on more than just individual nurses; the goal of the CBP is to develop a critical mass of nurse leaders who are linked in a regional support network of colleagues to foster ongoing mentoring from global expert HIV nursing professionals. A strong foundation of nursing leaders can bring voice to the profession and highlight their contributions to the African response to the AIDS pandemic. Nursing leaders provide a vision that is grounded in their cultural values. Leaders will have the necessary skills to gather, manage, analyze, and interpret data for the improvement of nursing in the context of their country. Leaders may develop competencies to be able to lobby for more resources; leaders will demonstrate persistence in achieving goals.

ACTIVITIES AND EXPECTED RESULTS:

This proposal has not yet been presented to the SAG for concurrence, so the activities below are subject to change if the SAG requests modifications. The CBP has tentatively chosen St. Mary's Hospital in KwaZulu-Natal as its local implementing partner.

Activity 1: Needs Assessment: Georgetown will develop a comprehensive assessment of the current capacity for the provision of HIV and AIDS nursing leadership, care, and education in South Africa. The ongoing assessment will provide country-specific and regional priorities for HIV and AIDS nursing capacity in relation to responsible leadership, expert clinical care and pre-service nursing education.

Activity 2: Capacity Development: HIV and AIDS nurses will be equipped to plan for, shape and evaluate health delivery systems to improve outcomes of care at the local, national, and regional levels. The CBP will mentor a cadre of HIV and AIDS nurses to implement and evaluate individualized strategic plans for their professional leadership development over the 3 years of the grant period; cultivate a network for in-depth clinical mentoring of HIV and AIDS nurses to improve delivery and outcomes of nursing care; and strengthen the capacity of nurses to engage communities and families in self-care. Georgetown, and its partner Association of Nurses in AIDS Care (ANAC), will use their years of experience in the support of nurses living with HIV and AIDS to assure appropriate access to CT and treatment to maintain a healthy nursing workforce.

Activity 3: Partnerships: The CBP will facilitate partnerships and collaborations yielding systems, networks, and resources to sustain a nursing workforce to meet the need for competent HIV and AIDS nursing care providers. It is crucial that the South African Nursing Council and DENOSA be partners in the identification of priorities and the implementation of activities. They will: foster and enhance efforts to integrate HIV and AIDS educational materials into the nursing curricula; develop a country-specific and/or regionally-based process to evaluate the acquisition of minimum nurse competencies in HIV and AIDS care; facilitate the formation of a regional, African network of nurses in AIDS care to foster on-going mentoring, professional development and collaboration; and facilitate the development of relationships between nurse leaders, clinicians and educators and HIV and AIDS nurse mentors in the U.S.-based Association of Nurses in AIDS Care

(ANAC).

Building human capacity is key to scaling up HIV and AIDS programs, especially at the facility level. This activity will therefore significantly contribute to PEPFAR's overall 2-7-10 goals.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Needs Assessment	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	25	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	400	☐
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:

Nurses

Nurses

Coverage Areas

KwaZulu-Natal

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	CR transfer GHAI to GAP
Prime Partner:	Association of Schools of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	12045
Planned Funds:	$ 0.00
Activity Narrative:	See Activity 7293

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Education Labour Relations Council
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	19228
Planned Funds:	$ 450,000.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa. It includes activities in CT, Policy Analysis and Systems Strengthening, and Abstinence and Be Faithful.

SUMMARY:

With an estimate of 12.3 million learners in South Africa, served by 386,600 teachers and more than 26,000 schools managing a response to HIV and AIDS across the education sector requires a comprehensive and substantial effort. Efforts must include a focus on both learners and educators if the impact of HIV is to be mitigated; and it must be recognized that any efforts focused on learners via the education sector cannot succeed without educators also being addressed. The Education Labour Relations Council (ELRC) will implement a comprehensive HIV and AIDS workplace program for the education sector of South Africa.

BACKGROUND:

ELRC is a statutory council which serves the South African education sector nationwide and is comprised of the public sector, the national and provincial departments of education, the private sector and teacher unions representing all primary and secondary public school educators. The ELRC works as an interface between the Department of Education (DOE) and labor organizations for labor peace and a vision of contributing towards the transformation and development of a quality South African public education system. A 2005 Health of Our Educators Report found that 50% of all teacher attrition is linked to complications of HIV and AIDS, resulting in 4000 teachers being lost each year due to AIDS. The general prevalence rate among educators was found to closely parallel that of the national population with an estimate of 12.7% of all DOE employed educators living with HIV. Based on the findings of this report and with FY 2007 PEPFAR funding ELRC will implement a project in 3 South African provinces to educators living with and affected by HIV and AIDS. The target group for this project is teachers, including those living with HIV or those who have family members living with HIV. This is a workplace intervention with minor emphasis areas in information, education and communication, community mobilization, and the development of linkages and networks. A particular focus of this project is the greater involvement of people with AIDS. ELRC will work with HIV positive teachers to ensure they can serve as role models to fellow teachers and to learners.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Institutional Capacity Building

ELRC will work with three teachers' unions to strengthen institutional capacity to address HIV and AIDS. Activities include developing workplace programs, identify capacity needs, and address the capacity needs of each participating union.

Activity 2: Addressing Stigma and Discrimination

Teachr union leaders will be trained in treatment literacy and stigma and discrimination. These union leaders will be responsible for distributing IEC materials focused on treatment literacy and stigma and discrimination as well as conducting workshops to address these issues.

These activities contribute to PEPFAR's goal of preventing 7 million new infections. The activities described here will also support the prevention objectives identified in the USG Five-Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	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
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	4	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	☐
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	300	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Teachers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	South African Business Coalition on HIV and AIDS
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	19229
Planned Funds:	$ 297,081.00

Activity Narrative: SUMMARY:

This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa. It includes activities in AB, Condoms and Other Prevention, CT, ARV Drugs, and ARV Services.

BACKGROUND:

PEPFAR funds will be used to support a follow on cooperative agreement for implementation of a peer education prevention program for South African workers and managers in SMEs. This is a replacement activity for public-private partnerships since the cooperative agreement with the American Center for International Labor Solidarity will soon expire. The South African Business Coalition (SABCOHA) will implement through the Vender Chain Management and BizAids sub-partnerships. The major emphasis for this program will be the development of a workplace program, with minor emphasis given to community mobilization and participation; training and linkages with other sectors and initiatives and development of information, education and communication materials. The target population will include adults (men and women of reproductive age), truck drivers, factory workers, the business community and HIV/AIDS affected families. The project will focus on gender by addressing male norms and behaviors, issues associated with violence and coercion and stigma and discrimination (all key US legislative issues).

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Vendor Chain

In the Vendor chain program, during the capacity building of companies, there will be discussions on the HIV and AIDS workplace policy, procedures and human resources (HR) issues. This will result in drafting of policies with the participating companies and in ensuring that the HIV and AIDS programs can be linked to the existing company systems without unnecessary duplication of work and/or roles.

Activity 2: Peer Education

In offering HIV-related education, counseling and support in the workplace, peer educators are in many respects at the coalface of the epidemic. SABCOHA will also strengthen the existing Peer Education forums in the five provinces where they exist. Using FY 2007 PEPFAR funding, the trained HIV coordinators and peer educators in the Vendor Chain program will be linked to the strengthened and fully functional peer education forums. As the Vendor Chain Program unfolds in other provinces, SABCOHA will develop more Peer Education forums.

Activity 3: BizAids

A personal participant handbook forms the basis personal plans of action to mitigate against the risk of HIV/AIDS and its potential for disruption of small business. BizAIDS training materials have been developed in English. Research has found that small businesses owners prefer to have the training delivered in English as they believe the language of business is English. Trainers switch to the vernacular when translating areas of uncertainty. Training handouts include information on HIV/AIDS prevention, abstinence/be faithful, VCT & Treatment options and guidance on how to link into local business, treatment and legal assistance services. These materials come from strategic partners such as the Khomonani campaign (the communication campaign implemented by the South African Department of Health, The AIDS Law Project and Metropolitan Health. Linking the business owner, their employees and family to VCT and treatment is the next necessary link.

Providing effective prevention messages and leadership education to employer associations, business, worker representatives and union members in a cross-section of South African industry will contribute to PEPFAR's goal of preventing 7 million new infections. The activities described here will also support the prevention objectives identified in the USG Five-Year Strategy for South Africa.

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	100	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	100	☐
Number of individuals trained in HIV-related policy development	100	☐
Number of individuals trained in HIV-related institutional capacity building	100	☐
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:

Adults
Business community/private sector
Factory workers
Truck drivers
Men (including men of reproductive age)
Women (including women of reproductive age)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	South African Democratic Teachers Union
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	19230
Planned Funds:	$ 300,000.00

Activity Narrative: SUMMARY:

The South African Democratic Teachers Union (SADTU) workplace program aims to work with provincial, regional and branch structures in three provinces to strengthen HIV prevention and increase access to care and treatment for teachers and learners.

BACKGROUND:

The HIV and AIDS pandemic has created workplace environments that are not conductive to quality teaching and learning for both educators and learners alike. The school as a workplace is plagued by high levels of stigma. This often results in educators suffering silently and becoming victims of the pandemic despite high perceptions of knowledge of HIV and AIDS. As a result many educators do not have the courage and support in the workplace to go for voluntary counseling and testing, since knowing your status is not publicly encouraged. Consequently most educators discover they are HIV positive when they start showing symptomatic illnesses that do not respond to medications. By this time their CD4 counts are usually low and they can no longer function optimally at their schools with compromised health. The SADTU project aims to reduce the impact of HIV and AIDS by focusing on preventing transmission of HIV for teachers and caring for orphans and vulnerable children in the workplace. SADTU has existing national and provincial partnerships with the Department of Education and was a member of the team that developed the National Strategic plan with the Department of Health. SADTU has also established relationships with other HIV and AIDS organizations around the country. This will ensure sustainability of program after PEPFAR funding. The target population for these activities are teachers, and primary and secondary school learners who they are in contact with. The emphasis areas of this workplace activity includes the development of policies and guidelines, local organization capacity building, and information, education and communication. Addressing stigma and discrimination and gender are key components of these activities. Gender will be addressed through the intergration of gender into the development of the HIV and AIDS SADTU policies. In addition, addressing male norms and behaviours wil be addressed in the capacity building and mentorship program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthening Policy Development and Implementation

Technical support, training and financial support will be provided to strengthen the capacity of the trade union movement to participate in the development of public policies and policies within the union structures and at the workplace, in this case, within schools. Technical support and training will be provided via workshops on ways senior management, employers, senior union leadership and workers can mainstream HIV and AIDS issues into routine workplace activities. Support will also be provided to develop workplace policies and strategies on HIV and AIDS.

ACTIVITY 2: Capacity Building and Mentorship Program

PEPFAR funds will be used to train and establish a mentorship program for a large number of peer educators, within the union. These peer educators will be provided with technical assistance to conduct HIV and AIDS prevention education programs for employers, senior management, union members, senior union leadership and for workers. Peer educators will be responsible for the following key HIV and AIDS prevention efforts: 1) develop strategies to increase awareness of HIV and AIDS, sexual transmitted infection and tuberculosis 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 issue) and in efforts to combat violence against women (reducing violence and coercion, key legislative issue); and 4) develop strategies to reduce stigma and discrimination (key legislative issues) against HIV-infected members in the workplace; and finally, 5) develop strategies to promote healthy lifestyles and the adoption of risk reduction behaviors among union members.

Providing effective prevention messages and leadership education to employer

associations, business, worker representatives and union members in a cross-section of South African industry will contribute to PEPFAR's goal of preventing 7 million new infections. The activities described here will also support the prevention objectives identified in the USG Five-Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	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	36	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	54	☐
Number of individuals trained in HIV-related policy development	200	☐
Number of individuals trained in HIV-related institutional capacity building	236	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	236	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	200	☐

Target Populations:

Teachers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Eastern Cape

KwaZulu-Natal

Mpumalanga

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: $ 13,700,000.00

Program Area Context:

HIV and AIDS continue to be the number one priority for the US Mission in South Africa. Managing and coordinating the implementation of the PEPFAR program in South Africa is the responsibility of an Inter-Agency USG PEPFAR Task Force which includes representation from the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (HHS/CDC), the United States Agency for International Development (USAID), the Department of Defense (DOD), Peace Corps, the Department of Labor, and the Department of State. These represent all relevant USG Agencies present in South Africa working on global health. The primary objectives of the Task Force are to: 1) advise the Ambassador and other US Embassy leadership on all matters related to HIV and AIDS in South Africa; 2) plan the overall USG response to HIV and AIDS in South Africa; 3) coordinate USG-supported HIV and AIDS prevention, treatment and care activities with the South African Government (SAG); and 4) ensure that USG activities are consistent with guidance from the Office of the Global AIDS Coordinator (OGAC).

There are two central features of the South African PEPFAR management and staffing plan: 1) an effective Inter-Agency Task Force that meets regularly to guide the U.S. Mission in developing and implementing a coordinated USG HIV and AIDS program; and 2) a strong central Secretariat that facilitates the communication, coordination, and planning necessary for effective Task Force deliberations and actions. This helps assure successful, uniform messaging to all stakeholders. The Secretariat reports to the US Ambassador. In addition, there is an Inter-Agency Steering Committee chaired by the Ambassador that meets on an as needed basis to approve new partner selection, to provide assistance in (the rare) cases when the Task Force needs help in reaching consensus, and to make other major policy decisions regarding USG HIV and AIDS activities in South Africa. Its membership is the Ambassador, DCM, Directors of USAID and CDC, and the Health Attaché. To date, the Steering Committee's primary function has been to give final approval of the partners selected through the Inter-Agency competitive solicitation process such as the Annual Program Statement (APS).

The USG Agencies have staffing and management plans that enhance the overall effectiveness of the Task Force by promoting Inter-Agency cooperation in implementing the programmatic objectives, and ensuring the establishment of a sustainable program in support of the SAG HIV and AIDS program. During the three years of PEPFAR implementation in South Africa, the Task Force has learned much about how best to minimize staffing costs and maximize efficiency among a small number of staff. In the FY 2007 COP, the Management and Staffing budget across all Agencies totals 3.8% of the total country budget--well below the 7% limit. The FY 2007 staffing plans represent the completion of Agency recruitment plans initiated in the FY 2005 COP and projected through 2008. The majority of Agency PEPFAR positions are filled. In FY 2007, eight new positions will be added (five for HHS/CDC and three for USAID). The Task Force agrees that with the approval of the proposed FY 2007 staff, Agencies will be appropriately staffed to maintain activities through FY 2008 without further additions.

PEPFAR in South Africa will continue to operate as a single, integrated USG program, taking advantage of each Agency's individual comparative strengths, and promoting a culture of Inter-Agency collaboration. When an Agency possesses technical expertise it will take the lead, but in consultation with other Agencies through a local Technical Working Group (TWG) that has been established by the Task Force. For example, USAID has technical staff with extensive experience in working with partners in the area of Orphans and Vulnerable Children (OVC). CDC, Peace Corps, and DOD also have assigned staff to assist in the OVC area. All Agencies serve together on the South Africa OVC TWG. In other technical areas, such as treatment and prevention, which are the largest portfolios, the responsibilities are shared by both CDC and USAID, and technical guidance is coordinated through the TWGs. The TWGs ensure objectivity and breadth of vision, and build synergies between USG Agencies and partners. Standing TWGs include: 1) Care; 2) Treatment; 3) OVC; 4) Prevention; 5) Strategic Information; and 6) Management. Furthermore, several members of the Task Force in South Africa participate in the OGAC TWGs and liaise with Washington. This provides OGAC with input from the field, and also provides the SA program with input from central expertise.

In addition to the standing TWGs, the Task Force appoints ad hoc working groups to address issues as they arise. For example, to respond to the FY 2006 COP technical review, the Task Force appointed a Human Capacity Development Working Group to address the reviewers' comments and to design an appropriate strategy. Recently, a Food and Nutrition Working Group was convened to address the needs of this area. A third Working Group was established to identify systematic coordination mechanisms with the South African Government at both the provincial and national levels. Membership on the working groups is always representative of multiple Agencies.

Other specialized staff positions are utilized across Agencies. For example, public affairs expertise is at USAID and the US Embassy. Information resource management and laboratory expertise are at CDC. This is recognized and utilized by all USG Agencies as needed.

Finally, it is important to note that both USAID and HHS/CDC have invested in umbrella organizations that provide grants management, financial and technical assistance to local grantees, thereby reducing the government cost of additional employee salaries.

Appendix 17 provides details of the USG Agencies in South Africa and their PEPFAR staffing patterns. In addition to salaries, benefits and travel costs, the management budget includes direct operating costs (such as utilities, administrative and logistic support), Capital Security Cost Sharing for$168,864 and ICASS charges at $288,714. The total budget for the USG Agencies' staffing and associated management costs in FY 2007 is $14 million, less than four percent of the overall budget. This budget is attached as Appendix 18.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 7476
Planned Funds: $ 250,000.00
Activity Narrative: The Office of Defense Cooperation (ODC), US Department of Defense (DOD), provides administrative support for Masibambisane which is the South African Defense Force's HIV and AIDS program for the military. Support includes salaries and benefits for two positions 1) a part-time program manager; and 2) a full-time activity manager. In addition to the staff, funding is allocated for 1) program travel expenses; 2) office rental at ODC; and 3) ICASS charges.

A table detailing the DOD/South Africa staffing pattern for PEPFAR is attached as Appendix 17. The total DOD budget for staffing and associated management costs in FY 2007 is $250,000 and is attached as Appendix 18.

Continued Associated Activity Information

Activity ID: 3341
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 100,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Public Affairs
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 7480
Planned Funds: $ 200,000.00
Activity Narrative: SUMMARY:

The Public Affairs Section of the U.S. Embassy in South Africa will carry out direct outreach to media houses in support of increased exposure of PEPFAR priorities, projects, and success stories.

BACKGROUND:

Public knowledge of and appreciation for the accomplishments of PEPFAR in South Africa remain low, due in part to media fatigue for HIV and AIDS issues as well as limited Public Affairs Section (PAS) capacity to orchestrate a continuing nationwide media campaign. Though awareness and exposure have improved in FY 2006, more could and should be done in FY 2007 to ensure appropriate public appreciation for this U.S. priority.

ACTIVITIES AND EXPECTED RESULTS:

PAS believes that a program of direct placements (paid and otherwise) in print and broadcast media is the best means of increasing public awareness of PEPFAR's activities in South Africa. As the large majority of South Africans receive their news via radio, this program would focus largely on the development and placement of radio programs around the country. In addition, the program would develop a series of print notices for placement in major newspapers, focusing on key PEPFAR themes and accomplishments, and featuring individuals benefiting from PEPFAR programs. Finally, this program will support press participation in PEPFAR site visits, training programs, and related activities.

PAS anticipates establishing a baseline of public knowledge of PEPFAR in early FY 2007 via nationwide survey. (Note: this survey is neither a PAS nor PEPFAR mechanism, but rather a recurring national survey conducted by the State Department's Office of Research. PAS will incorporate survey content to assess knowledge of PEPFAR programs.) Using this baseline and its regional indicators, PAS will target the proposed placement program for maximum effect over the period of one year. Follow-up focus groups and national surveys (again, anticipated Department surveys) will measure message penetration, brand recognition, and public impressions.

Projected Activities/Outcomes:
- Quarterly development and placement of PEPFAR program descriptions, success stories, personal histories, etc. in five key national print outlets (quarter page and/or supplement size).
- Development and launch of 12-month program of radio features and program profiles in selected provinces (to include KwaZulu-Natal, Gauteng, and Western Cape) to run on key community and commercial broadcasters.
- Targeted promotion of PEPFAR activities, including project launches, Ambassador's media events, and output announcements in regional print and broadcast outlets.

Continued Associated Activity Information

Activity ID: 6377
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: Emergency Plan Secretariat
Funding Source: GHAI

Planned Funds: $ 165,000.00

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:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	7481
Planned Funds:	$ 1,021,300.00

Activity Narrative: The South Africa PEPFAR management is coordinated by a Secretariat, which reports directly to the US Ambassador and is located in the Chancery. The Secretariat serves as the central point for planning, communication and coordination on all PEPFAR related tasks conducted in South Africa by the various USG Agencies, and in doing so, assures that all USG contributions to PEPFAR reflect the consensus of a united and dedicated USG team.

The Secretariat performs the following roles:

1. Provides the US Ambassador and Mission leadership with information and guidance about PEPFAR.
2. Coordinates the implementation of PEPFAR with the South African Government.
3. Communicates with the Office of the Global AIDS Coordinator and prepares reports on issues related to PEPFAR activities in South Africa.
4. Undertakes programmatic and reporting activities to assure coordination and harmonization of USG Agencies' responses to audits and Congressional inquiries.
5. Organizes regularly scheduled meetings of the PEPFAR Task Force. Keeps records of all Task Force meetings, and circulates minutes to Task Force members and the South Africa Core Team at OGAC.
6. Documents the Inter-Agency Annual Program Statement (APS) and facilitates its review and approval processes.
7. Serves as a repository and clearinghouse for technical and programmatic information regarding HIV, AIDS, and PEPFAR.
8. Assists in the preparation of speeches, articles and other communications regarding PEPFAR by USG representatives in South Africa.
9. Assists the Mission's Public Affairs efforts in publicizing and promoting PEPFAR activities in South Africa, and provides public affairs support for program implementing partners.
10. Manages and maintains the South Africa PEPFAR website and photo gallery, allowing easy access to technical resources and information about PEPFAR in South Africa.
11. Coordinates global health elements of the Mission Performance Plan.
12. Assists in the organization of PEPFAR partner and technical meetings.
13. Prepares and hosts VIP visits and inspections.
14. Collaborates with other major donor Agencies (e.g. European Union, Department for International Development/United Kingdom, UNAIDS and Belgian Technical Cooperation) to ensure programmatic synergies.

Specifically these funds support the following staff positions:
1. Secretariat Coordinator
2. Program Assistant
3. Evaluation Officer
4. Web Master
5. One half OMS position

The Secretariat is not fully staffed and recruitment is under way.

The funds also support a series of technical and partner meetings:
1. Nine provincial meetings
2. One national meeting
3. Six technical meetings

A table detailing the HHS/OIH South Africa staffing pattern for PEPFAR is attached as Appendix 17. In addition to salaries, benefits and travel costs, the management budget includes operating costs (such as utilities, administrative and logistic support, etc.), and ICASS charges. The total HHS/OIH budget for staffing and associated management in FY 2007 is $1,321,300. It is attached as Appendix 18.

Continued Associated Activity Information

Activity ID: 3121
USG Agency: HHS/Office of the Secretary
Prime Partner: US Department of Health and Human Services
Mechanism: Emergency Plan Secretariat

Funding Source: GHAI
Planned Funds: $ 790,530.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 7506
Planned Funds: $ 28,700.00
Activity Narrative: The Peace Corps South Africa management and staffing request for FY 2007 consists of funding for ongoing staffing needs to provide technical and reporting oversight of the over 60 Peace Corps Volunteers (PCV) in South Africa who are working with non-governmental organizations (NGOs) and communities on activities that contribute to the 2-7-10 PEPFAR goals. The FY 2007 request also includes an administrative and management support cost associated with meeting the requirements to support 19 PEPFAR-funded PCVs and the Volunteer Activity Support and Training (VAST) component.

In FY 2005, Peace Corps South Africa received its first PEPFAR funding to cover six 2-year Peace Corps Volunteers and to support the VAST fund. The program expanded in FY 2006, with the request for an additional ten 2-year Volunteers and ongoing support for the VAST fund. An additional ten 2-year Volunteers are requested in FY 2007. In addition to supporting these PEPFAR-funded activities, Peace Corps reports all HIV and AIDS activities which have been funded through PEPFAR-supported training or small grant support (VAST fund) as part of the Mission's reporting cycle. This includes the activities of an additional 40 Volunteers assigned to work with local HIV and AIDS NGOs, community-based organizations (CBOs) and faith-based organizations (FBOs) (not PEPFAR funded); and the work of approximately 20 Volunteers in the Education sector who undertake significant HIV and AIDS work in their communities as "secondary projects." The additional support and reporting requirements require personnel to meet the needs of Volunteers, the South Africa Inter-Agency PEPFAR Task Force and Peace Corps Washington.

Peace Corps South Africa has a total of 3 staff members dedicating significant time to supporting PEPFAR activities. Peace Corps staff working on PEPFAR are responsible for the following activities:

1. Negotiating site placements with appropriate local NGOs, CBOs, and FBOs;
2. Providing ongoing 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 PEPFAR Task Force Activities, including meetings, annual program statement reviews, hosting visitors, etc.;
5. Compiling and submitting semi-annual and annual reports, and financial data to the Mission PEPFAR Task Force and Peace Corps Washington;
6. Participation in the OGAC annual meeting and Peace Corps' PEPFAR 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; and
2. International travel for appropriate staff participation in OGAC and Peace Corps PEPFAR meetings.

A table detailing the Peace Corps/South Africa staffing pattern for PEPFAR is attached as Appendix 17. FY 2007 funding will support a part-time staff person who will be dedicated to Peace Corps PEPFAR monitoring and reporting functions and PEPFAR PCV site development, training and VAST fund administrative functions. The total Peace Corps budget for staffing and associated management costs in FY 2007 is $28,700 and is attached as Appendix 18.

Continued Associated Activity Information

Activity ID:	6367
USG Agency:	Peace Corps
Prime Partner:	US Peace Corps
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 28,667.00

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:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	7636
Planned Funds:	$ 6,100,000.00

Activity Narrative: These funds support the management and staffing expenses of USAID/South Africa (USAID). The funds cover ongoing and new staffing needs to provide technical, financial and contractual oversight to over 59 USAID partners implementing the PEPFAR program in South Africa. An umbrella grants management component provides financial and administrative support to over 20 PEPFAR organizations, thereby reducing USAID's management burden.

The total USAID PEPFAR management and staffing budget is $6,100,000 including ICASS costs estimated at $90,000 and the IRB tax which is estimated to be $105,000. Funding for the umbrella grants management element was part of the FY 2006 management and staffing program area and in FY 2007 is now included in the individual program areas.

In FY 2006, USAID was responsible for the obligation and management of over $117 million in PEPFAR funds, of which over $115 million was obligated by the USAID Health Team. (The remaining funds were obligated by other USAID teams in support of the PEPFAR goals.) In FY 2007 this amount will rise to $204 million.

Currently, the USAID PEPFAR team has 17 staff positions that dedicate at least 50 percent of their time to implementing the HIV and AIDS program in South Africa. The team consists of 3 U.S. Direct Hire Population Health and Nutrition officers, 5 US personal service contractors or institutional contractors, and 9 Foreign Service National professional and administrative staff. USAID also has one PEPFAR-funded Regional Legal Advisor and one PEPFAR-funded contracting officer.

USAID is using the personal services contract (PSC) 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 has recruited an additional FSN to manage the growing portfolios in the areas of Youth and AB. PEPFAR funding will be used to partially support the services of a USAID public affairs officer to expand the USG public diplomacy efforts related to PEPFAR. PEPFAR funding will support other USAID operating units including the controller; program and executive offices, which provide financial management; planning and program assistance; and logistical support for managing PEPFAR resources.

The USAID Health Team provides technical management to 59 prime PEPFAR-funded partners. Staff responsibilities include monitoring the design, implementation, and evaluation of USAID PEPFAR partner activities; providing technical direction to partners to assure that their activities are implemented in accordance with Agency and PEPFAR policies and procedures; working closely with partners to assure synergy and avoid duplication of effort; and liaising with relevant South African Government (SAG), donor, and private sector stakeholders to ensure that the USAID PEPFAR activities are aligned with others active in the HIV and AIDS field in South Africa. In addition, USAID staff is active in the South Africa USG PEPFAR Task Force and serves on all of the technical working groups of the Task Force.

To help assess future staffing requirements, USAID recruited the services of an organizational development specialist to identify gaps in the staffing and structure of the Health Team. Based on this assessment, USAID is requesting three additional professional staff, all of whom will be recruited locally, to provide the needed management oversight of the growing PEPFAR portfolio. The new staff positions will be for: 1) a mid-level monitoring and evaluation specialist; 2) a senior project manager; and 3) a program specialist to coordinate the increased administrative and reporting requirements associated with PEPFAR. This will bring the total of USAID PEPFAR staff to 23. USAID anticipates maintaining this level of PEPFAR staff in FY 2008. USAID PEPFAR staffing needs beyond September 2009 will depend largely on two factors, the details of which are not known at this time: 1) the size and scope of the post-PEPFAR AIDS program in South Africa; and 2) the overall mandate and structure of the USAID bilateral assistance program in South Africa.

A table detailing the USAID/South Africa staffing pattern for PEPFAR is attached as Appendix 17. In addition to salaries, benefits and travel costs, the management budget includes operating costs (such as utilities, administrative and logistic support, etc.), ICASS

charges, the USAID Agency Information Technology tax, and limited funding for support services related to USAID PEPFAR program planning and management. The total USAID budget for staffing and associated management costs in FY 2007 is $6,100,000 and is attached as Appendix 18.

Continued Associated Activity Information

Activity ID:	3120
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	Management 1
Funding Source:	GHAI
Planned Funds:	$ 7,840,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Management (Base)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8057
Planned Funds: $ 4,818,000.00
Activity Narrative: These funds of $4,818,000.00 partially support the management and staffing expenses of the HHS/CDC/South Africa office and are integrated with (#8058). The funds will cover ongoing and new staffing needs to provide technical, financial and contractual oversight of over 52 CDC partners implementing the PEPFAR program in South Africa.

The total management and staffing budget for CDC is $6,000,000. Of this, $1,182,000 is charged to GHAI and $4,818,000 is charged to the CDC/GAP base budget. Within the total budget, the cost of ICASS is estimated at $509,655 and Capital Security Sharing is estimated at $161,345.

In FY 2006, the HHS/CDC/South Africa office was responsible for the obligation of about $65,000,000 in PEPFAR funding. In FY 2007, this amount will increase to roughly $130,000,000. CDC staff also has oversight responsibility for $21,000,000 of Health Resources and Service Administration (HRSA) projects. Staff responsibilities include monitoring design, implementation, and evaluation of funded activities; providing technical direction and assistance to assure that activities are implemented in accordance with OGAC technical guidance; and working closely with in-country and international partners to assure synergy and avoid duplication. Staff participate actively in the Inter-Agency Task Force to design the overall comprehensive PEPFAR program that meets the needs of South Africa and OGAC. Moreover, HHS/CDC staff participate in Technical Working Groups (TWG) of the Task Force that work to coordinate all partners in a particular technical area to ensure complementary and synergistic activities. Staff is also regularly tasked to participate in ad hoc working groups to address specific issues as they arise.

As of FY 2006, the HHS/CDC South Africa office employs a total of 34 positions. Six are U.S. direct hires, 24 are local hires and 4 are contractors. In FY 2007, HHS/CDC is requesting approval for 5 additional positions. Four of the proposed positions are envisioned as local hires and one as a contractor. The staffing matrix provides a more detailed presentation of these positions. The local hire positions are as follows: 1) one counseling and testing officer/coordinator; 2) one clinical officer for treatment; 3) one prevention program officer; and 4) one driver. The contractor position is to work in the area of TB/HIV and the electronic TB surveillance system (ETR.Net). These are priority positions to support areas of greatest need.

A table detailing the HHS/CDC/South Africa staffing pattern for PEPFAR 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 Capital Security Sharing. The total CDC budget for staffing and associated management costs in FY 2007 is $6,000,000 and is attached as Appendix 18.

Continued Associated Activity Information

Activity ID: 3104
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: Management/Staffing - HHS/CDC
Funding Source: GAP
Planned Funds: $ 4,068,000.00

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: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8058
Planned Funds: $ 1,182,000.00
Activity Narrative: These funds of $1,182,000.00 partially support the management and staffing expenses of the HHS/CDC/South Africa office and are integrated with (#8057). The funds will cover ongoing and new staffing needs to provide technical, financial and contractual oversight of over 52 CDC partners implementing the PEPFAR program in South Africa.

The total management and staffing budget for CDC is $6,000,000. Of this, $1,182,000 is charged to GHAI and $4,818,000 is charged to the CDC/GAP base budget. Within the total budget, the cost of ICASS is estimated at $509,655 and Capital Security Sharing is estimated at $161,345.

In FY 2006, the HHS/CDC/South Africa office was responsible for the obligation of about $65,000,000 in PEPFAR funding. In FY 2007, this amount will increase to roughly $130,000,000. CDC staff also has oversight responsibility for $21,000,000 of Health Resources and Service Administration (HRSA) projects. Staff responsibilities include monitoring design, implementation, and evaluation of funded activities; providing technical direction and assistance to assure that activities are implemented in accordance with OGAC technical guidance; and working closely with in-country and international partners to assure synergy and avoid duplication. Staff participate actively in the Inter-Agency Task Force to design the overall comprehensive PEPFAR program that meets the needs of South Africa and OGAC. Moreover, HHS/CDC staff participate in Technical Working Groups (TWG) of the Task Force that work to coordinate all partners in a particular technical area to ensure complementary and synergistic activities. Staff is also regularly tasked to participate in ad hoc working groups to address specific issues as they arise.

As of FY 2006, the HHS/CDC South Africa office employs a total of 34 positions. Six are U.S. direct hires, 24 are local hires and 4 are contractors. In FY 2007, HHS/CDC is requesting approval for 5 additional positions. Four of the proposed positions are envisioned as local hires and one as a contractor. The staffing matrix provides a more detailed presentation of these positions. The local hire positions are as follows: 1) one counseling and testing officer/coordinator; 2) one clinical officer for treatment; 3) one prevention program officer; and 4) one driver. The contractor position is to work in the area of TB/HIV and the electronic TB surveillance system (ETR.Net). These are priority positions to support areas of greatest need.

A table detailing the HHS/CDC/South Africa staffing pattern for PEPFAR 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 Capital Security Sharing. The total CDC budget for staffing and associated management costs in FY 2007 is $6,000,000 and is attached as Appendix 18.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Small Grants Fund
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8481
Planned Funds: $ 100,000.00
Activity Narrative: These funds will support the management and staffing expenses of Ambassador's HIV/AIDS Small Grants program which has grown significantly from FY 2006 ($700,000) and FY 2005 ($450,000).In FY 2007, the Small Grants program will be $1.2 million. Because of the increased size of the program, the number of hours for the Small Grants Coordinator at the Embassy and Consulates needs to increase. At the US Embassy the Small Grants Coordinator the part-time coordinator will become full-time. At the Johannesburg and Cape Town Consulates, the part-time coordinators will increase their time from 20 hours per week to 28 hours per week. In Durban the part-time coordinator will increase from 24 hours to 32 hours per week. The Durban coordinator requires more hours because the Consulate manages more funds than Cape Town or Johannesburg (e.g. $210,000 versus $140,000). The remaining funding will be used for travel and capacity building workshops.

The total management and staffing budget for the Small Grants is $100,000. Within the total budget, the cost of ICASS is estimated at $ 13,888.

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	☐ 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 2007?	☐ 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 2007?	☐ Yes	☑ No
When will preliminary data be available?		
Is an Anc Surveillance Study planned for fiscal year 2007?	☑ Yes	☐ No
if yes, approximately how many service delivery sites will it cover?	400	
When will preliminary data be available?	7/1/2008	
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 2007?	☑ Yes	☐ No

Other significant data collection activities

Name:
National HIV and AIDS Communication Survey

Brief description of the data collection activity:
The Second National HIV and AIDS Communication Survey will provide more in-depth information about the communication environment, impact of communication interventions both generally and specifically. No other survey captures as much information which is extremely valuable in informing both the SA Government's communication programmes and individual communication interventions of NGOs, CBOs and FBOs. The findings are disseminated through a series of workshops to more than 500 key stakeholders throughout the country. The survey is a collaborative effort between the SAG, JHU/CCP and Soul City (funded by PEPFAR) and other key communication projects. This survey will be supported by PEPFAR.

Preliminary data available:
August 01, 2008

Name:
South African National HIV Prevalence, HIV Incidence and Communication Survey (HSRC/Nelson Mandela Foundation)

Brief description of the data collection activity:
The South African National HIV Prevalence, HIV Incidence and Communication Survey is a national level household survey, which includes HIV testing through dried blood spot collection. This survey is done every three years and collects data which is key for tracking HIV and associated determinants over time. This allows for an examination of trends over time in social, demographic and HIV incidence/prevalence data. This survey will be supported by PEPFAR through CDC.

Preliminary data available:
December 01, 2008