

PEPFAR

THE U.S. PRESIDENT'S EMERGENCY
PLAN FOR AIDS RELIEF



THE POWER OF PARTNERSHIPS

Activities in Eastern Cape Province

Fiscal Year 2009





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The President's Emergency Plan for AIDS Relief; An Overview of FY 2009

The President's Emergency Plan for AIDS Relief (PEPFAR) has worked closely with the South African Government (SAG) since implementation of the program in 2003. Today there are more than 500 PEPFAR prime and sub-partners working in this effort to support and enhance the goals of the South African National Strategic Plan for HIV & AIDS and STI, 2007-2011 (NSP).

The seven principles of the South African PEPFAR program are:

1. Partner with South African Government (SAG)
2. Support the South African National Strategic Plan for HIV & AIDS and STI, 2007-2011 and other relevant South African policies
3. Partner with many organizations
4. Build on demonstrated success
5. Develop local capacity
6. Plan for sustainability
7. Deliver carefully measured results

A core principle of PEPFAR is to collaborate with and support the South African Government. We are currently working with the following SAG Departments:

- National Department of Health
- National Department of Correctional Services
- National Department of Defence
- National Department of Social Development
- National Department of Education
- Provincial Departments of Justice

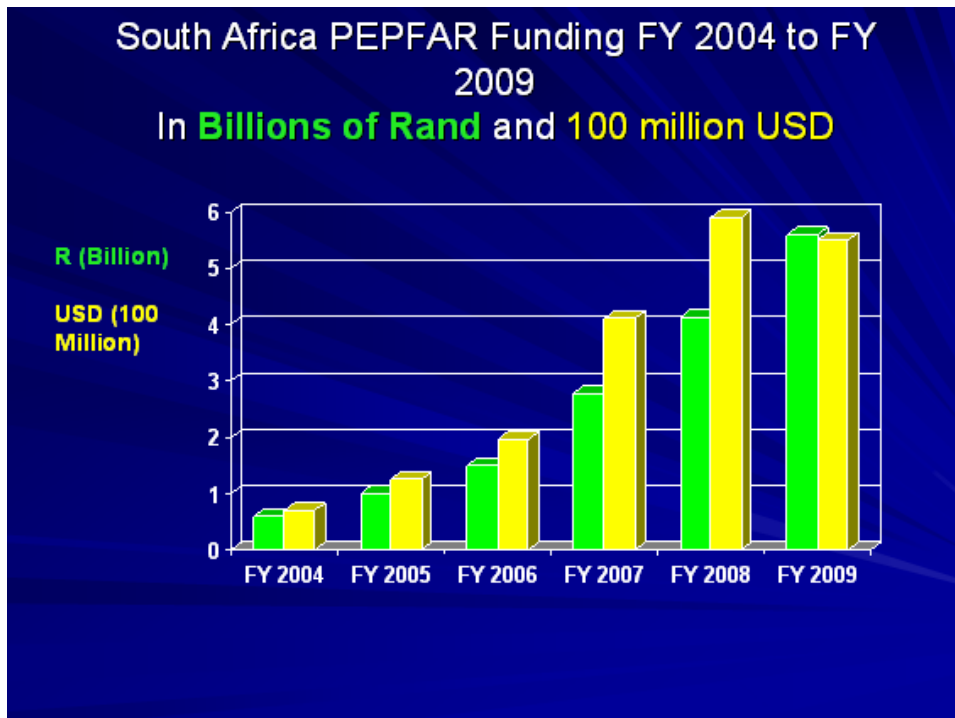
The South African PEPFAR Team works under the leadership of the U. S. Ambassador and consists of the following U.S. Government Agencies:

- Department of State
- United States Agency for International Development
- Centers for Disease Control and Prevention
- U.S. Department of Defense
- Peace Corps

These agencies form one PEPFAR Team through interagency cooperation and coordination.

In Fiscal Year 2009, the PEPFAR program will focus on enhancing prevention activities, a shift from an emergency response to one of developing sustainability. This change in focus is to facilitate effective programs and services, partnerships with SAG and donors, and leveraging resources through these partnerships. This will provide support for other health care needs by addressing gaps, avoiding duplication of services, and supporting SAG priorities. PEPFAR funds will provide support to public, private, faith-based (FBO), and non-governmental organization (NGO) for HIV activities at the national, provincial, and local level through a broad-based network of prime and sub-partners.

The following graph displays the level of PEPFAR funding for South Africa from fiscal year 2004 through 2009. Funding has decreased in the sixth year of PEPFAR as the program moves from an emergency program to one of sustainability and support, and in recognition of local funding increases in PEPFAR focus countries.



In Eastern Cape Province, PEPFAR is providing funding to **80 partners** that implement activities in facilities and communities throughout the province. The partners who carry out these activities represent NGOs, FBOs, and SAG agencies. The focus of many of these partners is national, this refers to organizations that work at the national level (e.g., policy and advocacy), and support some or all provinces. These partners are listed in the Quick Reference – Partners by Program Activities, as well as in the PEPFAR tab of the US embassy website: <http://southafrica.usembassy.gov/>.

PEPFAR strongly supports the development and enhancement of the South African public health and social care system. Partners are instructed and encouraged to build relationships with the public health service through activities in accord with policies and guidelines of the SAG, and help improve delivery, quality, and sustainability of care. Partners must adhere to the core principles of PEPFAR by obtaining a Memorandum of Understanding (MOU) for their programs within provinces. The MOU is a signed agreement between the partner and the provincial government acknowledging the service the partner is providing within the province and agreeing to report outcomes.

Currently, **23 partners** have signed MOUs within the Eastern Cape Province to implement their activities. PEPFAR partners hope to increase the number of signed MOUs in FY 2009 to ensure all activities occur within agreed frameworks. Partners with signed MOUs are listed in the Quick Reference – Partners by Program Activities.

The information provided in this report is a summary of Eastern Cape provincial activities being carried out by PEPFAR-funded partners in support of the NSP. Additional information on PEPFAR can be found on following websites:

<http://www.pepfar.gov>

<http://southafrica.usembassy.gov>

<http://sharing.org.za> (This site will allow you to download partners by province by program area).

Program Areas

The following table identifies the PEPFAR program areas in which partners work to provide services in South Africa. They are described in detail below.

Prevention	Care	Treatment	Other
<ul style="list-style-type: none"> • Prevention of Mother to Child Transmission (PMTCT) • Prevention of Sexual Transmission • Blood Safety • Injection Safety • Male Circumcision • Counseling & Testing 	<ul style="list-style-type: none"> • Adult & Pediatric Care & Support • TB/HIV • Orphans & Vulnerable Children 	<ul style="list-style-type: none"> • ARV Drugs • Adult Treatment • Pediatric Treatment • Laboratory Infrastructure 	<ul style="list-style-type: none"> • Strategic Information • Health Systems Strengthening • Human Capacity Development • Monitoring & Evaluation

Prevention of Mother to Child Transmission

The South African *National HIV and Syphilis Prevalence Survey, 2007* shows a slight decrease in HIV prevalence in pregnant women over the last three years: 30.2% in 2005, 29.1% in 2006, and 28% in 2007. However, the prevalence is still relatively high compared to other countries in the region. There are approximately 908,000 new pregnancies per year, and based on the above HIV prevalence, approximately 254,000 HIV-infected pregnant women will need to be identified and provided ARV prophylaxis annually.

The primary objectives for the FY 2009 PEPFAR program in South Africa are to support the NDOH in

- building local capacity to implement the 2008 National PMTCT policy effectively by increasing coverage of training and re-training for healthcare workers
- providing site-specific support through PEPFAR partners and the NDOH to implement and roll out the new PMTCT policy and guidelines
- building capacity for early infant diagnosis and follow-up for mother-baby pairs post delivery by improving linkages between PMTCT service points, MCWH, HIV pediatric care and treatment programs, and antiretroviral care and treatment for adults, and
- improving the quality of the national PMTCT monitoring and evaluation systems. In addition, in FY 2009, the PEPFAR PMTCT program will continue to support the national PMTCT program by addressing some of the inherent programmatic gaps in service delivery.

These include:

- ongoing support and supervision for healthcare providers and community healthcare workers
- the promotion of routine offer of counseling and testing
- strategies for follow-up for mother-baby pairs post delivery
- quality improvement; management and prevention of sexually transmitted infections (STI), tuberculosis (TB), and other opportunistic infections
- community outreach and referral to wellness and treatment programs for HIV-infected mothers and exposed infants, and
- scale-up of early infant diagnosis services.

Furthermore, activities addressing cultural attitudes to infant feeding, male involvement in PMTCT, and increased uptake of services will also be supported. The USG will support the NDOH in facilitating quarterly meetings with all partners who are working on PMTCT programs in South Africa. These meetings will provide an opportunity for partners to share lessons learned and to prevent the duplication of tool and curriculum development. The quarterly meetings will ensure greater coordination among partners and government, particularly with respect to capacity building and training. All partners are required to use the NDOH curriculum as a generic training guide.

Sexual Prevention

South Africa, with a population of 47.3 million, has a highly generalized AIDS epidemic: with transmission primarily heterosexual, followed by mother-to-child transmission. With South Africa's high, generalized epidemic, the general population, and particularly adults, will increasingly be the focal point for mass media and community outreach efforts, while specific targeted interventions for other populations, including youth, most-at-risk populations, migrants and disadvantaged populations living in informal settlements, and prevention with positives continue to be important activities. In addition, integrated prevention activities that link prevention with counseling, treatment, care, and support services will be reinforced.

In FY 2009, the USG team will focus on the expansion of PEP services and training on sexual assault. The Medical Research Council (MRC) and the NDOH will roll out a comprehensive training program aimed at health-care workers and the judicial service to ensure better implementation of PEP services throughout the country.

The USG Prevention team has expanded, and now includes senior prevention experts who will promote the adoption of evidence-based, best practice intervention models, a common set of clear, actionable, behavioral messages, and coordination and synergy across partners.

Biomedical Prevention

Although South Africa has a generalized epidemic driven primarily by sexual transmission, there is still a need to address biomedical prevention. Activities implemented in this program area include those at the hospital and health facility levels, including injection and blood safety, and prevention initiatives such as injecting drug users.

Injection Safety and Injecting and non-injecting Drug Use

Statistics indicate that the average number of medical injections per person per year in South Africa is 1.5. In addition, all South African facilities that use syringes for patient care utilize single use sterile syringes, that is, those observed to come from a new and unopened package.

The PEPFAR program in South Africa aims to address issues of medical HIV transmission through the Track 1 Making Medical Injections Safer (MMIS) project led by the John Snow Research and Training Institute, Inc. (JSI). The goals of this project are to:

- improve injection safety practices through training and capacity building
- ensure the safe management of sharps and waste, and
- reduce unnecessary injections through the development and implementation of targeted advocacy and behavior change strategies.

The NDOH's Quality Assurance and Environmental Health Units will institutionalize the adapted version of the "DO NO HARM" manual as the country's primary reference manual for training in injection safety. Sustainability is achieved by leveraging support from local partners. To date, MMIS has garnered support from the Democratic Nurses Organization of South Africa, 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 such as training, and printing and disseminating of IEC material. In addition, MMIS works with South African provinces and

municipalities to plan allocations for current JSI-related costs through the South African Medium-Term Expenditure Framework.

Blood Safety

Blood transfusion in South Africa is recognized as an essential part of the health-care system. South Africa has a strong blood safety program that is directed by the SANBS, a PEPFAR partner. South Africa National Blood Service (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.

PEPFAR resources will also be used to develop cultural and language-specific donor recruitment and HIV educational materials. In 2009, SANBS will utilize PEPFAR funds to expand and to make its donor base more representative of the demographics of the country. This will be achieved by establishing four new donor clinics in geographical areas previously not served by the organization. Prevention messages will be developed focusing on the relationship between lifestyle and safe blood, the need for blood by patients, and the importance of societal involvement in this “gift of life” relationship between donor and patient..

Counseling and Testing

In early 2008, NDOH updated the policy and guidelines to ensure that CT service outlets provide caring, high quality, uniform, and equitable CT services in South Africa. The document also provides a guide for the implementation of a more comprehensive national CT program that should improve CT uptake among the target population. In addition, the NSP promotes the use of Routine Offer of Testing and Counselling (ROTC), and the NDOH has drafted guidelines on the implementation of ROTC.

The USG and PEPFAR partners continue to support the NDOH in their efforts to update policy, guidelines, training, and mentoring in order to increase the demand for and the availability of quality CT services. In 2009, 53 PEPFAR-funded partners identified CT as a primary activity. This will include all treatment partners who routinely receive a CT budget to ensure smoother referrals, access to treatment, and movement into care. Some partners work independently, while others support NDOH sites; but all comply with NDOH policies.

Adult Care and Treatment

The vision for the PEPFAR South Africa Team for Adult Care and Treatment Team is to support the SAG policies and programs to provide comprehensive HIV care and treatment services to all those in need. . The focus of the care and treatment program is to support the public sector, and specifically to expand access to services for all.

The key treatment priorities for the USG in FY 2009 are:

- developing human capacity, especially at primary healthcare level
- strengthening decentralization of HIV care and treatment, including building capacity for nurse-initiated ART
- improving pediatric HIV care and treatment
- encouraging early identification of those in need for HIV care and treatment services (e.g. provider-initiated CT)
- CD4 testing for those that test positive to dried blood spot polymerase chain reaction (PCR)
- integrating TB care for HIV-infected clients, including screening and treatment
- continuing to strengthen the integration of treatment programs within other health interventions (e.g., PMTCT, cervical cancer screening and reproductive health), and
- reducing loss to initiation of treatment of people that test HIV positive and loss-to-follow-up once on ART.

PEPFAR partners will advocate for new national guidelines to improve access to pain management including the authority for nurse prescription. In collaboration with SAG, FY 2009 funds will scale up direct delivery of quality palliative care services.

Pediatric Care and Treatment

The vision for the PEPFAR South Africa team for Pediatric Care and Treatment is to support the SAG policies and programs to provide comprehensive HIV care and treatment services to all those in need. It is estimated that currently 5.7 million people in South Africa are HIV-infected, and that ~1.7 million are in need of treatment. A significant number of the HIV-infected are children living with HIV.

The NSP emphasizes that children under 18 constitute 40% of the population of South Africa, making this a key target group for HIV prevention, care, and treatment services. The NSP aim for 2009 is to start 33,000 children on treatment and to provide care for 250,000 children.

The key pediatric care and treatment priorities for the USG in FY 2009 are:

- developing human capacity, especially at primary healthcare level
- strengthening decentralization of HIV care and treatment, including building capacity for nurse-initiated ART
- encouraging early identification of children in need for HIV care and treatment services (e.g., provider-initiated CT)
- CD4 testing for those that test HIV positive and dried blood spot PCR at six weeks
- strengthening the capacity to diagnose and treat TB in children
- continuing to strengthen the integration of treatment programs within other health interventions (e.g., PMTCT, cervical cancer screening, and reproductive health)
- providing cotrimoxazole prophylaxis to all HIV-exposed children from 6 weeks of age
- fast-tracking children eligible for ART, and
- reducing loss to initiation of treatment of children that test HIV positive, and loss-to-follow-up once on treatment.

Tuberculosis

South Africa has a high rate of TB and to address this, South Africa adopted the WHO Direct Observation Treatment Strategy in all districts.

USG activities are consistent with NDOH and WHO TB/HIV policies and guidelines and continue to build on past achievements. PEPFAR will scale-up efforts that improve effective coordination at all levels, decrease burden of TB among PLHIV, decrease burden of HIV among TB patients, improve prevention, detection, and management of multi-drug and extensively-drug resistant (MDR/XDR) TB in HIV-infected patients, strengthen laboratory services and networks, and strengthen health systems to ensure quality and sustainable care.

TB/HIV programming will be prioritized in FY 2009.

Orphans and Vulnerable Children

South Africa's HIV pandemic continues to create a rapidly growing number of vulnerable children who are without adult protection and have uncertain futures.

Working in all nine provinces, the USG approach supports programs that are firmly aligned with and in support of the South African strategies that include the *Policy Framework for Orphans and Vulnerable Children made Vulnerable by HIV and AIDS in South Africa*, (July 2005), the *National Action Plan for Orphans and Vulnerable Children and Other Children Made Vulnerable by HIV and AIDS*, the *National Guidelines for Social Services to Children Infected and Affected by HIV/AIDS*, and the NSP.

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.

In FY 2009, the USG will support the National Department of Social Development (NDS) to review and develop quality standards for these basic services.

Laboratory Infrastructure

PEPFAR supports the NICD and NHLS to provide technical and scientific resources within South Africa, and to strengthen the existing regional support that NICD and NHLS are placed to provide within Sub-Saharan Africa.

During FY 2009, PEPFAR funds will be used to continue support to NICD and the NHLS. Support includes:

- evaluating HIV incidence testing methodologies
- rollout of PCR capacity in support of rapid MDR/XDR diagnosis
- using external quality assurance to monitor PCR DNA testing of infants and of molecular testing associated with ART for the NHLS
- providing quality assessments of HIV rapid test kits for the NDOH
- assisting the NDOH in training staff in 4,000 VCT sites on proper HIV rapid testing procedures and quality management systems, 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 the National TB Reference Laboratory in equipping and readiness preparation when completed in late 2008, and
- supporting South African and regional laboratory training for clinical laboratorians under ACILT.

Strategic Information

For FY 2009, South Africa Strategic Information (SASI), as part of the larger PEPFAR program, is oriented toward further aligning health management information systems (HMIS) and monitoring and evaluation (M&E) systems to SAG standards. South Africa Strategic Information (SASI) will enhance the use of SI with an emphasis on strengthening surveys and surveillance, understanding data quality and using geographic information systems (GIS), and moving toward comprehensive SI capacity building activities. SASI accomplishments include:

- developing and using an electronic, web-based partner reporting system, the Data Warehouse
- incorporating systematic data quality assessments into partner performance cycles
- developing a South Africa SI Manual (the South Africa-specific indicator guide) for use by implementing partners
- hosting M&E capacity building workshops held several times per year, and
- conducting innovative evaluations of partner performances, which are embedded into the FY 2009 COP process, and include key members of the SAG and USG HQ technical staff.

The SI team has worked with several provincial departments of health to provide technical assistance in M&E in the past year; this support will be continued in FY 2009. Coordination with the NDOH had

been strained, but collaboration is expected to accelerate during FY 2009. This is partially because of the groundwork laid during FY 2008 and partially because of the new enthusiasm for public health and HIV activities engendered by the new direction and leadership within the NDOH.

Health Systems Strengthening

The NSP emphasizes the strengthening of health systems as one of the key pillars in mitigating HIV and AIDS and meeting the Millennium Development Goals. During the last two years, PEPFAR has aligned its programs to strengthen the public health system through programming. Some of the main areas of focus for health systems strengthening have included:

- developing management and leadership at national, provincial and district levels
- developing and implementing policy at national and provincial levels
- strengthening monitoring and evaluation capacity of civil society organizations and the NDOH
- improving quality of services at district and facility levels
- integrating HIV and AIDS programs into other primary health-care services
- strengthening pharmaceutical systems within the public sector
- strengthening the NHLS and developing capacity at district and provincial levels to train health-care providers on HIV and AIDS and TB programs, and
- strengthening the human resource system.

The PEPFAR program in South Africa will continue to address strengthening policies and capacity in FY 2009 through support to the national government, particularly through the placement of CDC activity managers within the national HIV & AIDS and STI Directorate to assist in policy development.

Human Capacity Development – Human Resource Capacity

The South African HRH calls for nursing, medical, and pharmaceutical councils to develop human resources plans to meet the needs and demands of the public health system. The pharmaceutical and medical councils have developed their plans and have started implementing new cadres of workers to fill the gaps in the workforce. The pharmaceutical council, for example, has introduced a mid-level worker, the pharmacist assistant. PEPFAR supports this initiative through the provision of training and through placement of pharmacist assistants at PEPFAR-supported sites

In FY 2009, negotiations with the South African government will include:

- developing Human Resources Directorates (HRD) in the provinces and some districts by scaling-up costing and providing technical expertise on strategic planning
- using the HRH's guiding principles as the benchmark for PEPFAR's Compact negotiations
- providing technical assistance to help move the Human Resources Information System (HRIS) through Phase 3 and to improve links to the public service
- mobilizing technical experts from within the region to assist with human resources planning and team strengthening among the provincial HRDs, with a long-term goal of disseminating and training staff on the HRIS system, and
- providing technical assistance to the national HRDs on the development of other mid-level workers, such as community caregivers.

Summary of Partner Activities in Eastern Cape

Ambassador's Community Grants Program

Adelaide Kinder en Gesinsorg Vereeniging - This grantee will continue to care and support to 360 OVC, 15 bedridden and 35 from 6 volunteers. The group's main purpose is to support children, but by doing that, they became gradually involved in caring for entire families. One of their goals for the coming year is to organize transport for patients to the new ARV Clinic in Fort Beaufort, 40 kms away.

The volunteers run a soup kitchen for children, respond to calls from the local hospital, police, teachers and community members who report children in distress, they make sure OVC have books and uniforms at the beginning of each term, they teach foster parents how to responsibly use the foster care grant, they supervise 7 safe home families who take in children until they can be placed with relatives, and they teach older OVC how to grow their own vegetables at home. They make sure orphans waiting for the grant money get food parcels, they organize yearly Child Protection Week activities educating a largely illiterate population on the rights and needs of children, and they take OVC on camping trips where they teach them life skills. They care for patients in their homes, thereby often relieving children of the burden of having to care for a sick parent.

Amatola HIV/AIDS Intervention Project - This community-based organization (CBO) will serve 102 HIV/AIDS orphans and provide care to 120 patients with HIV/AIDS. The CBO is requesting funding for first aid kits, and for assistance with the office rent and phone bills. The grant would also cover stipends for five caregivers & four fieldworkers who visit and look after bedridden patients in outlying villages. Since some of the patients live in villages far from any clinics or hospitals, some of the grant funds will be used for transportation to obtain ARV medication.

Dibashe Day Care Centre and Orphanage – This organization will outfit the new building we paid for with a Self-Help Grant and provide playground equipment for 375 children. To continue supporting this OVC centre for another year until it becomes self-sufficient.

Gospel Power Church OVC Project - The grant would allow 10 trained caregivers and additional casual volunteers to assist 85 orphans in Alice and three nearby villages, and to care for 15 bedridden AIDS patients. The care givers would get advanced training in counseling, uniforms, stipends and transportation money. A stove, refrigerator, pots and plates, etc., would be purchased for the soup kitchen.

Jongilanga HIV/AIDS HBC – This grantee will provide **equipment** for the pre-school awareness campaigns and stipends for the volunteers.

Masivuke Education & Training Center - Further training of volunteers; equipment for drop-in centre and OVC, 4 large events: Child protection day, Youth Day, 16 Days of Awareness and World Peace Day; transportation fund for children on ART.

Noluthando HBC Group – This group will expand their capacity after having received training last year and proven that they are doing good work and manage funds properly. Noluthando members look after orphans and AIDS patients in 5 villages (Lower- and Upper Lahlangubo, Nyana, Santya, and Sisilana). Grant money would buy them 2 two-burner stoves for their soup kitchen plus pots, bowls etc., (at the moment they borrow these things from neighboring houses), HBC supplies, as well as chairs and tables for their office/meeting room. The grant will also fund transport since patients have to go to King William's Town for ARVs and stipends for 10 care-givers.

Nuthuzelo Home Based care and HIV/AIDS Support Group –The group will equip the organization's hospice to care for seriously ill HIV/AIDS female patients and to support caregivers. They are asking for funds to pay the hospice's utilities and telephone line, for bedding, night gowns, over the counter medicine, and cleaning materials which will help them better care for the patients. The organization has also requested sewing machines for income generation and funds for HIV/AIDS awareness workshops.

Tshwaranang Northern Region HIV/AIDS and OVC Care Program - The grant would support care-givers who visit OVC and patients in villages and townships around Queenstown; it would provide 15 care-givers with home-based care kits, 20 of them with a R 200 a month stipend, transport to a hospital and telephone expenses would be covered in hardship cases, and new care-givers would get training. The grant would also cover costs for educational campaigns, mostly in schools.

Zinokwenzeka Community Support Group - To equip a community-based organization that provides care to orphans/vulnerable children and home-based care to bedridden HIV/AIDS patients. They are asking for a computer, phone, sewing machine and materials, kitchen equipment and cooking utensils to provide food (porridge/soup) to orphans and to the seriously ill patients. The sewing machine and materials will provide a source of income generation. Part of the grant will also go towards stipends for community caregivers and transportation of patients to clinics.

Zwide Women for HIV & AIDS Care Program - This grantee will equip the 10 bed hospice with medical supplies

Bambisanani Project - To purchase nursing supplies in bulk used in home based care kits which are being supplied to 71 home based care volunteers working across 148 communities in the Eastern Cape; to provide stipends for 43 volunteer caregivers.

DELTA (Development Education Leadership Teams in Action. To provide incentives for volunteer office/community coordinators who are organizing caregivers providing OVC care and support, palliative care, and prevention/awareness activities in a large rural area. To give admin support to the organization in the form of rent and transport costs. To fund community workshops to train 60 foster parents in psychosocial needs of OVCs.

Gwebindlala HIV/AIDS Organisation - To provide uniforms and small stipends for volunteer caregivers who are providing OVC care and support, palliative care, and prevention/awareness activities in a large peri-urban area; to provide office equipment (computer) for data management; to provide a stove and pots for an OVC and PWLA feeding scheme.

Khulani Community Care - To provide small stipends for volunteer caregivers who are providing OVC care and support, palliative care, and prevention/awareness activities in a large peri-urban area; to provide office equipment and kitchen equipment for feeding scheme involving OVCs and PLWAs.

Lina Community Development - To provide office equipment (computer) for data management; to provide a freezer, grill, and washing machine for an OVC drop in center.

Lusikisiki Paralegal Advice Centre - This partner will train 42 people from the community in OVC care and support. To fund 10 community workshops to raise awareness and build a support network concerning care and support of OVCs. To fund additional costs of the organization including phones, transport, and a monthly stipend for a volunteer coordinator for the community OVC program.

Mission Centre Development Association (MIDA) - To provide incentives (stipends) for 5 volunteer management members and 8 volunteer caregivers who are providing OVC care and support, palliative care, and prevention/awareness activities in a large rural area.

Nyandeni Community Health Workers Association -. To train 70 community health workers on stipend from the Department of Health in home based care.

Port St Johns Community Legal Advice Centre - To provide incentives (stipends) for volunteer caregivers who are identifying and providing OVC care and support and prevention/awareness activities in a large rural area. To fund 5 community workshops to raise awareness and build a support network concerning care and support of OVCs.

Samaritan Care Centre – This centre will equip a hospice facility by purchasing kitchen and maintenance equipment, and by providing monthly transport and administration expenses.

Siphuthando Faith Based Organisation - To provide small stipends and home based care supplies for volunteer caregivers who are providing OVC care and support, palliative care, and prevention/awareness activities in a large rural area.

Siyankekela Community Development - To provide small stipends for volunteer caregivers who are providing OVC care and support, palliative care, and prevention/awareness activities in a large peri-urban area; to provide office equipment (laptop computer) for data capture (and management) in the rural areas.

St. Bartholomew HIV & AIDS Programme – This program provides incentives for volunteer caregivers who are providing Palliative Care and OVC care and support, prevention/awareness, and VCT activities in a large rural area.

Transkei Land Services Organisation (TRALSO) - Provides incentives (stipends) for volunteer caregivers who are identifying and providing OVC care and support and prevention/awareness activities in a large rural area. To fund 4 community workshops to raise awareness and build a support network concerning care and support of OVCs.

Ubuntu Hospice - Provide equipment for a VCT/STI site; to provide nutritional supplements for HIV+ palliative care patients on ARV therapy and are funding a bakery project for self-sustainability.

Umzi Wethemba HIV/AIDS Home Based Care Project - Provides incentives and transport costs for volunteer caregivers who are providing OVC care and support, palliative care, and prevention/awareness activities in a large rural area; to provide office equipment for the office and HIV/AIDS training facility.

Absolute Return for Kids' (ARK)

Absolute Return for Kids' (ARK) focus is to provide a comprehensive palliative care package for services to HIV-infected mothers and their children through partnerships with local government health facilities. ARK's primary emphasis areas are human capacity development, local organization capacity development, and construction/renovation. The target population is people living with HIV and AIDS. Absolute Return for Kids (ARK) will be using PEPFAR FY 2009 funds to co-fund its Community Access and Adherence (CAA) activities in the Eastern Cape (EC). ARK has been requested by the EC HIV and AIDS, STI and TB (HAST) directorate and the Nelson Mandela Metro to further scale up support in this province. ARK has been supporting the province since 2006 and is currently working in 11 sites, delivering care and treatment in 10 sites and prevention of mother-to-child (PMTCT) services in one site. The scale up in these sites will ensure that individuals in needy areas of the EC have adequate access to care and treatment.

American Association of Blood Banks

The American Association of Blood Banks has been awarded funding to continue providing technical assistance to the SANBS for purposes of strengthening the blood supply in South Africa. The 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.

Anglican Church of Southern Africa

The Anglican Church of Southern Africa program aims to support OVC by meeting basic and immediate needs while simultaneously building capacity in families, leaders, and communities to develop local sustainable solutions to meet the long term needs identified by children and their caregivers in their communities. The primary emphasis area for this activity is in-service training of caregivers. Specific target populations are OVC (boys and girls ages 0-18 years), people living with HIV and AIDS, religious leaders, and teachers.

BroadReach Health Care

BroadReach Health Care (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 antiretroviral 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 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. In FY 2009, BroadReach Health Care (BRHC) will expand on and strengthen existing capacity building activities all conducted at the request of and in partnership with the South African Government (SAG).

Catholic Medical Mission Board (CMMB)

During year two of Men Taking Action (FY 2009), Catholic Medical Mission Board (CMMB) will introduce its male-focused program in the communities surrounding three main sites of the Diocese of Port Elizabeth (Eastern Cape Province) currently providing home-based care (HBC) services. The project will offer counseling and testing services in a two-pronged approach to over 10,040 men-of whom 2,040 men will be offered testing and counseling through the home and 8,000 men from parish-based networks will be offered testing and counseling. Of the total number of men offered counseling and testing or pre-test counseled, 4,840 men minimum will be fully counseled and tested with their results delivered, and confirmation testing and referrals carried out, as necessary.

Child Welfare of South Africa

The Child Welfare South Africa Asibavikela (Let's Protect Them) program facilitates the recruitment and training of community volunteers who work in teams to identify and meet the needs of OVC and AIDS affected households and to uphold children's rights. The program emphasis is human capacity development. Primary target populations are OVC and PLHIV.

CompreCare

By training faith and community-based leaders, as well as youth leaders in "Choose Life", a value-based Abstinence and Be Faithful (AB) prevention program, CompreCare and its prevention partner, HospiVision, will empower these leaders to implement AB programs in their various constituencies. The emphasis area for this intervention is training as well as community mobilization. Primary target populations 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 (PLHIV), children and youth, orphans and vulnerable children. Activities will stay the same, but the program content (e.g., illustrations, case studies, role plays and exercises) will be adapted to recommendations from PEPFAR Interagency Partner Evaluation.

Education Labour Relations Council

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. 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.

EngenderHealth

EngenderHealth's Men as Partners program works to reduce the spread and impact of HIV and gender-based violence by challenging unhealthy gender-related beliefs and attitudes, such as equating masculinity with dominance over women, pursuing multiple sexual partners, and participating in other risk behaviors. The Men as Partners program utilizes a range of strategies with focus on human and organizational capacity building through skills-building workshops, community mobilization, health service provider training, media advocacy, and public policy advocacy. The target population includes men and boys, in- and out-of-school youth, university students, adults, people living with HIV, caregivers, immigrants/migrants, community and religious leaders, program managers, public healthcare providers, CBOs, FBOs, and NGOs.

Foundation for Professional Development (FPD)

The Foundation for Professional Development (FPD) supports the expansion of access to comprehensive HIV and AIDS palliative care by focusing on human capacity development with a view to increasing the detection and treatment of patients with TB and HIV co-infection. The emphasis areas for these activities are local organization capacity building and HCD. Target populations for these activities include people living with HIV and AIDS (PLHIV) and most at risk populations. FY 2009 funding for the Foundation for Professional Development (FPD) will be used to support the expansion of adult HIV care and support services and to strengthen adult human capacity development (HCD) within all the provinces where FPD works. Activities in support of adult HIV care and support focus on: strengthening and integrating public and civil society service delivery models for people living with HIV (PLHIV); collaborating with the South African Government (SAG) to build sustainable human and institutional capacity to support integrated adult HIV care and support services; promoting family-centered services through the integration of pediatric and adult HIV care programs; promoting the basic care package aimed at promoting early referral and retention in care; supporting surveillance activities monitoring continuity of care and integration with counseling and testing (CT), TB and HIV care and support programs; and expanding FPD's adult specialist mentoring and referral support to strengthen doctor and nurse capacity to provide quality adult HIV care and support; expanding integrated preventive service, psychological care, spiritual care and social care in all HIV care and support sites; implementing routine TB screening and active TB case finding in all HIV care and support settings; improving the linkages with and providing support to hospices whereby FPD-employed clinical staff does ward rounds in order to ensure a continuum of care between treatment sites and hospices for all adult HIV patients.

Fresh Ministries

Siyafundisa is an Anglican-based Abstinence and Be Faithful (AB) HIV prevention program that focuses on providing information and education to young people and adults within the Anglican churches. .Siyafundisa has established a partnership with the Harvard School of Public Health to develop and roll out a peer education program. This program will be implemented by young people at different parishes across the country. Emphasis areas consist of building local organization capacity to deliver prevention activities; and training trainers/facilitators to reach other youth. Siyafundisa addresses gender by focusing on increasing gender equity in HIV and AIDS programs, addressing male norms and behaviors; reducing violence and coercion and stigma/discrimination; mobilizing and reaching communities; developing linkages with partners to sustain and enhance the program; as well as providing information, education and communication. Siyafundisa targets children and youth, especially orphans and vulnerable children, with AB messages through information and education.

The AB prevention program is designed to develop skills that promote abstinence for youth aged 10-14, secondary abstinence for older youth aged 15 -24 and provide correct and consistent condom use for youth at risk and those in long term sexual relationships. Adults, especially parents, are also targeted with information and education to support youth as well as information that encourages mutual monogamy, partner reduction and HIV risk perception. 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, and especially people living with HIV.

Health Policy Initiative (HPI)

HPI TO1 is follow-on to the POLICY Project funded by USAID. HPI TO1 will support the implementation of policies and programs to integrate gender, stigma and discrimination into HIV prevention programs. The project will work with faith-based organizations (FBOs), traditional leaders (TLs), and community-based organizations (CBOs) to develop and implement Abstinence and Be faithful (AB) prevention messages and programs. HPI TO1 will assist FBOs and CBOs to systematically identify program gaps and barriers to uptake or dissemination. Activities will focus on improving knowledge about HIV, behavior change to reduce risk, community mobilization and participation in HIV prevention programs. Over the years, HPI TO1 has worked with the FBOs and TLs as a key target group. The organization aims to respond to the needs of the groups in prevention. These needs have evolved variously from the need to sensitize the leadership and membership on the necessity of including a prevention focus in their programs, to helping groups set up prevention programs for their diocese and communities. Currently, HPI TO1 is targeting behavior change and emphasizing what needs to happen at the personal level. HPI TO1 will be utilizing approaches that influence individual behavior as it relates to HIV prevention, using proven approaches that reinforce person-to-person influences and decision making, and which will ultimately lead to behavior change at the personal level. Emphasis areas are training in AB, with special focus on behavior change; community mobilization and participation; gender which will address male norms and behaviors, reduce gender-based violence and coercion; and human capacity building for partners at the national, provincial and community levels. Capacity building aims to identify and address the operational barriers that impede the expansion of HIV programs. The target population is adolescents, adults, people living with HIV, and religious leaders.

Health Science Academy

The 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 NDOH, the 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.

The Hospice and Palliative Care Association of South Africa (HPCA)

The HPCA currently has 75 member hospices and 73 development sites throughout South Africa, 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.

Institute for Youth Development in South Africa (IYDSA)

The Institute for Youth Development in South Africa (IYDSA) competed in the South Africa local Annual Program Statement in 2008, and was approved for funding August 6, 2008. IYDSA as a prime partner is also currently a sub-partner under the Track 1 Catholic Relief Services (CRS) program. However, in FY 2009 the Track 1 CRS program will transition, and IYDSA will become one of three local implementing partners that will have CRS funds and responsibilities transferred to, and thus

current funding levels will increase in FY 2009. These will be adjusted through reprogramming in FY 2009.

Johns Hopkins University Center for Communication Programs (JHUCCP)

Over the next four years Johns Hopkins University/Center for Communication Programs (JHU/CCP) and its 20 South African (SA) partners will combine mass media with interpersonal community mobilization to bring about heightened awareness of risk of HIV infection among general population to address sexual partnerships and behaviors placing them at risk of HIV infection. With young people under 14, emphasis will be on abstinence ("A") and delaying sexual debut (DSD). With people over 14 main focus will be on younger girls and women aged 15-24 and men aged 25-49 and emphasis will be on faithfulness ("B"). "B" messages focus on heightening perceptions of risk to HIV infection owing to sexual partnerships and behaviors people engage in placing them at risk of HIV infection, namely: multiple and concurrent partners (MCP), intergenerational/transactional sex (ITS), casual sex, violence and coercion, linkage between alcohol and substance abuse and HIV, stigma and discrimination (SD). The target populations are youth, people living with HIV (PLHIV), religious leaders, teachers and adults which will include the public health workers, and community, faith-based and non-governmental organizations. The emphasis areas are gender, human capacity development, strategic information, and work place programs.


Johns Hopkins University Center for Communication Programs (JHU/CCP) coordinates the work of 20 South African partners and provides technical assistance and capacity building to provide counseling and testing (CT) 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 areas of male norms and behaviors, partner limitation, correct and consistent condom usage, substance and alcohol abuse, reducing violence and coercion and stigma and discrimination, form an integral part of the CT interventions. The target populations for this activity are secondary school learners, university students, patients in health care centers, celebrities and their fans, people living with HIV (PLHIV), out-of-school youth, men who have sex with men (MSM), 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 a qualitative study on multiple concurrent partnerships and the National HIV and AIDS Communication Survey, carried out in early 2006, will help focus on community perceptions of CT and help to determine perceived needs in respect to CT communication interventions.

Kagiso TV

The Kagiso Educational Television (Kagiso) PMTCT activity focuses 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 ensuring that men understand the implications of mother-to-child transmission (MTCT) and can support and encourage their pregnant partners to uptake PMTCT services.

Khulisa Quality Monitoring

The Quality Monitoring and Assessment Program (QMAP) is a new activity for FY 2008, and was added in response to the additional funding made available to South Africa for this fiscal year. Khulisa Management Services, a local South African organization, has been awarded this contract. The purpose of the activity is to assess performance in adherence to USG and agency-specific policies and guidance; administrative and financial practices and procedures; evidence-based sound clinical care and management; evidence-based, sound interventions at the community level; and the policy and practice of partners in providing support services through on-site visits and consultation. The QMAP is not an individual partner quality improvement program. These on site monitoring assessments will provide Activity Managers (AM) with information to identify challenges to partner implementation and ensure that PEPFAR funds are maximized in promoting evidence-based and quality programming under each program area. Since 2004, the South Africa PEPFAR team has experienced rapid growth of the HIV and AIDS prevention, care and treatment programs from over \$8 million in FY 2005 to an anticipation of almost \$600 million in FY 2008. Management and Staffing has not proportionately increased in an effort to apply the bulk of funds into program areas. AMs from the



larger agencies (USAID and CDC) have responsibility for upwards of 25 partners and fiduciary responsibility for as much as \$15 million. Given the increase in resources, the ratio of staff to partners or dollars will grow in FY 2008 despite new recruitment. The PEPFAR Task Force and partners utilize several approaches that aim to monitor partner performance. Quarterly and bi-yearly reports with follow-up; interim progress reports; partner meetings; and requested budget draw-downs are examples that are currently in use. On-site visits to partners and subs funded through PEPFAR are rare due to the heavy and growing workload of AM. In FY 2008, the PEPFAR Task Force agreed to prioritize site visits for the purpose of monitoring quality and assessing performance. This activity is considered an essential aspect of strategy development under the PEPFAR reauthorization.

Leonie Selvan Communications

At the request of the National Department of Health (NDOH) and CDC, Leonie Selvan Communications (LSC) will use PEPFAR funding to review the existing Youth Friendly Training Manual for Nurse Youth Health Providers, as well as other material pertaining to this target group. The material will be updated and reworked to ensure that it is user friendly and accessible. Prior to revising the material, focus groups will be held with nurse youth health providers to determine their perceptions of the existing material and to identify any specific needs or areas of improvement, if necessary. The updated manual will be piloted at provincial level before being finalized. Train the trainer forums will be held at the launch of the new Youth Friendly Training Manual for Nurse Youth Health Providers so that facilitators are familiar and comfortable working with the revised manual. In addition, Leonie Selvan Communication will work with the NDOH to develop a tool kit for school-based peer educators. The emphasis area for this activity is in-service training as health workers and peer educators on youth friendly services and building capacity of local organizations. This will be done by providing tool kits to school-based peer educators from different non-government organizations to ensure the delivery of quality peer education messages. Target populations for this activity are adolescents aged 10-24 and adults which include all health care workers. Leonie Selven Communication (LSC) will expand FY 2008 activities in FY 2009.

Mothers 2 Mothers

Mothers2mothers (m2m) will implement activities to improve the effectiveness of prevention of mother-to-child transmission (PMTCT) in HIV programs. Services are carried out through facility-based, 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 areas are human capacity development (training) and local organizational capacity building. The target population is people living with HIV and pregnant women.

National Association of Childcare Workers

The National Association of Childcare Workers provides accredited child and youth care training to community members in order to provide holistic services to family members of OVC. Funding will be used in the emphasis areas of training and community mobilization, developing referrals and linkages, and conducting needs assessments. Primary target populations are HIV-infected families and their caregivers and community organizations.

National Department of Correctional Services (NDCS)

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 integrated preventions services, including prevention with positives 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). The National Department of Correctional Services (DCS) has decided to enhance its activities under Care Services by conducting training of offenders in Correctional Center-Based Care (CCBC). Training of Professionals in CCBC will include: training of personnel as support group facilitators (including the workplace program) to assist in the establishment and maintenance of support groups for offenders who are either infected or affected by HIV and AIDS in Correctional Centres; training of healthcare personnel in the Comprehensive Management of HIV and AIDS including other related diseases (opportunistic infections); training of professionals in spiritual counseling; and training of healthcare professionals as Antiretroviral (ARV) Project Managers. This training will increase access to care and support services for offenders and personnel living with HIV and AIDS and also reduces morbidity and mortality as well as other impacts of HIV and AIDS. Training of offenders and personnel will be conducted continuously, due to the high turnover of nurses and movement of inmates. This applies for all trainings.

PEPFAR funds will be used by the Department of Correctional Services (DCS) to increase the uptake of members in HIV counseling and testing (CT) services in correctional centers as well as in other places of work. The major emphasis area for this program will be awareness raising and accessing CT services, 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 offenders and DCS members (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.

National Department of Education

Abstinence and be faithful (AB) activities will target students at different levels of the education system. Activities will support the Department of Education (DOE), in the prevention of HIV in schools, colleges and universities. The focus of this activity will be on training, care and support for students, and promote positive healthy behavior. Primary areas of emphasis are training students as peer educators to develop skills to practice healthy behaviors, training to reduce gender based violence, and skills training to develop the capacity of students and teachers. Abstinence and be faithful (AB) activities will be integrated with other prevention activities in support of the DOE. The target populations are students aged 14-19 in schools; college students aged 18-25; university students aged 18-25; and teachers aged 20 plus enrolled for training at university.) Abstinence and be faithful (AB) activities will be integrated with other prevention activities in support of the Department of Education (DOE) activities to prevent HIV among students in targeted schools.) In FY 2009, the program will include targeted support for teachers in selected schools

National Health Laboratory Service (NHLS)

In 2001, South Africa restructured its public sector medical laboratory services and created the NHLS, which is a parastatal organization. The NHLS is accountable to the NDOH through its Executive Board and is responsible for public sector laboratory service delivery. The NHLS also governs activities and provides funding to the NICD to provide surveillance, research and programmatic operations, as well as funding to the NIOH for policy development activities related to occupational health. The service delivery arm of NHLS is comprised of approximately 260 laboratories that include all provincial diagnostic pathology laboratories, tertiary level, secondary, and primary laboratories in all nine provinces and their associated district hospital laboratories. Each district laboratory supports a network of local clinics where primary care services are provided. Consistent with the priorities identified by the NDOH and implemented by the NICD and NHLS, PEPFAR continues to provide funding to assure the accuracy and quality of testing services in support of rapid scale-up of HIV testing, ART rollout, and TB diagnostic capacity, and to build long-term sustainability of quality laboratory systems in South Africa. Continued PEPFAR funding of NICD with combined support to NHLS will focus on addressing existing gaps in laboratory testing outreach, penetration, and quality of overall services.

Activities will be carried out to identify and address laboratory-specific unmet needs and national policy or administrative issues that impede full implementation of laboratory programs. Activities

- will increase national coverage of HIV and TB diagnostics and treatment monitoring capabilities

- ensure uniform quality assurance measures among laboratories; support activities to initiate new and strengthen existing external quality assurance programs
- strengthen laboratory reporting systems and specimen transport needs in support of rural clinics and laboratories
- promote efforts to synchronize infection control activities in collaboration with the NIOH
- investigate, assess, and implement new automated laboratory diagnostic equipment and high capacity instrumentation for high burden diagnostics and service delivery needs, and
- expand upon the regional support and collaboration with other PEPFAR-funded countries through the established Regional Laboratory Training Center.

Pathfinder International

Pathfinder will conduct a situational analysis and select communities for implementation of community and home-based care (CHBC) services according to availability of referral sites, such as hospitals and other facilities offering treatment of opportunistic infections (OIs) and ART. Peer educators will also be trained and peer supervisors in CHBC and establish linkages with programs providing nutritional support to people living with HIV (PLHIV) and OVC. The objective under this program area is to improve the quality of life for young PLHIV and their families through expanded access and improved quality of CHBC services. All activities will be implemented by Planned Parenthood of South Africa (PPASA) and services will be made available in PPASA youth clinics in KwaZulu-Natal, Gauteng, North West, and the Eastern Cape. The emphasis areas for these activities are human capacity development and local organizational capacity development. Specific target populations include young people between the ages of 15-24 years and their families around the clinic catchments' areas.

Research Triangle Institute

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 catchments' 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. Research Triangle Institute (RTI), will provide support to strengthen the HIV-related clinical, psychological and social care services for the Thuthuzela Care Centers (TCCs) for rape victims in all provinces.

Right to Care

Right to Care's PEPFAR program will be recompeted through an Annual Program Statement (APS) in 2008. Right to Care (RTC) will use FY 2008 PEPFAR funds to identify HIV-infected individuals by supporting selected antiretroviral treatment (ART) sites and through direct community-based access to counseling and testing (CT) in seven provinces, namely KwaZulu-Natal, Free State, Eastern Cape, Limpopo, Mpumalanga, Western Cape and Northern Cape. CT is used as a prevention mechanism to promote abstinence, be faithful and condoms, as well as an entry-point into care, support and ART. It is also an essential tool for fighting stigma and discrimination. The major area of emphasis is human resources. Minor areas of emphasis include community mobilization/participation, training and workplace program. Specific target populations include university students, adults, pregnant women, HIV-infected infants, truckers, and public and private sector healthcare providers. Right to Care (RTC) is one of the most successful counseling and testing (CT) partners of the South African PEPFAR program, using leveraged funds to provide access to the Proudly Tested program. In FY 2009, PEPFAR funds will emphasize provider initiated HIV testing at all antiretroviral treatment (ART) sites, and, through direct community-based access to CT in all nine provinces of South Africa.

Scientific Medical Research

Scientific Medical Research is developing an innovative monitoring and evaluation program that (a) assesses the quality and impact of HIV programs in the public sector; (b) generates regular feedback to the programs and donors; and (c) aims to improve the quality of service to the communities and

program implementing institutions through appropriate feedback mechanisms. Scientific Medical Research (SMR) activity area for FY 2009 COP within the Center for Disease Control and Prevention (CDC) was changed from "Counseling and Testing (CT)" to "Laboratory, Infrastructure, Strategic Information and Policy" because SMR's activities are broader than one activity area. To further the activities described in FY 2008, SMR implemented the high-level evaluations of partner organizations which are linked to strategy development.

Scripture Union

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 by 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. The emphasis will be on gender through discouraging violence, coercion and abuse against women and the girl child as well as respect shown for one another, regardless of gender, and human capacity building. The target populations are children, youth teachers and religious leaders. SU targets youth and children in school aged 10 - 18 years drawn from disadvantaged communities. Scripture Union (SU) has completely revised its curriculum to comprise 10 modules. The curriculum has been well received. SU will channel resources into strengthening training, improving staff and volunteer skills, improving data quality, sharing best practices with other youth NGOs, refining materials, and moving from tools that measure attitude change to ones that measure behavior change

Sophumelela Clinic Inc

The Sophumelela Clinic Incorporated (SCI) has just received funds under the New Partnership Initiative. Activities only commenced in September 2008. SCI has been a PEPFAR sub-partner under the Catholic Relief Services (CRS) Track 1 award for the past four years. Additional funds are being used to support HIV prevention activities not covered under the current award with CRS. Through this program, SCI will increase the quality of life for the terminal patients and their families and as SCI assists with the care for the dying and helping families through the bereavement process.

Soul City

Soul City has a long history of partnership with the South African Government, collaborating with the NDOH, DOE, NDSD, Transport, and Public Service and Administration, which includes financial support from NDOH, and potentially NDSD in the future. In addition, Soul City partners with 18 non-governmental organizations 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 cross generational sex). In September 2007 Soul City and its sub-partners are planning a major planning retreat to design its five year prevention strategy, and the USG will be important contributors to this process. Violence and partner reduction will be a focus over the next five years as will the issues that promote violence, like substance abuse.

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 emphasis areas are gender, education, human capacity development, and local organization capacity building.

"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 areas are 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.

South African Business Coalition on HIV and AIDS (SABCOHA)

SABCOHA program PEPFAR funds will be used to identify HIV-infected individuals as noted in the Vendor Chain and BizAIDS programs below. VCT is used as a prevention mechanism to promote

abstinence, be faithful and to use condoms, as well as an entry-point in to ARV treatment. It is also an essential tool for fighting stigma and discrimination. The major area of emphasis is Workplace Programs. Minor areas of emphasis include Community Mobilization/Participation, and Information, Education and communication.. Specific target populations include Male and Female adults, Truckers, and the Business Community.

South African Democratic Teachers' Union

South African Democratic Teachers Union (SADTU) workplace program aims to provide support to 50 eligible orphans and vulnerable children in two schools per SADTU region out 17 regions in the three provinces, NW, FS, GP. The OVC school committee will be elected to give better insight into identifying and meeting the needs of OVC. Two caregivers will be trained per school since there are 50 OVC to be cared for in each. On school wellness days, parents, teachers and learners will provide health assessments and counseling including VCT and HIV Prevention knowledge sharing Infected guardians will be referred to health services (PMTCT, treatment including TB), social support services and Peer education support groups in the area. Lastly, debriefing sessions will be held for caregivers. The partner will carry out mentoring, support and monitoring of project implementation and review of OVC policy and implementation in OVC schools.

South African Department of Defence (SADOD)

The South African Department of Defence (SADOD) has an existing HIV and AIDS program that includes antiretroviral treatment (ART) services. FY 2009 funds will be used to improve and expand ART and related services. The main emphasis area is human capacity development. The main target is people living with HIV (PLHIV) in the military and their families. FY 2009 funding will support the two-week antiretroviral (ARV) training and the four-day refresher training of Health Care Professionals in the South African Military Health Services (SAMHS). A simpler customized ARV training course for pharmacy assistance will also be funded. Health Care Professionals will also be trained on TB management, particularly management of multi-drug resistant (MDR) and extremely drug resistant (XDR) TB, Training on new TB guidelines and syndromic management of sexually transmitted infections (STI). There will also be a focus on cervical screening for HIV-infected women.

South African Institute of Health Care Managers

The overall project goal is to increase access and availability of safe and effective treatment of HIV and AIDS in the uninsured population of South Africa. The strategy to achieve this goal focuses on Human Capacity Development (HCD) through activities that are designed to strengthen the AIDS leadership and human resource (HR) management at the district level to deal with all aspects of improved service delivery.

South African National Blood Service

The South African National Blood Service program aims to ensure an adequate supply of safe blood. This includes expanding the Safe Blood Donor Base by donor education and selection, training donor and technical staff, logistics management, and appropriate information systems. The major areas of activity are donor and blood user education and strengthening the technical and information systems infrastructure. The target population is potential blood donors.

Southern African Catholic Bishops Conference (SACBC)

The Southern African Catholic Bishops Conference (SACBC) AIDS Office has adopted a family-centered developmental approach and a child-focused intervention for its OVC program. For the 2008 fiscal year the SACBC AIDS Office will extend its program and services to the surviving parents, guardians and the foster parents of HIV-infected individuals and orphans and other vulnerable children supported through this program. The SACBC AIDS Office will support its sub-recipients in palliative care program design, implementation and direct services for the surviving parents, guardians and foster parents living with HIV and AIDS. The SACBC AIDS Office will guide its sub-recipients to implement a comprehensive, holistic and interdisciplinary approach to HIV care. This program will strive to achieve optimal quality of life for people living with HIV (PLHIV) and their families and minimize suffering through clinical, psychological, spiritual, social and preventive care support. Through this program PLHIV will be referred to existing ART sites. Some of the sub-recipient sites receive funding through a Track 1 partner, Catholic Relief Services, for HIV care and treatment, and this co-location allows for ease of referrals. With FY 2009 funding, the Southern African Catholic

Bishops Conference (SACBC) will expand current home-based care for orphans and vulnerable children (OVC) and their family members to include the important components of community integrated management of childhood illnesses (IMCI); cotrimoxazole prophylaxis; active screening for health care needs of OVC in schools; and addressing the issue of alcohol abuse amongst family members.

Southern African Clothing and Textile Workers Union

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. In FY 2008, SACTWU started receiving 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. Target populations include factory workers and people affected by HIV, HIV-infected adults, especially women, and the business community.

Starfish

Starfish will use PEPFAR funds to provide a holistic package of basic services to orphans and vulnerable children (OVC), including increased access to educational support and social services through community-based programs in six provinces. Major emphasis areas for the program are human capacity development (training) and local organizational capacity building. The program's specific target population is OVC.

Tshephang Trust

The Tshephang Trust (Tshephang), a non-profit organization, recognizes the need for a holistic approach to HIV management and the need to work in collaboration with other partners to ensure the delivery of a comprehensive health care package to HIV-infected individuals. To this effect Tshephang has had a long-standing relationship with the Treatment Action Campaign (TAC) utilizing its counselors at the grassroots level to bring the required psychosocial care and adherence support in some areas of operation within the program. It has been Tshephang's experience that some patients might not want to be assigned counselors due to fear of stigma; however, these services will continue to be made available to them as well as the telephone line counseling offered by Tshephang Patient Managers on a monthly basis. Tshephang acknowledges that the program has been, until now, more treatment-focused but it is progressing to be more comprehensive. A major modification under this program area is to set targets for enrolled individuals in the FY 2009 COP and to offer a more comprehensive HIV care package for patients enrolled for HIV management who do not need antiretroviral therapy (ART) yet.

Ubuntu

Ubuntu Education Fund (Ubuntu) aims to prevent HIV transmission by promoting safe and healthy sexual behavior, and conducting community outreach activities 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 addressing male norms and behaviors, reducing violence and coercion. Specific target populations are male and female adolescents (ages 15-24), men and women 25 and over, discordant couples, people living with HIV and AIDS, men having sex with men, persons who engage in transactional sex but do not identify as persons in sex work, and street youth.

University of KwaZulu-Natal, Nelson Mandela School of Medicine

UKZN proposes to use PEPFAR funding to strengthen existing prevention of mother-to-child transmission (PMTCT) services, by continuing ongoing FY 2007 activities in the Eastern Cape province and providing technical support to KwaZulu-Natal to facilitate better PMTCT implementation and integration with treatment, care and support. Target populations for the project include pregnant women and infants born to HIV-infected mothers, all cadres of health care workers engaged in maternal and child health services and provincial PMTCT coordinators. Emphasis areas for the project include human capacity development, local organization capacity building, and the provision of technical assistance. The UKZN PMTCT project has 2 components viz. (i) Expansion of the FY 2007 funded Demonstration Project which aims to create linkages between health and social services in the Eastern Cape; and (ii) Provision of technical assistance to 3 Health Districts in KwaZulu-Natal with the

highest antenatal HIV seroprevalence. Using FY 2008 funding, the two existing Demonstration sites in KwaZulu-Natal (KZN) will be supported until December 2009 and an additional site established in the Ethekwini District of KZN and NOT in the Eastern Cape as proposed in the FY 2008 COP. Each of the three sites will develop a best practices model which can be rolled out by the provincial departments of health and social development to the province.

University of Pretoria - Child Healthcare Problem Identification Programme

The Child Healthcare Problem Identification Programme (ChIP) is a University of Pretoria prevention of mother-to-child transmission (PMTCT) monitoring project aimed at improving the quality of PMTCT service delivery. Using PEPFAR funds in FY 2005, FY 2006 and FY 2007, the foundations for ChIP were established. FY 2008 funding will be used to continue monitoring the impact of: (1) properly managing HIV-infected pregnant women and their children; (2) the intervention on prenatal and infant mortality; and (3) cotrimoxazole prophylaxis, infant feeding choice 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 provide health-care providers and policy makers with the necessary empirical basis from which to advocate for the design and implementation of improved quality of care strategies. In the long term, this approach should make a significant contribution toward reduced childhood mortality 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 health-care workers.

University of Washington (I-TECH)

I-TECH activities are currently 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 I-TECH field offices in South Africa (SA); 2) providing organizational development and human capacity building technical assistance (TA) up to three Regional Training Centers (RTC); 3) supporting the EC Department of Health (ECDOH) HIV and AIDS program; These activities are continued in FY 2008. The primary emphasis area for these activities is local organization capacity building. Strategic information and human capacity development are secondary emphasis areas. The primary target population is a non-governmental organization. This activity has been extensively expanded in FY 2009 to provide a foundation for building sustainable in-country training and mentoring services. Activities include providing technical assistance (TA) to the National Department of Health (NDOH) to plan, manage and implement its national Health Promotion and Quality Assurance (HPQA) Centre initiative; strengthening leadership and management at provincial HPQA Centres; developing the human capacity of HPQA clinical/mentoring teams and healthcare professionals (HCPs) to provide quality prevention, care and treatment to persons infected with HIV, AIDS, STIs and/or TB (HAST); and developing integrated pre- and in-service HAST educational/training programs at Walter Sisulu University (WSU).

University Research Co., LLC/Quality Assurance Project (URC/QAP)

University Research Co. LLC/Quality Assurance Project (URC/QAP) will support 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 through capacity building and strengthening of monitoring and supervision. The essential elements of QAP support include streamlining of process of care for PLHIV as well as helping improve 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 and supportive supervision, with minor emphasis on development of 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. While Health Care Improvement (HCI), the follow-on to the URC/Quality Assurance Project (QAP), will continue to focus on the five key activities described above, the emphasis during FY 2009 will be on expanding these activities and other activities.


University Research Corporation (TB Tasc)

TASC II TB Project (TASC II TB), managed by University Research Co., LLC, works with all levels of the Free State Department of Health to increase screening, referral, treatment, and follow-up of TB and TB/HIV co-infected patients. Activities are designed to improve TB/HIV coordinated activities at program management and service delivery levels. TASC II TB provides support in development of operational policies and capacity development in laboratory, clinical skills, and community outreach. At service delivery level, emphasis is on integrating TB screening at HIV testing sites and vice versa, as well as ensuring that TB/HIV co-infected patients are put on appropriate treatment regimens and are referred for ARV treatment and follow-up services. Limited support is provided to community and home-based care groups to increase awareness of TB/HIV co-infections and need for early screening and follow-up. Emphasis is on human capacity development.

World Vision South Africa

World Vision (WV), together with the Christian AIDS Bureau of South Africa (CABSA), will mobilize and strengthen a community led response to protect and care for orphans and vulnerable children (OVC) and their families. The program is active in the Free State, Limpopo and the Eastern Cape provinces and will expand to the KwaZulu-Natal province. The major emphasis area is human capacity development (training). The target population is OVC.

Youth for Christ South Africa

Youth for Christ (YFC) will promote HIV risk reduction and prevention activities by conducting life skills programs, awareness campaigns, and distributing and promoting correct and consistent use of condoms among school leavers, and young adults 18 years and older. YFC will recruit and train unemployed young adults 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. Gender is an emphasis area for this program as it addresses the extreme vulnerability of young South African women to HIV, and male norms and behaviors. While the target population is youths aged 15-24 years, adults aged 25-30 will not be excluded from these prevention activities.

PEPFAR Program Area Abbreviations

Program Areas

PMTCT – Prevention of Mother to Child Transmission

Sexual Prevention:

- AB** – Sexual Prevention: Abstinence/Be Faithful
- OP** – Other Sexual Prevention

Biomedical Prevention:

- BL** – Biomedical Prevention: Blood Safety
- IN** – Biomedical Prevention: Injection Safety
- ID** – Injecting and non-Injecting Drug Use

CIRC - Male Circumcision

Adult Care and Treatment:

- BC** – Basic Health Care and Support
- XS** – Adult Treatment

Pediatric Care and Treatment:

- PC** – Pediatric Care and Support
- PTX** – Pediatric Treatment

CT – Counseling and Testing

HSS – Health Systems Strengthening

LAB – Laboratory Infrastructure

OVC – Orphans and Vulnerable Children

SI – Strategic Information

TB – TB/HIV Care

XD – ARV Drugs

Activities within these program areas have been developed to best meet the needs of South Africa, address gaps in services, country epidemic driven, and focus on current priorities.

Refer to these abbreviations when using the Quick Reference Guide on the following pages.

Quick Reference – Partners by Program Activities

Partner	Program	Location	Contact Information	MOU	US Agency
Absolute Return for Kids (ARK)	TB, OVC, CT, XS, BC, PMTCT, PC, PTX	15 Vine Park, Vine Road, Wookstock, Cape Town 7945	Dr Grimwood, Ashraf, Director, 021-447 0822 Email: ashraf@arkonline.org	Yes	USAID
Adelaide Kinder en Gesinsorg Vereniging	OVC	Adelaide	Bendry Peters, Project Manager, tel: 073-436-4020		State
Amatola HIV/AIDS Intervention Project	BC	King Williams Town	N.E. Williams, Project Manager, tel: 083-359-6980		State
American Association of Blood Banks	BL		Mr Konstenius, Terri , Director, Intl Program Operations , 301-215-6562 Email: tkonstenius@aabb.org		CDC
Anglican Church of the Province of Southern Africa	OVC	No. 1 Braehead Rd, Kenilworth, Western Cape 7708	Ms Jeptha, Rozette, OVC Program Director, 021-762-4220 Email: rjeptha@anglicanaids.org	Yes	USAID
Bambisanani Project	OVC	Kokstad	Nombuyiselo Tshumane, Director, tel: 076 247 1882		State
Broadreach Health Care	BC, TB, CT, XD, XS, OP, PC, PTX, PMTCT	The Park, 3rd Floor, Park Road, Pinelands 7405	Dr Darkoh, Ernest, Director, (021) 514-1333 Email: edarkoh@brhc.com	Yes	USAID
Catholic Medical Mission Board (CMMB)	CT		Mr Viljoen, Johan, Country Director, Email: jviljoen@cmmb.org		CDC

Partner	Program	Location	Contact Information	MOU	US Agency
Child Welfare South Africa	OVC	Umoya House 4th Floor 2/6 New South Street Ghandi Square,2001 P. O. Box 8539 Johannesburg 2000	Ms Briede, Megan , Senior Manager , 011-492-2888, 01-492 2884 (Fax) Email: megan@childwelfare.org.za		USAID
CompreCare Joint Venture	AB, OVC	PO Box 12424, Queenswood, Pretoria 0121	Mr Bestbier, Andre, M&E Advisor , 012-329-6908 Email: andre.b@champs.co.za		USAID
DELTA (Development Education Leadership Teams in Action)	OVC	Libode	Mavis Bangani, Project Coordinator, tel: 083 495 9225		State
Dibashe Day Care Centre and Orphanage	OVC	East London	Project Manager, 043-762 6856 or 073 437 2444, tel:		State
Education Labour Relations Council	AB, OP, CT	261 West Road, Centurion , Pretoria	Mr Govender, M, , 012-663-0432 Email: gen.sec@elrc.co.za		CDC
EngenderHealth	AB, OP, CT, BC, CIRC	Postnet Suite 209, Private Bag 30500, Johannesburg 2000	Mr Ntayiya, Sakumzi, Country Director, 011-833-0502 Email: sntayiya@engenderhealth.org	Yes	USAID
Foundation for Prof Development (FPD)	TB, CT, XD, XS, SI, BC, PC, PTX	Po Box 74789, Lynwood Ridge , Pretoria 0040	Dr Wolvaardt, Gustaaf, Executive Director, 012-481-2031 Email: gustaafw@foundation.co.za	Yes	USAID
Fresh Ministries	AB	P.O. Box 53113, Kenilworth, Cape Town: 7708	Sabelo Mashwama, CEO: Anglican Aids and Healthcare Trust, Tel: +27 217 631 300, Fax +27 217 624 237, Email: smashwama@anglicanaids.net	Yes	USAID
Gethsemane Drop-in Centre	OVC	Ficksburg	Mrs. Sebolelo Machogo, Project Coordinator, tel: 078 653 9249		State
Gospel Power Church OVC Project	OVC	Alice	Nosipho Priscilla Boms, Project Manager, tel: 074 242 0244		State

Partner	Program	Location	Contact Information	MOU	US Agency
Gwebindlala HIV/AIDS Organisation	OVC	East London	Portia Mngadi, Project Manager, tel: 073 308 0122		State
Health Policy Initiative (HPI) (Futures Grp International)	AB, SI, HSS, CIRC	Postnet Suite A115, Private BagX18, Lynwood, Pretoria 0040	Ms Van Blerk, Linda , Country Director, 012-991-4370 Email: Ivanblerk@constellagroup.com		USAID
Health Science Academy	XS	284 Oak Avenue, Ferndale, Randburg, , Johannesburg 2194	Ms Manentsa, Nthabiseng, Project Manager , 011-509-2555 Email: nthabiseng.manentsa@healthscience.co.za		CDC
Hospice Palliative Care Association SA (HPCA)	BC, OVC, TB, CT, PC	PO Box 38785, Pinelands, Cape Town 7430	Ms Henning, Kathy , PEPFAR Coordinator, 021-531-0277 Email: khenning@hpca.co.za	Yes	USAID
Institute for Youth Development (IYDSA)	XS	23 Darlington Road, Berea, East London	Mr Gough, Darren, Director, (043) 721-1552 Email: darren@iyd.co.za		CDC
Itekeng Disabled and OVC Centre	OVC	Ficksburg	Mrs. Mary Raletsoane, Director, tel: 051 938 0482, 073 179 8549		State
John Hopkins University Centre for Communication Programs	AB, OP, OVC, CT, XS, SI, BC, PMTCT, HSS, CIRC	Equity Park Block D, 257 Brooklyn Street, Brooklyn , Pretoria 0011	Mr Coleman, Patrick , Country Director , 012-366 9300 Email: patrick@jhuccp.co.za	Yes	USAID
Jongilanga HIV/AIDS HBC	OVC	Port Elizabeth	Project Manager, 084 433 2959, tel: 041 454 7489 (Ward Councillor's office)		State
Kagiso Communications	PMTCT, OP	20 Girton Road, Parktown, Johannesburg	Ms Ruth Becker, , 011-544-1900 Email: ruthb@kagisotv.co.za		CDC
Khulani Community Care	OVC	East London	Portia Matiwani, Project Coordinator, tel: 078 297 9436		State
Khulisa Management Services (Pty) Ltd	HSS	PO Box 923, Parklands, Johannesburg 2122	Mr Ogawa, Michael, , 011-447-6464 Email: mogawa@khulisa.com		USAID

Partner	Program	Location	Contact Information	MOU	US Agency
Khulisa Management Services (Pty) Ltd	SI	PO Box 923, Parklands, Johannesburg 2121	Mr Ogawa, Michael, , 011-447-6464 Email: mogawa@khulisa.com		CDC
Leonie Selvan Communications	AB	42 Bristol Road, Saxonworld, P.O. Box 3049, Houghton, Johannesburg 2041	Selvan, Leonie, Email: leonies@global.co.za		CDC
Lesedi Hospice	OVC	Hertzogville	Mr. Sarel Bornman, Administrator, tel: 082 570 3062		State
Lina Community Development	OVC	East London	Linda Simani, Project Coordinator, tel: 083 959 0943		State
Lusikisiki Paralegal Advice Centre	OVC	Lusikisiki	Mthetheleli Mtandabuzo, Project Coordinator, tel: 078 574 5202		State
Maluti Child Care Project [Harrismith]	OVC	Harrismith	Barbara Nouwens, CEO, tel: 072 153 8199, 058 623 0701		State
Masivuke Education & Training Center	OVC	King Williams Town	Project Manager, 040 658 0224 or 082 967 8776, tel: 040 658 0224		State
Mission Centre Development Association (MIDA)	BC	Idutywa	Vatiswa Zifuku, Administrator, tel: 047 489 2339		State
Mothers 2 Mothers	PMTCT	PO Box 841, Cape Town 8000	Mr Besser, Mitchell, Medical Director, 021-466-9160 Email: mitch@m2mafrica.org	Yes	USAID
National Association of Child Care Workers (NACCW)	OVC, BC	PO Box 47368, Greyville 4023, 92 Windermere Road, Morning Side, Durban, 4001	Tumbaloo, Zeni , Isibindi Administor , 031-312-9484031 – 312 9484 (Office) 031 – 312 9489 (Fax), Email: zeni@naccw.org.za	Yes	USAID
National Department of Correctional Services	CT	Ponyton East Block, 124 Church Street , Pretoria 0001	Ms Chaka-Ramela, Thabiso , , 012-3072885 Email: Thabiso.Chaka-Ramela@dcs.gov.za		CDC

Partner	Program	Location	Contact Information	MOU	US Agency
National Department of Education	AB, OVC, OP	, Pretoria 0001	Ms Ndebele, Gugu , Deputy Director General , 012-312-5451 Email: Ndebele.g@doe.gov.za		USAID
National Health Laboratory Systems (NHLS)	LAB, SI	Private Bag 4, Sandringham, Johannesburg 2131	Dr Marshall, Terry , , 011-386-6450 Email: teresam@nicd.ac.za		CDC
Noluthando HBC Group	OVC	Komani / Queenstown	Maud Mazwi, Project Manager, tel: 040-841 9420 082 820 9085		State
Nuthuzelo Home Based care and HIV/AIDS Support Group	OVC	Scenery Park	Reverend Dennis Pohlmann, Project Manager, tel: 082-578-9246		State
Nyandeni Community Health Workers Association	BC	Libode	Nello Maqokolo, Project Coordinator, tel: 078 393 8753		State
Pathfinder International	BC, OVC, CT XS	Post Net Suite 177 Private Bag x9 Benmore 2010, Johannesburg 0001	Ms Sophia Ladha, Country Director, 011 802 8889 Email: sophia.ladha@zanet.co.za		CDC
Port St Johns Community Legal Advice Centre	OVC	Port St Johns	Nomboniso Gaya, Project Coordinator, tel: 082 507 2283		State
Research Triangle Institute	OP, BC, CT, PC	,	Mr Vas, Peter , , Email: pvaz@rti.org		USAID
Right to Care	BC, CT, XD, CS, TB, CT, PC, PTX	Postnet Suite 212, Private Bag X2600, Houghton , Johannesburg 2041	Firnhaber, Kurt , Deputy Director, 011-276-8880 Email: kurt.firnhaber@righttocare.org	Yes	USAID
Samaritan Care Centre	BC	East London	Michael DuPlessis, Project Coordinator, tel: 073 370 9825		State
Scientific Medical Research	SI	1st Floor, Mandela-Rhodes Building, 150 St. Georges Mall, Cape Town 8001	Dr Manyike, Peter , , Email: Peter@smr.co.za		CDC

Partner	Program	Location	Contact Information	MOU	US Agency
Scripture Union Lifeskills Education	AB	PO Box 291, Rondebosch, Cape Town 7701	Mr Oscar Siwali, Lifeskills Coordinator, 021-686-8595 Email: oscar@su.org.za		CDC
Siphuthando Faith Based Organisation	OVC	Matatiele	Richard Bheki Mgoboza, Program Director, tel: 076 224 4821		State
Siyankekela Community Development	OVC	Matatiele	Sekumpana Shabalala, Project Coordinator, tel: 082 227 6171		State
Sophumelela Clinic	PC, AB, CT, BC	PO Box 5213, Southernwood, 5213	Mr Benn, John , , Tel: 043--722-4741, cell: 043-743-1770, fax: 083-824-3113, email: john.benn@firstcity.co.za		CDC
Soul City	AB, OP, XS	PO Box 1290, Houghton , Johannesburg 2041	Dr Japhet, Garth, Executive Director, 011- 643-5852 Email: garth@soulcity.org.za	Yes	CDC
South African Business Coalition on HIV and AIDS	AB, OP, CT, XD, XS, HSS, BC	3rd Floor , 158 Jan Smuts Avenue, Rosebank , Johannesburg 2196	Mr Mears, Brad , , 011-880-4821 Email: brad@sabcoha.co.za	Yes	CDC
South African Clothing & Textile Workers Union (SACTWU)	OP, CT, XS, BC, AB, TB	Industry and Housing, 350 Victoria Road, Salt River, Cape Town 7925	Soboil, Nikki – National Director - (021) 448-5263 Email: nikki@swtzn.co.za	Yes	CDC
South African Democratic Teachers Union (SADTU)	AB, OP,CT, OVC,HSS	Matthew Goniwe House, 49 Goud St, Johannesburg 2000	Mabusela, Solly , , 011-334-4830 Email: faziela@sadt.org.za	Yes	CDC
South African Institute of Health Care Managers (SAIHCM)	XS	1109 Momentum Building, Block D, 1109 Duncan St, Pretoria 0181	Ms Asia, Ida , , 012-460-6158 Email: ceo@saihcm.co.za		USAID
South African National Blood Service (SANBS)	BL	Private Bag x14, Weltevreden Park, Johannesburg 2000	Dr Mpuntsha, Loyiso, CEO, 011-761-9111 Email: loyisom@inl.sanbs.org.za	Yes	CDC

Partner	Program	Location	Contact Information	MOU	US Agency
South African National Defence Force	XS, XD, PTX	Pretoria	Brig General Lulu Siwisa, Director: HIV/AIDS. 012 367 9168, Email: siwisalulu@yahoo.com Ms. Matchaba, Gugu , , 012-319-3265 Email: umachaba@phidisa.org		Dept of Def
Southern African Catholic Bishops Conference (SACBC)	PVC, BC, XS	Khanya House, 399 Paul Kruger Street, Pretoria 0002	Sr Munro, Alison, AIDS Office Coordinator, 012-323-6458 Email: amunro@sacbc.org.za		CDC
St. Bartholomew HIV & AIDS Programme	BC	Libode	Thembeke Tate, Project Coordinator, tel: 082 506 7027		State
Starfish Greathearts Foundation	OVC	Block E, Metropolitan Office Park, 82 Wessel Road, Rivonia , Johannesburg 2000	Smithson, Mrudula , , 011-259-4379 Email: mrudula.smithson@starfishcharity.org	Yes	USAID
Transkei Land Services Organisation (TRALSO)	OVC	Umtata	Navy Simukonda, Project Coordinator, tel: 083 492 8118		State
Tshepang Trust	CT, XD, XS, BC, TB	24th Floor, 209 Smit Street, Braamfontein 2001	Dr. Pumla Mahuma – Head: Project Management and Operations – (011) 339-8996 Email: pumla@tshepangtrust.org	Yes	CDC
Tshwaranang Northern Region HIV/AIDS and OVC Care Program	OVC	Queenstown	Centre Coordinator, 045 838 3261, tel: 045 838 2874		State
Ubuntu Education Fund	AB, OP, BC, OVC, CT	PO Box 14526, Sidwell, Port Elizabeth, Eastern Cape 6061	Mr Levy, Jordan, Chief Operating Officer, 041-459-0627 Email: jd@ubuntufund.org	Yes	CDC
Ubuntu Hospice	OVC	Mount Frere	Nomonde Memeza, Project Coordinator, tel: 072 408 4576		State
Umzi Wethemba HIV/AIDS Home Based Care Project	OVC	Umtata	Rev Eunice Mahlaka, Project Coordinator, tel: 084 754 6203		State

Partner	Program	Location	Contact Information	MOU	US Agency
University of KwaZulu-Natal : Nelson Mandela School of Medicine	PMATCT, AB, OP, BC, OVC	Private Bag X7, Congella, KZN 4013	Prof Gqaleni, Nceba , Deputy Dean School of Medicine, 031-260-4603 Email: gqalenin@ukzn.ac.za		CDC
University of Pretoria (CHIP)	SI	Grey's Hospital / Private Bag X9001, Pietermaritzburg 3200	Dr Stephen, Cindy, Medical Officer , 033- 897-3413 Email: cindy.stephen@kznhealth.gov.za		CDC
University of Washington (I-TECH)	TB, XS, HSS	901 Boren Avenue, Suite1100, Seattle WA98104	Dr Lalonde, Bernadette, Principal Investigator and Director, 206-685-6844 Email: lalonde@u.washington.edu	Yes	CDC
University Research Corporation – Health Care Improvement Project (formerly Quality Assurance Project)	PMTCT, BC, CT, XS, TB, HSS, PC, PTX,	Hatfield Gardens, 333 Grosvenor Street, Hatfield , Pretoria 0028	Ms Donna Jacobs Jokhan, Director, 012- 342-1419 Email: DonnaJ@urc-sa.com	Yes	USAID
University Research Corporation - TB TASC II	TB	PO Box 12058, Hatfield, Pretoria 0029	Dr Ntombi Mhlongo, Program Director, 012- 342-1419 Email: NtombiM@tasc-tb.co.za	Yes	USAID
World Vision South Africa	OVC, BC, AB	Private Bag X12 Florida/ or #5 Main Ave. Florida Extension, Johannesburg 3350	Ms Raubenheimer, Daleen, M&E Advisor , Tel: 011-671-1420, cell: , fax: 036-448- 2822, email: daleen_raubenheimer@wvi.org		USAID
Youth for Christ South Africa	AB, OP	PO Box 75558, Gardenview, Johannesburg 2047	Ms Monare, Mpho , National Program Manager , 011-615-8970 Email: mpho@yfcsa.org.za	Yes	CDC
Zinokwenzeka Community Support Group	OVC	King William's Town	Nomvuyo Edith Gqomfa, Project Manager, tel: 040-659-8360		State
Zwide Women for HIV & AIDS Care Program	OVC	Port Elizabeth	Project Manager, 041 464 2834 or 083 998 2335, tel: 041 464 2834		State

Sites where PEPFAR-funded organizations support/provide antiretroviral treatment services.

Partner	Town/City	Facility	Type
Africare	Fort Beaufort	Fort Beaufort Hospital	Government
	Whittlesea	Hewu Hospital	Public-Private
	Queenstown	Ilinge Clinic	Government
	Queenstown	Nomzano CHC	Government
	Queenstown	Philani Clinic	Government
	Port Alfred	Port Alfred Hospital	Government
	Whittlesea	Sada CHC	Government
	Grahamstown	Settlers Hospital	Government
	Alice	Victoria Hospital	Government
Aurum Health Research	Various	Eastern Cape-Aurum	Private
	Madwaleni	Madwaleni Hospital	Government
BroadReach	Aliwal North	Aliwal North Hospital	Government
	Burgersdorp	Burgersdorp Hospital	Government
	Barkly East	Cloete Joubert Hospital	Government
	East London	East London Private Practitioners	Private
	Sterkspruit	Empilisweni Hospital	Government
	Jamestown	Jamestown Hospital	Government
	Lady Grey	Lady Grey Hospital	Government
	Maclear	Maclear Hospital	Government
	Steynsburg	Steynsburg Hospital	Government
	Mount Fletcher	Tayler Bequest Hospital	Government
Columbia	Bizana	Amadiba PHC	Government
	Bizana	Amantshangase PHC	Government
	Flagstaff	Bala PHC	Government
	East London (Mdantsane)	Cecilia Makiwane Hospital	Government
	Port Elizabeth	Chatty PHC	Government
	Port Elizabeth	Dora Nginza Hospital	Government

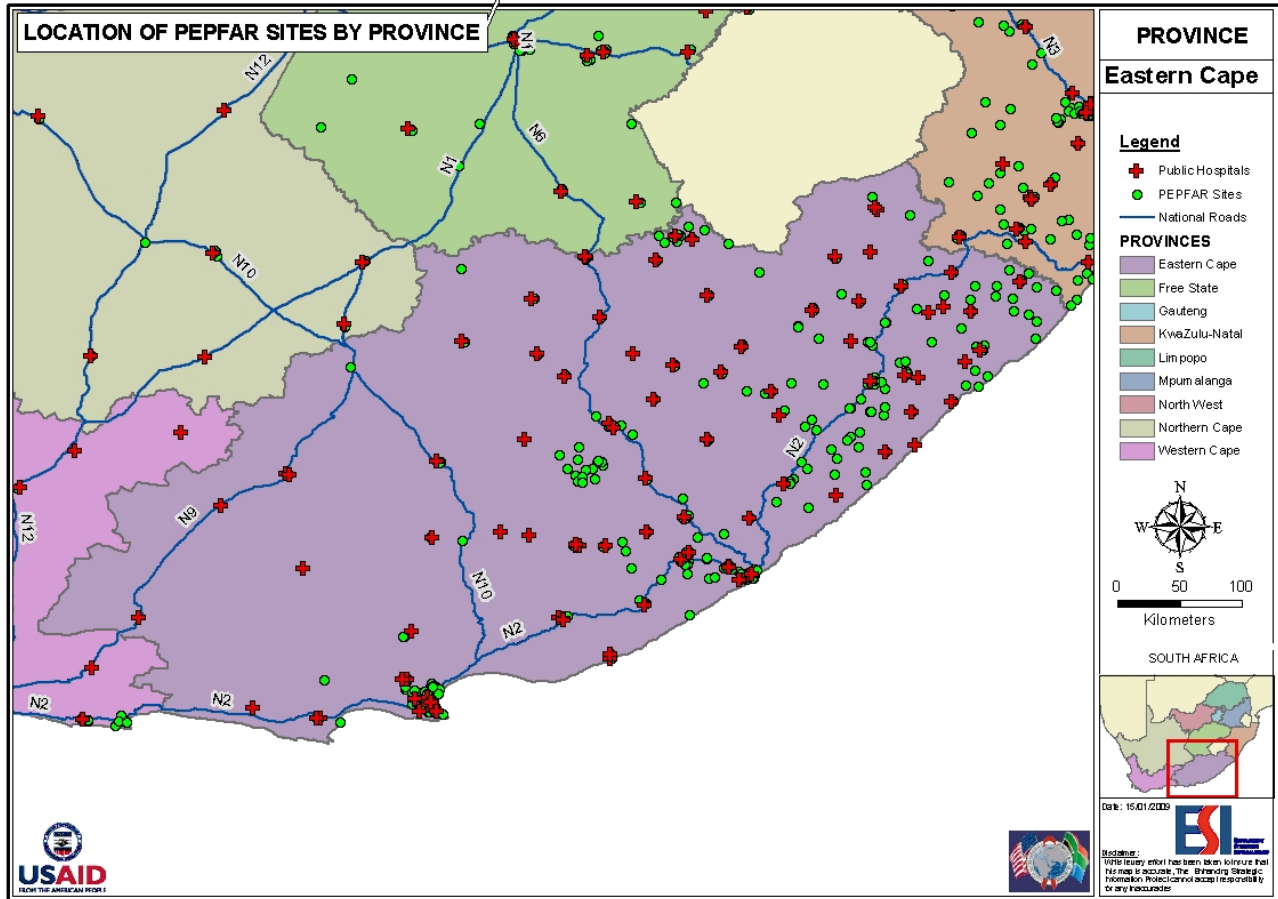
Partner	Town/City	Facility	Type
	East London	Duncan Village Day Hospital	Government
	East London	Empilweni Gompo CHC	Government
	Port Elizabeth	Empilweni TB Hospital	Government
	Flagstaff	Flagstaff PHC	Government
	East London	Frere Hospital	Government
	Bizana	Greenville PHC	Government
	Flagstaff	Holy Cross Hospital	Government
	East London	Ikhwezi Lokusa Wellness Center	NGO
	Bizana	Imizizi PHC	Government
	Bizana	Isikelo PHC	Government
	Bizana	Khanyayo PHC	Government
	Port Elizabeth	Livingstone Hospital	Government
	Port Elizabeth	Masakhane Day Hospital	Government
	Flagstaff	Mkambathi PHC	Government
	Port Elizabeth	Motherwell CHC	Government
	Port Elizabeth	New Brighton PHC	Government
	Flagstaff	Nkoko PHC	Government
	East London	Nkqubela TB Hospital	Government
	East London	NU13 PHC	Government
	East London	NU2 PHC	Government
	East London	NU8 PHC	Government
	Port Elizabeth	Port Elizabeth Provincial Hospital	Government
	Bizana	Qobo Clinic	Government
	Bizana	St. Patrick's Hospital	Government
	Port Elizabeth	Walmer CHC	Government
	Port Elizabeth	Zwide PHC	Government
Catholic Relief Services	Middleburg	Good Shepherd Hospice	NGO
	Komga	Great Kei Health Centre	Public-Private
	Port Elizabeth	IYDSA-Emmanuel Haven	NGO

Partner	Town/City	Facility	Type
	Stutterheim	Masibambisane Treatment Centre / Stutterheim Hospital	Public-Private
	East London	Sophumelela Clinic	NGO
	Hamburg	Wesley & Nora Clinics	Public-Private
ECRTC	Tsolo	St. Lucy's Hospital	Government
	Mthatha	Umtata General Hospital	Government
Elizabeth Glaser Pediatrics AIDS Foundation	Middledrift	AHF Middledrift	NGO
Management Science for Health (IPHC)	Engcobo Township	All Saints Hospital	Government
	Cala	Cala Hospital	Government
	Cradock	Cradock Hospital	Government
	Queenstown	Frontier Hospital	Government
	Glen Grey	Glen Grey Hospital	Government
	Mount Frere	Madzikane Hospital	Government
	Mount Ayliff	Mount Ayliff Hospital	Government
	Cofimvaba	Cofimvaba Hospital	Government
	Matatiele	Tayler Bequest Hospital	Government
Management Science for Health (SPS)	East London	Cecilia Makiwane Hospital	Government
	Port Elizabeth	Dora Nginza Hospital	Government
	East London	Frere Hospital	Government
	Queenstown	Frontier Hospital	Government
	Lady Grey	Glen Grey Hospital	Government
	Port Elizabeth	Jose Pearson Hospital	Government
	Port Elizabeth	Livingstone Hospital	Government
	Mount Ayliff	Mount Ayliff	Government
	Grahamstown	Settlers Hospital	Government

Partner	Town/City	Facility	Type
	Tsolo	St. Lucy's Hospital	Government
	Bizana	St. Patrick's Hospital	Government
	Uitenhage	Uitenhage Hospital	Government
	Somerset East	Andries Vosloo Hospital	Government
SPS (formerly RPM+)	Bhisho	Bisho Hospital	Government
Medical Research Council	Port Elizabeth	Jose Pearson Hospital	Government
Phidisa (SANDF)	Mthatha	14 SAI Sickbay	Government
South Africa Clothing and Textile Workers' Union	Various	SACTWU Eastern Cape	Private
Tshepang Trust	Various	Tshepang Eastern Cape	Private
University Research Corporation (HCI)	Lusikisiki	Goodhope Clinic	Government
	Lusikisiki	Goso Clinic	Government
	Flagstaff	Holy Cross Gateway Clinic	Government
	Queenstown	Ilinge Clinic	Government
	Lusikisiki	Magwa Clinic	Government
	Lusikisiki	Malangeni Clinic	Government
	Lusikisiki	Mantlaneni Clinic	Government
	Flagstaff	Mfundiwani Clinic	Government
	Molteno	Molteno Hospital	Government
	Lusikisiki	Mpoza Clinic	Government
	Flagstaff	Nalongwana Clinic	Government
	Flagstaff	Nkoso Clinic	Government
	Queenstown	Nomzamo Clinic	Government
	Lusikisiki	Palmerton Clinic	Government
	Queenstown	Parkvale Clinic	Government
	Flagstaff	Qasa clinic	Government
	Lusikisiki	Qaukeni Clinic	Government

Partner	Town/City	Facility	Type
	Queenstown	Sada CHC	Government
	Lusikisiki	St Elizabeths Gateway Clinic	Government
	Sterkstroom	Sterkstroom Hospital	Government
	Flagstaff	Tlenzi Clinic	Government
	Lusikisiki	Village Clinic	Government
	Flagstaff	Xopozo Clinic	Government
	Lusikisiki	Xurana Clinic	Government
University Research Corporation (HCI)(formerly QAP)	Lusikisiki	Bodweni Clinic	Government

Location of Partners Within Eastern Cape State Province



List of Acronyms

Acronym	Description
AABB	American Association of Blood Banks
AB	Abstinence and being faithful
ABC	Abstinence and being faithful and condomize
ACILT	African Center for Integrated Laboratory Training
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral treatment
ARV	Antiretroviral
C&S	Care and Support
CBO	Community Based Organizations
CCF	Child Care Forum
CCMT	Comprehensive Care, Support, and Treatment
CDC	Center for Disease Control
CHBC	community home-based caregivers
CINDI	Children in Distress
COHSASA	Council for Health Service Accreditation of Southern Africa
Comprehensive Plan	2003 Comprehensive Plan for HIV and AIDS Care, Management and Treatment
COP	Country Operational Plan
CT	Counseling and Testing
DFID	Department for International Development
DHIS	District Health Information System
DOE	Department of Education
DOD	Department of Defense (USA)
DQA	Data Quality Assessment
DW	Data Warehouse
EQA	external Quality Assurance
ETR	Electronic TB Register
EU	European Union
FBO	Faith based organization
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GIS	Geographic information system
HIV	Human Immunodeficiency Virus
HMIS	health management information systems
HPCA	Hospice Palliative Care Association
HRD	Human Resources Directorates
HRH	National Human Resources for Health Plan, 2006
HRIS	Human Resources Information System
HAS	Health Sciences Academy
HSRC	Human Sciences Research Council
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IPHC	Integrated Public Health Care
JHUCCP	Johns Hopkins University Center for Communication Programs
JSI	John Snow Institute, Inc.
M&E	monitoring and evaluation
MCWH	maternal, child, and women's health
MDR	Multi-drug resistant (TB)
MMIS	Making Medical Injections Safer
MRC	Medical Research Council
MSM	Men having Sex with Men

NACCW	National Association of Child Care Workers
NDCS	National Department of Correctional Services
NDE	National Department of Education
NDOH	National Department of Health
NDSO	National Department of Social Development
NGO	Non governmental organization
NHLS	National Health Laboratory Service
NICD	National Institute of Communicable Diseases
NIOH	National Institute of Occupational Health
NSP	South African National Strategic Plan for HIV & AIDS and STI, 2007-2011
NTP	National TB Control Programme
OGAC	Office of the US Global AIDS Coordinator
OI	opportunistic infection
OVC	Orphan and vulnerable children
PCR	polymerase chain reaction
PEP	Post exposure prophylactic
PEPFAR	U. S. President's Plan for AIDS Relief
PHRU	Perinatal HIV Research Unit
PLHIV	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PwP	prevention with positives
ROTC	Routine Offer of Testing and Counselling
SACBC	Southern Africa Catholic Bishops Conference
SACTWU	Southern African Clothing and Textile Workers Union
SADOD	South Africa Department of Defence
SAG	South African Government
SAMHS	South African Military Health Service
SANBS	South African National Blood Service
SASI	South Africa Strategic Information
STI	Sexually Transmitted Infections
Toga	Toga Integrated HIV Solutions
UGM	Umbrella Grant Management
UK	United Kingdom
UNICEF	United Nations Children's Fund
URC	University Research Corp. LLC
USAID	United States Agency for International Development
USD	United States dollars
USG	United States government
VCT	voluntary counseling and testing
WHO	World Health Organization
XDR	extensively drug-resistant (TB)