

PEPFAR

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



THE POWER OF PARTNERSHIPS

Activities in KwaZulu-Natal 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)
Support the South African National Strategic Plan for HIV & AIDS and STI, 2007-2011 and other relevant South African policies
2. Partner with many organizations
3. Build on demonstrated success
4. Develop local capacity
5. Plan for sustainability
6. 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:

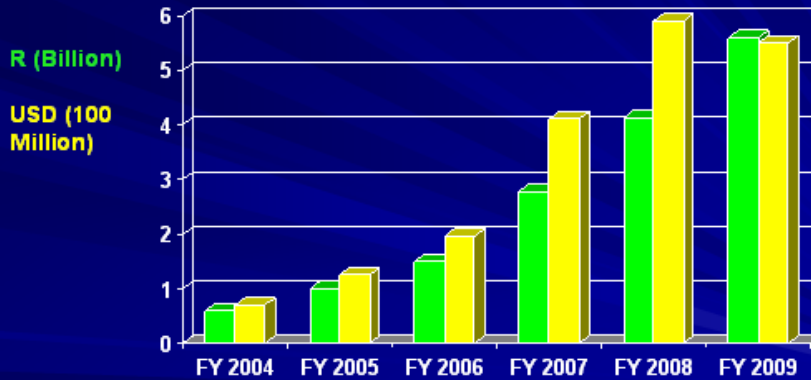
- Department of State
- United States Agency for International Development
- Centers for Disease Control and Prevention
- U.S. Department of Defense
- Peace Corps

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.

South Africa PEPFAR Funding FY 2004 to FY 2009
In Billions of Rand and 100 million USD



In KwaZulu-Natal Province, PEPFAR is providing funding to **89 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, **33 partners** have signed MOUs within the KwaZulu-Natal 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 KwaZulu-Natal 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 KwaZulu-Natal

Ambassador's Community Grants Program

Amangwe Village - To help the organization start an income generation project (small bakery) to sustain its OVC, home based care and prevention/awareness activities, and to produce food which can be used for OVCs, patients, caregivers and which will provide a source of healthy and more economical bread in a very needy community.

Bhekuzulu Self-Sufficient Project - To help the organization start an income generation project (small bakery) to sustain its OVC, home based care and prevention/awareness activities, and to produce food which can be used for OVCs, patients, caregivers, which will provide a source of healthy and more economical bread in a very needy community.

Clouds of Hope - Provides NQF accredited training and registration with the National Association of Child Careworkers for 25 OVC caregivers and volunteers working in a children's foster care village and in the surrounding communities of a large rural area.

Diocese of Mariannhill HIV/AIDS Programme - Provides small stipends to 44 coordinators of OVC and palliative care support projects in 44 parishes within the Marianhill Diocese.

Esiphondweni AIDS & Community Project - Purchases home based care supplies, bicycles, and training for 20 caregivers who give home based care and support to OVCs and infected patients in a large rural area.

Genyaneni Community Care Services - Provides equipment for an OVC drop in center which supports OVC care and support for children in a large rural area.

Gozololo Centre for Needy Children - Pays stipends for 10 caregivers who give home based care and support to OVCs and infected patients in a large peri-urban area.

Icebolethu Women in Support HIV/AIDS - Pays small stipends to 15 volunteer caregivers who are giving palliative care to 105 infected patients in the community.

Imizamo Community Project - Provides equipment for an OVC drop in center and support income generation to help sustain the activities of an organization providing OVC care and support and palliative care in a large rural area.

Inhlakanipho Day Care & Drop In Centre - Provides equipment for an OVC drop in center and provide training for the caregivers of an organization providing OVC care and support and palliative care in a large peri-urban area.

Inkhanyezi Child and Family Welfare Society - Provides stipends for 10 caregivers who give home based care and support to OVCs and infected patients in a large rural area.

Maphumulo Life Centre - Provides incentives for volunteer caregivers who provide OVC care and support in a large rural area.

Maskey Health Services - Pays stipends for 13 caregivers who give home based care and support to OVCs and infected patients in a large peri-urban area.

Musawenkosi Ministries - Provides incentives for volunteer caregivers who are providing OVC care and support in a large rural area. To fund an income generation initiative (Construct a house for egg layers) this will help to make the project self-sustaining.

Okuhle Nomusa Community Empowerment – Grant will provide fencing for an OVC drop in center providing OVC care and support for children in a large rural area.

Ophondweni Youth Development Initiative – Grant will help provide an incentive (stipend) for a volunteer project manager who leads an organization which is identifying and providing OVC care and support, palliative care, and prevention/awareness activities in a large rural area. To fund 8 community workshops to raise awareness and build a support network concerning care and support of OVCs.

PUSH Evangelical Lutheran Church Faith Based Organisation The grant will help the organization start an income generation project (small bakery) to sustain its OVC, home based care and prevention/awareness activities, and to produce food which can be used for OVCs, patients, caregivers and which will provide a source of healthy and more economical bread in a very needy community.

RivLife Community Centre – Grant will help the organization start an income generation project (small bakery) to sustain its OVC, home based care and prevention/awareness activities, and to produce food which can be used for OVCs, patients, caregivers and which will provide a source of healthy and more economical bread in a very needy community.

Sekusile Community Project – Grant monies will help equip an office, purchase home based care supplies, and train and pay stipends for 10 caregivers who give home based care and support to OVCs and infected patients in a large rural area.

Sinosizo Community Health Centre - Grant will help the organization start an income generation project (small bakery) to sustain its OVC, home based care, and prevention/awareness activities and to produce food which can be used for OVCs, patients, caregivers and which will provide a source of healthy and more economical bread in a very needy community.

Sinosizo Home Based Care Project - To help the organization start an income generation project (small bakery) to sustain its OVC, home based care and prevention/awareness activities, and to produce food which can be used for OVCs, patients, caregivers, which will provide a source of healthy and more economical bread in a very needy community.

St Anna and Joachim Roman Catholic Organisation - To help the organization start an income generation project (small bakery) to sustain its OVC, home based care and prevention/awareness activities, and to produce food which can be used for OVCs, patients, caregivers and which will provide a source of healthy and more economical bread in a very needy community.

Thandimpilo HBC Project - To provide stipends and home based care supplies for 15 caregivers who give home based care and support to OVCs and infected patients in a large rural area.

Ubuntu Crisis and Family Care Centre – Grant will pay stipends for 10 caregivers who give home based care and support to OVCs and infected patients in large peri-urban and rural areas.

Umnini Sinethemba HIV/AIDS & Health Crisis Centre – Grant will help the organization start an income generation project (small bakery) to sustain its OVC, home based care, and prevention/awareness activities and to produce food which can be used for OVCs, patients, caregivers and which will provide a source of healthy and more economical bread in a very needy community.

Umphakathi Wethu - Provides training and pay small stipends to 11 volunteer caregivers who are giving palliative care to 61 infected patients in the community.

Umvoti AIDS Centre. - Provides incentives for volunteer caregivers who are providing OVC care and support and community training activities on OVC issues in a large rural area.

Zimisele HIV/AIDS Care – Grant will pay stipends for 20 caregivers who give home based care and support to OVCs and infected patients in large peri-urban area.

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.

American Center for International Labor Solidarity

The Solidarity Center, in cooperation with a consortium of partners, proposes to implement a five-year HIV prevention initiative in South Africa called "Be Faithful, Be Tested, Be Union." The Solidarity Center's project partners are EngenderHealth and four of South Africa's largest and most influential unions. These unions are the National Union of Metalworkers of South Africa (NUMSA), the Police and Prisons Civil Rights Union (POPCRU), Health and Other Service Personnel Trade Union of South Africa (HOSPERSA), and the Congress of South African Trade Unions-Western Cape (COSATU-Western Cape). Over five years, activities will be implemented in five provinces-Gauteng, Limpopo, and KwaZulu-Natal, Western Cape and Eastern Cape.

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).

Children's Emergency Relief International (CERI)

Children's Emergency Relief International (CERI) will continue its partnership with the Sinomlando Centre for Oral History and Memory Work in Africa (Sinomlando Centre) to provide a training program designed to enhance resilience and nurture identity in orphans and vulnerable children, particularly those who have lost parents or primary caregivers to AIDS. Resilience can be defined as a child's ability and capacity to recover his/her well-being and life potential in spite of suffering through one or more life misfortunes. This will be achieved using the memory-box methodology. CERI received funding for the project in April of 2008 through the New Partners Initiative. Start-up occurred in July 2008.

Children in Distress

Activities are carried out by Children in Distress (CINDI) in KwaZulu-Natal (KZN), to support the expansion of services aimed at improving the lives of orphans and vulnerable children (OVC) and families affected by AIDS through providing comprehensive services and to strengthen communities and ensure that the needs of OVC are met. The emphasis areas of the project include local organization capacity-building, gender and wrap-around program (education). Primary target populations include orphans and vulnerable children, children 5-9 years, adolescents 10-14 years and 15-24 years, and people living with HIV. Community Care Project Trust (CCPT) will replace Project Gateway (PG). CCPT was the implementing agency within PG and is now autonomous. Activities in schools will be carried out by all four sub-partners. In FY 2008, three partners worked directly with the schools. LifeLine received children for CT through referrals from the other partners, by actively motivating for CT in schools and organizing transport to bring them in groups to the CT site on Saturdays. Children 12 years or older are legally allowed to consent for CT. Younger children are accompanied by their parent/guardian who sign consent. To reach the numbers requiring CT in FY 2009 & 2010 a mobile unit will be used. This will make CT available during the week at a location close to where the children live. Life skills training and psychosocial support services will also be offered by means of the mobile service unit, thus avoiding stigmatization.

Child Welfare of South Africa

The Child Welfare South Africa Asibavikele (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.

Futures Group

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.

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.

Genesis Trust

The counseling and testing program plan was modified after consultation with the South Africa PEPFAR team prior to approval in the FY 2008 New Partners Initiative (NPI) workplan and budget. The voluntary counseling and testing (VCT) program was redesigned to be a joint Genesis Trust and Positive Ray project. The two new Positive Ray professional nurses will perform all the actual HIV testing and reporting of results to clients. Testing will occur at multiple sites but will not be a truly mobile VCT program and the request for a vehicle for the CT program was eliminated. Genesis will add an additional (third) counselor to support the CT program. Testing will take place at the Genesis Care Centre (testing family members of patients in the care centre), at workplaces (testing workers at their worksites) and in communities (testing clients in their homes or at local churches and community centres). Approval for the VCT program has been received by the local Ugu district Department of Health. The program will effectively function three days per week as each of the two professional nurses will spend 30% of their time doing VCT (the remaining 70% of their time will be spent doing home-based care). The target for individuals being tested has been increased to 1,200 for the year which averages eight clients per full time equivalent day.

GoLD Peer Education Development Agency

GoLD Peer Education Development Agency (GoLD) was awarded first place in the Commonwealth Good Practice awards 2006. GoLD became a new partner to PEPFAR in FY 2007. The FY 2008 COP PEPFAR funds will support the expansion of comprehensive youth prevention services to facilitate the roll-out of the GoLD Peer Education (PE) model through three components: 1) development and dissemination of PE best practice methods and materials; 2) capacity building and training of PE participants; and 3) quality assurance of implementation of the GoLD Model. The primary emphasis areas for these activities are gender, human capacity development, and local organization capacity development. Specific target populations include adolescents (15-24), adults (25 and over), and teachers. The GOLD model is based on a theoretical and evidence-based behavior change approach and is refined on an ongoing basis through research and documentation of best practice learnings. Activities in FY 2009 are being scaled up with a deliberate focus on addressing areas with the highest rates of infection. GOLD has commenced and will be strengthening its messaging to drive provincial campaigns and provide training to ensure that peer education activities emphasize combating behaviors that drive high HIV transmission. For older youth who are no longer abstaining, the promotion of high consistent condom use and reduced and inter-generational and transactional sex will continue with more depth, while providing secondary abstinence as a viable choice. GOLD will continue to scale up, strengthen and more effectively target GOLD's current prevention efforts in order

to increase their impact on reducing new infections amongst youth in both schools as well as out of school youth. This is described in GOLD's alignment to the NSP and how GOLD is emphasizing prevention priorities identified by PEPFAR.

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.

Ingwavuma Orphan Care

Ingwavuma Orphan Care (IOC), in partnership with Lulisandla Kumntwana (LK), provides psychosocial, educational and nutritional support to OVC and facilitates access to government social grants and other social services. Activities aim to extend the reach of OVC projects in Ingwavuma and Mseleni areas of Northern KwaZulu-Natal. FY 2008 funding will be used to double the numbers of OVC reached. The primary emphasis area for this project is human capacity development with additional emphasis on local organization capacity development, development of network/linkages/referral systems and training. The primary target populations are OVC, HIV-infected children, and caregivers of OVC.

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.

JSI ENHANCE

This partner will provide a broad program of technical assistance and other targeted project support to improve the quality, availability and use of Strategic Information (SI) in South Africa. The SI activity will contribute to strengthening programs, improving accountability and reporting, and information sharing within PEPFAR partners.

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.

McCord Hospital/Zoe-Life

The McCord Hospital/Zoe Life's overall activities relate to building capacity at four municipal clinics in the Outer West area of Durban (KwaZulu-Natal province) to provide a strengthened and integrated prevention of mother-to-child transmission (PMTCT) service which is linked with tuberculosis (TB) and HIV care and treatment. Activities that will strengthen services include provider-initiated (with the option to opt-out) counseling and testing of all pregnant women attending the antenatal clinics, testing of partners and children of the index patient where possible, TB screening of HIV-infected pregnant women with referral for treatment where needed, antiretroviral (ARV) prophylaxis for HIV-infected women and newborns, maternal nutrition and infant feeding counseling and infant follow-up. Emphasis areas include local organization capacity development, strengthening of referral networks between PMTCT and other vertical programs, including pediatric services; human resource development through training, mentorship and supervision of PMTCT staff, quality assurance and improvement through supportive supervision, technical assistance and mentoring during site visits and strategic information strengthening through development of a simple integrated monitoring and evaluation system. The primary target populations are pregnant women, HIV-infected pregnant women, and their infants. McCord Hospital currently receives funding for PMTCT and ARV treatment through the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). This program described here focuses on strengthening the capacity of public sector facilities, and it is distinct from the hospital-based program funded by EGPAF. McCord Hospital Zoe-Life (ZL) and McCord Hospital (MH), in FY 2008, aimed to introduce a second test for women who test negative at 36 weeks. This will be modified according to current KwaZulu-Natal Department of Health (DOH) guideline of repeat testing at 34 weeks.

Medical Care Development International

Medical Care Development South Africa (MCDI-SA) will carry out OVC activities to support expansion of holistic, comprehensive community HIV and AIDS and TB care and support from Ndwedwe sub-district to the other sub-districts of Ilembe District in KwaZulu-Natal province. FY 2007 and FY 2008 PEPFAR funding will be used to expand the primary activities of training, support and supervision of home-based care volunteers (HBCVs) and Directly Observed Treatment, Short-course (DOTS) providers, as well as the introduction of software to monitor home-based patient care. This will help to improve quality of care and treatment adherence for those on TB medication and/or ART; facilitate linkages between HIV and AIDS and TB-related community-based projects with the local health facilities; and build capacity among relevant community-based organizations (CBOs). The emphasis areas include human capacity development (Pre- and In-service training, Retention strategy), local organization capacity building, and are extended through Child Survival and Safe Motherhood Wraparound Programs.

Montefiore Hospital

In late FY 2008, Montefiore Hospital's youth program looked to provincial youth peer education programmes to open doors to implementing the Advise, Consent, Test, Support (ACTS) program in other provinces. In addition, Montefiore Hospital was asked to assist these youth programmes by providing training on routinely offered voluntary counseling and testing (VCT) and providing sexual prevention messages. \$388,000 will go toward other prevention activities due to the high risk nature of youth sexual relationships. It is of utmost importance that both young men and women are equipped with the necessary knowledge to make informed decisions about their sexual and reproductive health, and those services to address their sexual and reproductive health needs are accessible and efficient. In this vein, the ACTS program proposes implementing a new initiative to engage small youth-serving non-governmental organizations (NGOs) to deliver prevention programs in three new provinces: Limpopo, Mpumalanga and KwaZulu-Natal. We will work with the appropriate provincial and district department of health offices to coordinate these new sub-partner efforts with existing prevention as well as counseling and testing activities in their service areas. Recruitment for these new community

partners will take place via advertisements in provincial or district media to ensure fair and open competition. Successful applicants will receive small- to medium-sized grants to develop and deliver prevention programs directed at higher risk youth including those living in townships and transit corridors as well as young women in their 20s. Prevention programs that focus on reducing multiple concurrent partners cross generational and transactional sex; increasing awareness of youth risk for HIV via social marketing, peer education programs and the active involvement of youth living with HIV; promoting abstinence, being faithful and condom (ABC) messages with novel approaches to ensuring correct and consistent condom use will also be encouraged to apply. The programs will also educate youth about HIV/AIDS, provide HIV counseling and testing and emphasize other key prevention messages in line with the goals set forth by the South African Government. The new sub-partners will be provided with ACTS collateral materials including HIV education video content; standard operating procedure and work plans with measurable objectives and timelines within which they must meet their targets. The evaluation of these sub-partners will take place as continuing quality improvement activities recorded on a quarterly basis.

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.

Mpilonhle

Mpilonhle is a new South African community-based organization registered in 2007 with the South African Directorate for Non Profit Organisations (NPOs). It is dedicated to improving the health and well-being of adolescents in high schools in Umkhanyakude District Municipality, KwaZulu-Natal (KZN) through its "Mpilonhle Mobile Health and Education Project". Mpilonhle will become operational in late 2007 with a single mobile unit funded with support from Oprah's Angel Network, and expand with two further mobile units funded by PEPFAR. Mpilonhle expects to recruit and hire 40 staff members who will be based at Mpilonhle offices in Mtubatuba, KZN. Mpilonhle's Abstinence and Be Faithful (AB) prevention activities include school-based provision of (1) health screening, (2) health education, and (3) computer-assisted learning, delivered through mobile clinic and computer laboratory facilities to 12 secondary schools in the rural KwaZulu-Natal province. Emphasis areas are gender, human capacity development, and education wraparound programs. Targeted populations are adolescent males and females aged 10-24 and teachers. Mpilonhle will continue activities described in COP 2008, but activities will be enhanced.

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.

Nurturing Orphans of AIDS for Humanity (NOAH)

Nurturing Orphans of AIDS for Humanity (NOAH) mobilizes communities form networks of care called "Arks", which provide a range of services to orphans and vulnerable children (OVC) including: nutritious meals; educational activities including HIV prevention messages; regular home visits; assistance in birth registration and accessing government social security grants; psychosocial support and training in the establishment of food gardens. Through effective implementation of the NOAH model, with continued emphasis on sustainability and capacity building NOAH plans to capacitate community OVC programs (Arks) to become self-governing and to graduate into independent local CBOs. Emphasis areas for NOAH are Local Organization Capacity Building, and Human Capacity Development (Pre- and In-service training). The target populations for NOAH activities are orphans and vulnerable children. Noah proposes to increase the number of funded Arks through PEPFAR from the original COP 08 number of 35 to 40 for FY 2009. An additional 28 Arks were incorporated into PEPFAR funding from May 2008 to September 2008 to boost their establishment process. These additional 28 sites offer basic activities to Orphans and Vulnerable Children (OVC), of which a large portion is nutritional support. Alternative donors, able to support the full operating costs for the 28 Arks are being sourced. Thus, in order to concentrate on delivery of quality care to OVC across the PEPFAR priority areas and in line with the Noah strategy of graduating arks, the number of PEPFAR-funded Arks is proposed at 40 for October 2008-September 2009. These 40 Arks are selected based on major achievements, successes and challenges. In this way, PEPFAR funding will be matched with the Arks' operational capacity to more effectively mobilize and develop the Ark towards graduation.

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.

Project Support Association - Southern Africa (PSASA)

Project Support Association - Southern Africa (PSASA) is a community-based HIV and AIDS prevention and care organization based in Mpumalanga. With FY 2008 PEPFAR funding, PSASA will increase the scope of services provided by integrating orphans and vulnerable Children (OVC) care, adult palliative care and community-based HIV counseling and testing. PSASA will also improve the quality of these programs. The major emphasis areas are training and local organization capacity development. Target groups are OVC, people living with HIV (PLHIV), and their families. With FY 2008 funding PSASA will expand the number of OVC programs. These new PSASA OVC projects will target poorer rural communities of Mpumalanga, Limpopo and KwaZulu-Natal provinces where health

services are limited. Project Support Association - Southern Africa (PSASA) will fully integrate OVC programs into existing HBC programs. Once trained, the CCWs will be working with the 14 existing PSASA HBC programs. PSASA will provide support to establish food gardens with child caregivers at the homes of children by obtaining assistance from farmers and the Department of Agriculture regarding training on fruit tree planting by local farmers for children at their homes. (PSASA will obtain fruit trees from farmers for this purpose.) Community child care forums have been implemented by Government. They need to be followed up and training will be done for these forums so that they contribute to the safety and security of children, and child rights. PSASA will continue to support OVC in the following services - assistance with access to health care, education, economic support, food and nutrition support, legal assistance, psychosocial support, palliative care, and training related to OVC.

Reproductive Health HIV Research Unit

The Reproductive Health and HIV Research Unit (RHRU), as part of an outreach project in deprived inner city areas, and within the parameters of comprehensive and integrated HIV services, became a prevention of mother-to-child transmission (PMTCT) partner in late 2007, after the FY 2008 COP was submitted. For this reason, no targets were included in previous COP entries, even though some PMTCT work was being undertaken as part of antiretroviral treatment (ART) services provided to pregnant women. This program focuses on increasing gender awareness, child survival, safe motherhood and TB screening. Target populations are adults, pregnant women, HIV-infected infants, people living with HIV and their families.

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 re-competed 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.

Senzakwenzeke

Senzakwenzeke (SEKA), a South African non-governmental organization (NGO) based in KwaZulu-Natal, provides psychosocial support, nutrition, counseling, homework assistance and social grant application assistance to orphans and vulnerable children (OVC). SEKA conducts training programs for Child Care Forums (CCFs) and caregivers on children's rights, child protection, and care and support for OVC. The main emphasis areas of Senzakwenzeke activities are community mobilization and participation, the development of networks, linkages, and referral systems, and training. The target beneficiaries are orphans and vulnerable children, caregivers of OVC, community leaders, SA-based volunteers, and people living with HIV and AIDS.

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.

St Mary

St. Mary's Hospital in Durban, KwaZulu-Natal will aggressively address the need to prevent the transmission of HIV from mother-to-child. St. Mary's is ideally situated and offers a wide range of services to 'capture' the target group to ensure success. This will be achieved through the integration of maternal services at the primary health care facility. The activities will encompass human resources, laboratory tests and medical supplies. The emphasis area of this activity is to provide counseling and testing to the family unit and in particular there will be a focus on couple counseling. The ultimate aim is to reduce the number of new infections from mother-to-child and to refer the mother into treatment programs when required. The target groups for this activity are people living with HIV, pregnant women, and their infants. Activities started in FY 2008 will continue in FY 2009. This includes the implementation of the new dual therapy South African National PMTCT Guidelines, started in FY 2008 when the new policy was instituted.

TB Care Association

Activities will be carried out to screen people for TB in non-clinical counseling and testing (CT) and in clinical sites and to ensure referral for care. The project will support care and treatment services at three hospital-based clinics and eight primary health clinics (PHC). Clinical training and mentorship will be provided to screen HIV-infected people for TB, provide appropriate TB treatment, and to screen for isoniazid preventive therapy (IPT) to prevent TB. CHWs will educate community members about the symptoms of TB and the importance of seeking care and completing TB treatment. They will screen community members for TB symptoms of TB and STIs and refer symptomatic people to health services. Community adherence support will be provided by CHWs for TB treatment, for prophylaxis (IPT and cotrimoxazole) and for ART. The adherence support model used for ART will be piloted with TB patients. BACKGROUND: TB Care Association (TBCA) will implement this activity in collaboration with provincial and district departments of health. TBCA has been providing community-based counseling, emergency material relief and TB treatment support in the Western Cape since 1992. The Western Cape Province has requested support from TBCA for the West Coast Winelands district because the burden of TB with HIV coinfection is high. TBCA is exploring the possibility of expanding activities to the Northern Cape Province as well.

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.

University of KwaZulu-Natal

Activities are carried out to provide clinical, spiritual and psychosocial support to the HIV-infected patients and family members affected by the disease at two established treatment sites in KwaZulu-Natal. With FY 2008 funding the CAPRISA AIDS Treatment (CAT) Program will be continued and expanded at these two sites. Pediatric services will be introduced at the Vulindlela site.

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 Research Co., LLC (URC)

University Research Co., LLC (URC) works with the national and provincial Departments of Health in South Africa to expand access to and uptake of HIV testing and counseling. URC's major strategy is to assist NDOH/PDOHs in implementing provider-initiated HIV testing, with the option to opt-out, to reduce missed opportunities for HIV identification and further spread of HIV in the country. URC will use a collaborative approach for rapidly expanding the HIV testing services. The approach will include integrating HIV testing with antenatal care, sexually transmitted infections (STI), tuberculosis (TB), family planning (FP) and general clinical service areas. Training of program managers and healthcare providers in strategies to expand uptake of HIV testing and counseling rapidly will be a focus. URC will place temporary clinical staff to provide HIV testing in high volume facilities where current staff are unable to meet the demand for testing, thus ensuring that HIV clients are referred for onward treatment and support services. Finally URC will strength supervision and monitoring systems to ensure provision of high quality HIV testing. Support will also be provided to improve recording and

reporting systems for HIV testing at all levels. The major emphasis area is local organization capacity development, with minor emphasis on quality assurance and supportive supervision, network/linkages/referral systems, and training. The activity targets public health workers, community-based organizations (CBOs) and faith-based organizations (FBOs), program managers and community volunteers, youth and adults, and STI, TB, and general clinic attendees. University Research Co., LLC (URC) is currently in discussions to expand its support to Northern Cape, if they are invited to do so by the province's Department of Health. This may result in URC supporting up to six provinces. URC will focus on enhancing the quality of support provided and as a result the accelerated growth of the project will be slower in FY 2009, with a maximum number of sites supported being 130. Facilities will be assisted to improve their referrals to tuberculosis (TB) screening of clients who are HIV-infected. URC will assist this process by ensuring that job aids are available to health care providers. In FY 2009, URC will focus on increasing social mobilisation with a focus on men to promote counseling and testing. This will be done in collaboration with non-governmental and community-based organisations in order to create the demand for counseling and testing services in health facilities. URC will also place emphasis on development of information, education and communications materials for clients.

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.

US Peace Corps


Peace Corps Volunteers (PCVs) work in civil society organizations (CSOs) that focus on HIV and AIDS relief under the Community HIV/AIDS Outreach Project (CHOP) and in the education system at the primary school and district levels under the Schools and Community Resources Project (SCRP). All CHOP and SCRPCVs will be encouraged to work with both in-school and out-of-school youth in delivering Abstinence/Be Faithful (AB) messages through life skills and peer education sessions delivered in classrooms or in association with extracurricular school activities and through community events organized by youth and adult volunteers. Activities in this program area aim to encourage positive life styles and health-seeking behaviors among youth and to help them develop positive gender norms and expectations. SCRPCVs will specialize in training teachers and mobilizing in-school youth while CHOP PCVs will focus more on training out-of-school peer educators, community citizen volunteers, and CSO employees and mobilizing traditional, business and religious leaders in supporting community- and school-based prevention activities. CHOP and SCRPCVs and their counterparts will be encouraged to work together in designing and delivering comprehensive HIV prevention training and outreach programs in their rural communities. Prevention training and outreach activities will be conducted in the KwaZulu-Natal, Limpopo, North West, Northern Cape and Mpumalanga provinces.

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.

X-Strata

Re-Action! Consulting will work in partnership with the District Management Teams (DMTs) in the provinces of Mpumalanga, Limpopo, North West and Northern Cape to develop and establish a task mix for Pediatric Treatment service delivery. In partnership with the DMTs Re-Action! will support the



DoH with the sourcing, recruitment, training and supervision of critical health care professionals. Re-Action! will also focus on the re-training of existing personnel, not only in HIV concerns, but also on-the-job training such as the collection of treatment data and reporting, advanced counseling and program management skills. At a strategic level the Re-Action! program team will undertake a joint assessment for each service provider site/group of competencies development needs (behavioral, skills, systems). Re-Action! will establish these partnerships with the aim of strengthening existing HIV treatment programs in these provinces, training of and providing supportive supervision to health care professionals and facilitating behavior change interventions focused on individual households and OVC households in the community. In partnership with the DoH the Re-Action! program team will identify and engage available service sites and providers (public sector and non-state, including private GPs, CBOs, Traditional Healers). Re-Action! facilitated the accreditation of the Bernice Sameul site as a ART initiation site and another 3 sites have been established as down-referral sites from the Witbank Hospital Wellness Clinic. As part of Health Systems Strengthening (HSS) relating to Adult Treatment Re-Action! will facilitate the accreditation of the existing down-referral sites to initiation sites for HIV treatment, as well as facilitate the process of three new sites being developed as either down-referral or initiation sites for HIV treatment, as per the national accreditation guidelines and the National Strategic Plan (NSP).

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
Amangwe Village	BC	KwaMbonambi	Aaliya Fransch, Project Coordinator, tel: 073 792 7271		State Dep
American Association of Blood Banks	BL		Mr Konstenius, Terri , Director, Intl Program Operations , 301-215-6562 Email: tkonstenius@aabb.org		CDC
American Center for International Labor Solidarity	AB. OP, CT	888 16th Street, N.W. , Washington DC 20006	Mr Bayard, Marc , , 001-202-974-8383 Email: mbayard@solidaritycenter.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
Bhekuzulu Self-Sufficient Project	OVC	Estcourt	Fezile Hadebe, Project Coordinator, tel: 083 994 2956		State Dep
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
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

Partner	Program	Location	Contact Information	MOU	US Agency
Children in Distress	OVC	PO Box 157, Pietermaritzburg 3200	Mr Donnell, Phil, , 033-345-7994 Email: philip@fundingdevelopment.co.za		USAID
Children's Emergency Relief International (Ceri) (NPI)	OVC		Mr Houser, Scott, , Tel: 033-346-0927, cell: 082-855-1454, fax: , email: housers@worldonline.co.za		USAID
Clouds of Hope	OVC	Underberg	Jenny Rogers, Fundraiser, tel: 072 063 8060		State Dep
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
Diocese of Mariannhill HIV/AIDS Programme	OVC	Mariannhill	Mary-Judith Jwara, Project Coordinator, tel: 084 955 5894		State Dep
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
Esiphondweni AIDS & Community Project	OVC	Jozini	Johnson Gwala, Project Coordinator, tel: 072 242 4782		State Dep
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
Genesis Trust (NPI)	AB, BC, OVC, HSS, CT	P.O. Box 1099, Port Shepstone, 4240	Mr Van der Berg, Leon, General Manager, Tel: 039-685-4105, cell: , fax: 039-685- 6976, email: gm@genesiscentre.co.za	Yes	USAID

Partner	Program	Location	Contact Information	MOU	US Agency
Genyaneni Community Care Services	OVC	Utrecht	Beryl Olifant, Project Coordinator, tel: 083 296 1006		State Dep
GoLD Peer Education Development Agency	AB, OP	20/22 Station Road, Rondebosch, Cape Town 7700	Mrs Farr, Susannah, , 021-685-5038 Email: Susannah@goldpe.org.za	Yes	USAID
Gozololo Centre for Needy Children	OVC	Amanzimtoti	Miriam Cele, Project Coordinator, tel: 084 738 7245		State Dep
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	Yes	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	Yes	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
Icebolethu Women in Support HIV/AIDS	BC	KwaMashu	Lorraine Dladla, Project Coordinator, tel: 082 056 4269		State Dep
Imizamo Community Project	OVC	Nkandla	Hlengiwe Leo Mchunu, Project Coordinator, tel: 076 712 1930		State Dep
Ingwavuma Orphan Care	AB, OVC, CT, BC, PC	P.O. Box 272, Ingwavuma 3968	Dr Dean, Ann, , 035-591-0793 Email: ann@orphancare.org.za		USAID
Inhlakanipho Day Care & Drop In Centre	OVC	Madadeni	Ephraim Buthlezi, Project Coordinator, tel: 083 594 7820		State Dep
Inkhanyezi Child and Family Welfare Society	OVC	Eshowe	Lwazi Fihlela, Project Coordinator, tel: 082 264 6837		State Dep

Partner	Program	Location	Contact Information	MOU	US Agency
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
John Snow Inc - Enhance	OVC, SI	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria "0001	Dr Mulumba, Rose , Program Director, 012-362-7991 Email: rmulumba@jsimmis.org.za	Yes	USAID
Kagiso Communications	PMTCT, OP	20 Girton Road, Parktown, Johannesburg	Ms Ruth Becker, , 011-544-1900 Email: ruthb@kagisotv.co.za		CDC
Khulisa Management Services (Pty) Ltd	HSS	PO Box 923, Parklands, Johannesburg 2122	Mr Ogawa, Michael, , 011-447-6464 Email: mogawa@khulisa.com		USAID
Leonie Selvan Communications	AB	42 Bristol Road, Saxonworld, P.O. Box 3049, Houghton, Johannesburg 2041	Selvan, Leonie, Email: leonies@global.co.za		CDC
Maphumulo Life Centre	OVC	Maphumulo	Nomusa Zulu, Project Coordinator, tel: 072 940 6350		State Dep
Maskey Health Services	OVC	Durban	Doris Cele, Project Coordinator, tel: 082 661 5460		State Dep
McCord Hospital	PMTCT, BC, TB, CT, XD, XS, PC, PTX, OVC, SI, HSS	McCord Hospital, PO Box 37587, Overport , Durban 4067	Dr Giddy, Janet , HIV Programmes Coordinator, 031-268-5828 Email: jgiddy@hebron.za.net	Yes	CDC
Medical Care Development Intl	PMTCT,M BC, CT, AB, OP, OVC	Suite 1402, Maritime House, Victoria Embankment, Durban 4000	Ms Buthelezi, Zanele , , 031-304-0357 Email: mcidi@mweb.co.za	Yes	USAID

Partner	Program	Location	Contact Information	MOU	US Agency
Montefiore Medical Center	CT, AB, OP	111 East 210th Street Bronx , New York 10467	Dr Futterman, Donna , Director , 718-882-0322 Email: Dfutterman@adolescentAIDS.org	Yes	CDC
Mothers 2 Mothers	PMTCT	PO Box 841, Cape Town 8000	Mr Besser, Mitchell, Medical Director, 021-466-9160 Email: mitch@m2mafrica.org	Yes	USAID
Mpilonhle	AB, OP, BC, OVC, CT	PO Box 217, Mtubatuba, KwaZulu- Natal 3935	Mr Bennish, Michael, , 035-550-1312 Email: mbennish@hotmail.com	Yes	USAID
Musawenkosi Ministries	OVC	Empangeni	Elaine Charlton, Project Coordinator, tel: 072 291 6908		State Dep
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
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
Nurturing Orphans of AIDS for Humanity (NOAH)	OVC	358 Rivonia Boulevard, Rivonia , Johannesburg 2128	Ms Postma, Niven, CEO, 011-807-4724 Email: niven@noahorphans.org.za	Yes	USAID
Okuhle Nomusa Community Empowerment	OVC	Nyoni	Gladness Mthembu, Project Coordinator, tel: 072 112 6033		State Dep
Ophondweni Youth Development Iniative	OVC	Jozini	Sithembiso Mpontshane, Project Coordinator, tel: 082 629 3030		State Dep

Partner	Program	Location	Contact Information	MOU	US Agency
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
Peace Corps	AB, BC, OVC, CT	PO Box 9536, Pretoria 0001	Ms Jordan, Lisa , , 012-344-4255 Ext 257 Email: LJordan@za.peacecorps.gov	Yes	Peace Corps
Project Support Association of Southern Africa (PSASA)	BC, OVC, CT, PC	86 Vermooten Street, Bethal, Mpumalanga 2310	Mr Oosthuizen, Corrie, , 017-647-6840 Email: coosthuizen@gmx.net		USAID
PUSH Evangelical Lutheran Church Faith Based Organisation	OVC	Durban	Mhle Xolo, Project Coordinator, tel: 072 761 6653		State Dep
Reproductive Health Research Unit	OP, BC, ATB, CT, XS, PMTCT, CIRC, PC, PTX, SI, HSS	C/o Chris Hani Bara Hospital, PO Bertsham, Johannesburg 2013	Dr Rees, Helen , , 011-989-9208 Email: h.rees@rhrujhb.co.za	Yes	USAID
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		USAID
RivLife Community Centre	OVC	Pietermaritzburg	Mirolyn Naidoo, Project Coordinator, tel: (033) 397-1430		State Dep
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
Sekusile Community Project	OVC	Jozini	Bethuel Mthethwa, Project Coordinator, tel: 072 687 8478		State Dep
Senzakwenzeke	OVC	,	Ms Gcinekile, Zulu, , 035-833-0118 Email: senzakwenzeke@ananzi.co.za		USAID
Sinosizo Community Health Centre	OVC	Tongaat	Lungile Khoza, Project Coordinator, tel: 076 612 9057		State Dep
Sinosizo Home Based Care Project	BC	Amanzimtoti	Busi Magwaza, HBC Manager, tel: 031 903 1046/082 493 1397		State Dep
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 Democratic Teachers Union (SADTU)	AB, OP,CT, OVC,HSS	Matthew Goniwe House, 49 Goud St, Johannesburg 2000	Mabusela, Solly, , 011-334-4830 Email: fazielam@sadtu.org.za		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
South African National Defence Force (Phidisa)	XS, XD, PTX	, Pretoria	Ms. Matchaba, Gugu , , 012-319-3265 Email: umachaba@phidisa.org		Dept of Def

Partner	Program	Location	Contact Information	MOU	US Agency
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
Southern 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
St Anna and Joachim Roman Catholic Organisation	OVC	Eshowe	Mary Francisca Mngadi, Project Coordinator, tel: 072 118 7701		State Dep
St. Mary's Hospital	PMTCT, BC, XS, CT, CIRC, PC, PTX, TB	Private Bag X16, Ashwood, Mariannhill 3605	Dr Ross, Douglas , Superintendent , 031-717-1026 Email: drross@stmarys.co.za	Yes	CDC
TB Care Association	TB, PMTCT, CT, XS, PTX	PO Box 2589, Cape Town 8000	Mr Hausler, Harry , Medical Director, 021-692-3027 Email: hhausler@uwc.ac.za, Email: hhausler@tbcare.org	Yes	CDC
Thandimpilo HBC Project	OVC	Nongoma	Nompumelelo Mncwango, Project Coordinator, tel: 078 207 7704		State Dep
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
Ubuntu Crisis and Family Care Centre	OVC	Kloof	Pumla Mbelu, Project Coordinator, tel: 073 572 8600 / 707 6198		State Dep
Umnini Sinthemba HIV/AIDS & Health Crisis Centre	OVC	Illovo Beach	S'bu Khuzwayo, Administrator, tel: 073 026 0101		State Dep
Umphakathi Wethu	BC	Winklespruit	Thobekile Gumede, Project Coordinator, tel: 082 399 4201		State Dep
Umvoti AIDS Centre	OVC	Greytown	Philani Madi, Administrator, tel: 082 802 3425		State Dep

Partner	Program	Location	Contact Information	MOU	US Agency
University of KwaZulu-Natal : CAPRISA	BC, CT, TB, XD, XS	Private Bag X7, Congella, Durban 4041	Prof Karim, Salim Abdool , , 031-260-4549 Email: karims1@ukzn.ac.za	Yes	CDC
University of KwaZulu-Natal : Neslon 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	Yes	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 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		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	Yes	USAID
Xstrata Coal SA and Re-Action	BC, CT, XS, PC, PTX, TB, OVC, HSS	7 Selby Road, Parkwood, Johannesburg 2193	Ms White, Sharon, Managing Director, (011) 880-6993 Email: sharon@re-action.co.za	Yes	CDC
Zimisele HIV/AIDS Care	OVC	KwaMashu	Fikile Ngema, Project Coordinator, tel: 072 659 3397		State Dep

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

Partner	Town/City	Facility	Type
Absolute Return for Kids	Durban (Phoenix)	Phoenix CHC	Government
	Durban (Tongaat)	Tongaat CHC	Government
	Groutville	Groutville Clinic	Government
	Inanda	Inanda Clinic	Government
	Madadeni	Madadeni Hospital	Government
	Mandini	Isithebe CHC	Government
	Newcastle	Newcastle Municipal PHC	Government
	Newcastle	Newcastle Provincial Hospital	Government
	Nkandla	Nkandla Hospital	Government
	Pietermaritzburg	East Boom Clinic	Government
	Pietermaritzburg	Imbalenhle CHC	Government
	Stanger	KwaDukuza CHC	Government
	Stanger	Mphumulo Hospital	Government
	Stanger	Sundumbili CHC	Government
	Utrecht	Niemeyer Hospital	Government
Verulam	Ndwedwe CHC	Government	
		ARK SAPR Numbers	Government
Africa Center for Health and Population Studies	Hlabisa	Inhlwathi Clinic	Government
	Hlabisa	Philanjalo Clinic	Government
	Hluhluwe	Macabuzela Clinic	Government
	Hluhluwe (Makhowe)	Makhowe Clinic	Government
	Mtubatuba	Hlabisa Hospital	Government
	Mtubatuba	KwaMsane Clinic	Government
	Mtubatuba	Mtuba Fixed Clinic	Government
	Mtubatuba (Dukuduku)	Ezwenelisha Clinic	Government

Partner	Town/City	Facility	Type
	Mtubatuba (Gunjaneni)	Gunjaneni Clinic	Government
	Mtubatuba (Machibini)	Machibini Clinic	Government
	Mtubatuba (Madwaleni)	Madwaleni Clinic	Government
	Mtubatuba (Nkolokocho)	Esiyembeni Clinic	Government
	Mtubatuba (Nqopheni)	Mpukunyoni Clinic	Government
	Mtubatuba (Ntondweni)	Ntondweni Clinic	Government
	Mtubatuba (Qakwini)	Nkundusi Clinic	Government
	Mtubatuba (Somkhele)	Somkhele Clinic	Government
Aurum Health Research	Durban	MRC	Public-Private
	Various	KwaZulu-Natal-Aurum	Private
BroadReach	Bergville	Bergville/Winterton Private Practitioners	Private
	Durban (Botha's Hill)	Valley Trust	NGO
	Durban (Hammarisdale)	Hammarisdale Private Practitioners	Private
	Durban (Inanda)	Inanda Private Practitioners	Private
	Durban (Newlands)	Newlands Private Practitioners	Private
	Edendale	Pietermaritzburg Private Practitioners	Private
	Harding	St. Andrews Hospital	Government
	Hibberdene	Dunstan Farrell Hospital	Government
	Piet Retief	Piet Retief Hospital	Government
	Pietermaritzburg	Edendale Hospital - Adult Clinic	Government
	Port Shepstone	Murchison Hospital	Government
	Port Shepstone	Port Shepstone Hospital	Government
	Scottburgh	GJ Crookes Hospital	Government
	Sterkspruit	Umlamli Hospital	Government
Catholic Relief Services	Creighton	Centocow Mission (St. Apollinaris Hospital)	Public-Private (FBO)
	Durban	Sinosizo ART Project	NGO

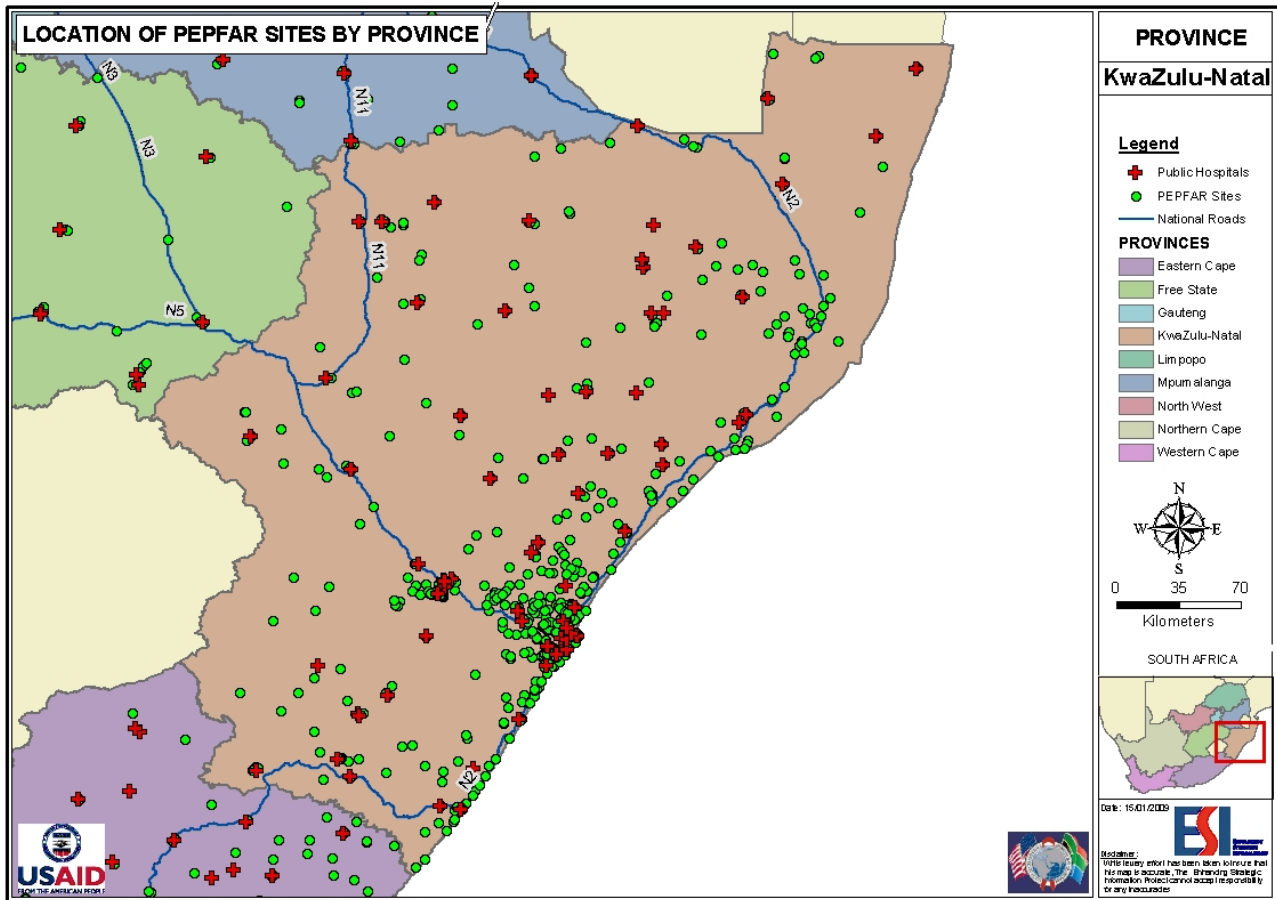
Partner	Town/City	Facility	Type
	Kokstad	Sinosizo-Kokstad	NGO
	Mandeni	Blessed Gerard Care Centre	NGO
	Mariannahill	St. Mary's Hospital - iThemba & St. Anne Clinic	Public-Private (FBO)
	Mtubatuba	Vicariate ARV Project	NGO
	Newcastle	Newcastle Catholic ARV Project	NGO
Columbia University	Durban	Cato Manor CHC	Government
	Kokstad	East Griqualand and Usher Memorial Hospital	Government
	Umzimkhulu	Gowanlea PHC	Government
	Umzimkhulu	Mvoti PHC	Government
	Umzimkhulu	Mvubukazi PHC	Government
	Umzimkhulu	Rietvlei Hospital	Government
	Umzimkhulu	Riverside PHC	Government
	Umzimkhulu	St. Margaret's PHC	Government
Elizabeth Glaser Pediatric AIDS Foundation	Appelsbosch	Appelsbosch Hospital	Government
	Durban	Adams Clinic	Public-Private
	Durban	McCord Hospital	Public-Private (FBO)
	Nongoma	Benedictine Hospital	Government
	Pietermaritzburg	Caluza Clinic	Government
	Pietermaritzburg	Edendale Hospital - Pediatric Clinic	Government
	Pietermaritzburg	Grey's Hospital	Government
	Pietermaritzburg	Northdale Hospital	Government
	Pietermaritzburg	Taylor's Halt Clinic	Government
	Pongola	Itshelejuba Hospital	Government

Partner	Town/City	Facility	Type
	Richmond	Richmond Clinic	Government
	Ulundi	Ceza Hospital	Government
	Ulundi	Nkonjeni Hospital	Government
	Ulundi	Thulasizwe Hospital	Government
	Umlazi (Durban)	Ithembalabantu Clinic	NGO
	Vryheid	Edumbe Health Clinic	Government
	Vryheid	Ncome Correctional Service Center (Prison)	Government
	Vryheid	Vryheid District Hospital	Government
Management Science for Health (IPHC)	Empangeni	Nseleni CHC	Government
	KwaSani	Pholela CHC	Government
	KwaSani	Underberg CHC	Government
	Umlazi (Durban)	Catherine Booth Hospital	Government
	Umlazi (Durban)	Mbongolwani Hospital	Government
Management Science for Health (SPS)	Umzimkhulu	Rietvlei Hospital	Government
McCord Hospital	Durban	Kwezi HIV/AIDS	NGO
	Durban (Hillcrest)	Hillcrest AIDS Centre Trust (HACT)	NGO
	Durban (Inanda C)	CARE	NGO
	Pinetown	Pinetown Municipal Clinic	Government
	Waterfall	Waterfall Municipal Clinic	Government
	Westville	Westville Municipal Clinic	Government
	Wyebank	Wyebank Municipal Clinic	Government
Medical Research Council of South Africa	Bergville	Okhahlamba (Emmaus + clinics) site	Government
Reproductive Health Research Unit	Durban	Addington Hospital & referring clinics	Government
	Durban	Charles James TB Hospital	Government
	Durban	Clairwood Hospital & referral clinics	Government
	Durban	King Edward VIII Hospital	Government
	Durban	KwaDabeka CHC & referral clinics	Government

Partner	Town/City	Facility	Type
	Durban	KwaMakhuta Clinic	Government
	Durban	KwaMashu CHC & referring clinics	Government
	Durban	Prince Mshiyeni Hospital & referring clinics	Government
	Durban	The Dream Centre	NGO
	Durban	Wentworth Hospital & referral clinics	Government
	Durban (Botha's Hill)	Don McKenzie TB Hospital	Government
	Durban (Botha's Hill)	Halley Stott Clinic	Government
	Pinetown	R K Khan Hospital	Government
		KwaZulu-Natal SAPR Numbers	
South Africa National Defense Force, Military Health Service (Phidisa)	Mtubatuba	121 SAI Sickbay	Government
Southern African Clothing and Textile Workers' Union (SACTWU)	Durban	Bolton Hall Clinic	Private
	Various	SACTWU KwaZulu-Natal	Private
St. Mary's Hospital	Mariannhill	St. Mary's Down-Referral Clinics	Government
	Mariannhill	Mpola Clinic	Government
	Mariannhill	Hlengisizwe Clinic	Government
	Mariannhill	MariannRidge Clinic	Government
	Mariannhill	Nshongweni Clinic	Government
	Mariannhill	Tshelimnyama Clinic	Government
	Mariannhill	Klaarwater Clinic	Government
	Mariannhill	Kwandengezi Clinic	Government
	Mariannhill	Mzamo Clinic	Government
	Mariannhill	St. Mary's Hospital	Public-Private
Tshepang Trust	Various	Tshepang KwaZulu-Natal	Private
University of KwaZulu-Natal (CAPRISA)	Durban	Prince Cyril Zulu CDC	Government

Partner	Town/City	Facility	Type
	Howick	Vulindlela Research Site	Public-Private
University Research Corp (HCI)	Empangeni	Khandisa Clinic	Government
	Empangeni	Nbonabie Clinic	Government
	Empangeni	Ngwelezane Clinic	Government
	Empangeni	Ngwelezane Hospital	Government
	Empangeni	Thokozani Clinic	Government
	Eshowe	Eshowe Hospital	Government
	Eshowe	Kingdinizulu Clinic	Government
	Eshowe	Nmkwalini Clinic	Government
	Eshowe	Umlalazi Clinic	Government

Location of Partners Within KwaZulu-Natal 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)