

PEPFAR

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



THE POWER OF PARTNERSHIPS

Activities in Gauteng Province

Fiscal Year 2009



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

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

The seven principles of the South African PEPFAR program are:

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

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

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

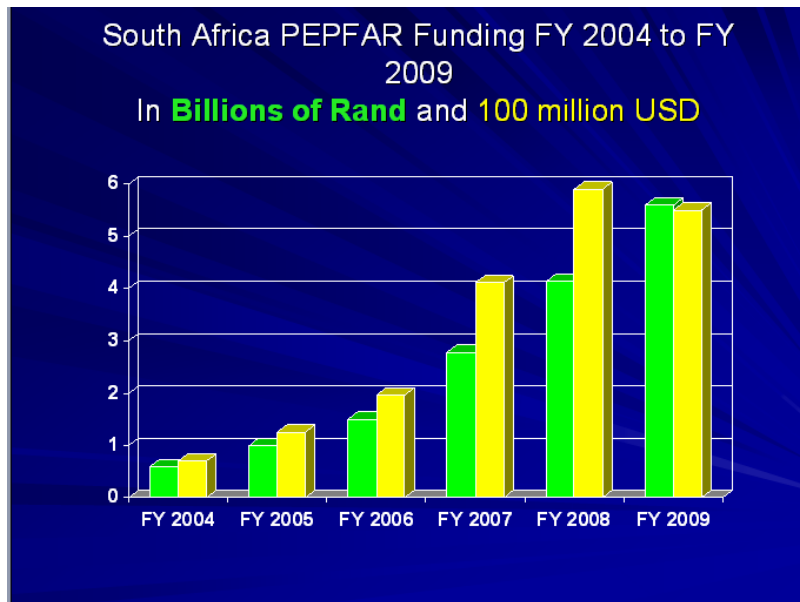
The South African PEPFAR Team works under the leadership of the U. S. Ambassador and consists of the following U.S. Government Agencies:

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

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

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

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



In Gauteng Province, PEPFAR is providing funding to **86 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, **35 partners** have signed MOUs within the Gauteng Province to implement their activities. PEPFAR partners hope to increase the number of signed MOUs in FY 2009 to ensure all activities occur within agreed frameworks. Partners with signed MOUs are listed in the Quick Reference – Partners by Program Activities.

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

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 Health Care & Support • TB/HIV • Orphans & Vulnerable Children 	<ul style="list-style-type: none"> • ARV Drugs • Adult & 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 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 (NDSD) to review and develop quality standards for these basic services.

Laboratory Infrastructure

The availability of significant technical and scientific resources within South Africa, NICD and NHLS are well placed to continue to provide regional laboratory support within Sub-Saharan Africa. During FY 2009, PEPFAR funds will be used to continue support to NICD. Support includes:

- evaluating HIV incidence testing methodologies
- 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
- providing laboratory training for clinical laboratorians and renovating temporary student housing to accommodate long term-training sessions 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 System 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 Gauteng

Academy for Educational Development Umbrella Grants Management (UGM)

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs through four competitively selected Umbrella Grants Mechanisms: Pact, the Academy for Educational Development (AED), Family Health International (FHI), and Right to Care (RTC). The main purposes of these new umbrella organizations are to (1) facilitate further scale-up of HIV treatment services; and (2) develop indigenous capability, thus creating a more sustainable program. The major emphasis area is local organizational capacity development. Primary target populations are indigenous organizations, including non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs). As an Umbrella Grants Management (UGM) partner, Academy for Education Development (AED) supports institutional capacity building, technical assistance (TA), and grants administration for indigenous organizations that implement PEPFAR programs. These partners and sub-partners consist of indigenous NGOs, FBOs, and CBOs that were selected through the Inter-Agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition. The main functions of the UGM program are: (1) to facilitate further scale-up of HIV and AIDS care services and (2) to develop indigenous capability, thus creating a more sustainable program. The emphasis areas are human capacity development, local organization capacity building, and strategic information. AED-UGM will continue providing TA and capacity building to new and ongoing sub-partner organizations using the same strategy as mentioned above.

American Association of Blood Banks

The American Association of Blood Banks has been awarded funding to continue providing technical assistance to the SANBS for purposes of strengthening the blood supply in South Africa. The focus of this activity is to achieve substantial improvement in the affected transfusion services and their infrastructure, and to improve transfusion safety. The ultimate goal is to effect significant change in the incidence of transfusion-transmitted HIV.

Anglican Church of Southern Africa

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

Ambassador's Community Grants Program

Bana ba Noko - This grant will permit OVCs in the Tembisa area to continue to receive comprehensive care at Bana ba Noko Day Care Centre. Rent, utilities, and transportation will be covered, allowing the group to pick up food donations for its children. Modest stipends will serve to motivate the six hard-working caregivers.

Best Man Foundation - This grant will allow Best Man Foundation to better serve the 45 teens that come to the centre for support and training. They will purchase tables and chairs for their new headquarters so that they can do onsite training. They will also be able to purchase a stove and refrigerator, enabling them to discard their hot plate to be able cook properly for their growing numbers. Their administrative costs and transportation will be covered for the first time, allowing them to focus on the community outreach they do so well. A photocopier/fax will be purchased, which will permit them to duplicate their own training and outreach materials, as well as assist with social grant documents.

Diakonia AIDS Ministry - This grant will supply medical supplies, training and transportation, benefiting 200 patients under the home-based caregiver program at Diakonia AIDS Ministry. It will provide an academic boost to older OVCs by supporting the Academic Monitoring Program, slated to begin at four sites in July 2008. Modest stipends will be provided to 12 retired teachers who will support the teens in their school endeavors. Further training and transportation money will help this new program to start on a successful note.

Ekuphileni/Lifesaver Organization - This grant will provide a much-needed boost to Ekuphileni by training its caregivers, covering administrative and transportation expenses, and providing needed furnishings for the OVC room. Caregiver kits will be supplied for the care of patients. For the first time, the caregivers and staff will receive stipends.

Kwaze-Kwasa - This grant will allow Kwaze-Kwasa to purchase caregiver kit replenishments, in order to provide quality service to 1000 area AIDS patients. The project will erect and furnish a special room for counseling so that area residents at last have a private place to discuss their personal issues with trained counselors. A transportation budget will allow Kwaze-Kwasa to seek food from area groceries, so that the feeding scheme for 135 OVCs can continue even when NDS food funding ceases. A much-needed senior crèche caregiver will be able to oversee the needs of this community service that helps 92 preschoolers. Fifty four caregivers will benefit from OVC and home-based caregiver training.

Lusito Community Upliftment Project - This grant, by providing funds for a stove, classroom supplies, and tables and chairs, will help to strengthen Lusito Project's after-school program and feeding scheme, which serve 350 OVCs. Funds will also cover rent and transport, helping to alleviate the many financial concerns this hard-working organization faces. Small stipends will help to motivate their volunteers.

Net HIV/AIDS Youth Project - This grant will provide training to ten caregivers who proffer child care to 170 children. It will cover administrative and transportation expenses, allowing Net HIV/AIDS Youth Project to improve their OVC care and community outreach. The group will be able to purchase a bread-baking oven and baking equipment, allowing them to both serve their community and bring in extra needed income. Modest stipends will be given to the child care workers for the first time ever.

Patrice Motsepe Home-based Care - This grant will allow OVCs in the Springs area to receive better care. Staff and caregivers will receive training in early childhood development and trauma counseling. The grant will provide for much-needed kitchen equipment and stove. Home-based care patients will receive better care when the group purchases necessary medical supplies.

Sizanani Home-based Care - This grant will allow Sizanani to purchase tables and chairs for OVCs who pass through their drop-in centre. Caregiver kits will be purchased to better serve patients. A new stove will help with preparing the large quantities of food that Sizanani serves daily. Flooring, a playground, a photocopier, and garden equipment will enhance their services as well. Modest stipends will help to motivate the ten unpaid caregivers working at Sizanani.

Uncedolwabantu Project - This grant will also purchase a sorely-needed gas stove and new kitchen equipment at Uncedolwabantu. The caregivers will receive training to better address the needs of the children they help. A transportation budget will allow this group to pick up food donations, make more home visits, and handle emergencies. Additionally, it will provide stipends for the first time ever for the seven hard-working OVC caregivers.

Usizo Thuso Community Centre - This grant will help Usizo Thuso to meet its operating expenses, freeing it to concentrate on meeting the needs of OVCs. The funds will allow the project to furnish a classroom for preschoolers. The grant will also pay for an overlocker and sewing equipment, permitting the group to expand its income-generation work of sewing fine traditional beaded garments.

Father Michael D'anucci Centre - The money will be used to pay for:

- a) A year's worth of medical supplies for caregiver's kits in 2 drop-in-centers and 2 first-aid kits.
- b) Equipment for the kitchen: refrigerator, 2-plate gas stove with 1 gas cylinder, 4 steel tables, 65 plastic chairs, and 65 stainless steel spoons.
- c) Educational materials, playground and sports equipment.
- d) Transportation and cell phone air time.

e) Stipends and training for 6 caregivers.

Kamogelong Ya Sechaba HIV & AIDS Home Based Care & Counseling (KAYSE HBC) -

The grant money will be used to fund for:

- a) Equipment: 4 wheelchairs - to facilitate mobility of patients.
- b) Community for awareness and prevention campaigns and activities.
- c) Medical supplies (caregivers' kits and uniforms) and administrative costs (cell phone air time and transportation costs).
- d) Stipends for caregivers.

Magau Community Project - The grant will be used to purchase:

1. First-aid kits and caregivers' kits for 15 volunteers.
2. Office/classroom equipment (file cabinets and shelves; photo copy machine/printer; books and other classroom materials to provide educational programs for after school care and activities and prevention programs).
3. Additional stove, freezer and industrial size water kettle for the kitchen and some cutlery/plates/spoons.
4. Sports and garden equipment.

The grant will improve the living conditions and enhance support services to households in this informal settlement.

Moepathutse Children's Centre - The primary purpose of the grant is to purchase equipment for the orphanage. Additional funds will be used to provide training for caregivers on HIV/AIDS management, pay stipends for caregivers, and cover costs of transportation to clinic and telephone services.

Sediba Hope Center AIDS Programme - The grant will fund the much needed care-giver kits' supplies for 17 volunteers and pay for transportation cost to deliver homeless people from the streets to clinics/hospitals or shelters. The money will also be used to strengthen HIV/AIDS outreach/awareness program, pay for office equipment/wheelchairs and cover some of the administrative costs.

Aurum

The focus of the Aurum program in the public, private, and non-governmental sector is to provide HIV care and treatment to a large number of persons in a cost-effective standardized manner ensuring a high quality of counseling, patient care, and patient monitoring. In the Gauteng this support is only provided in private sector (general practitioner) sites. The model is centrally coordinated and implemented on a large scale in peripheral sites that are resource-constrained and lacking in HIV specialists, information technology infrastructure, and laboratory and pharmacy capacity.

This activity will building on the existing program components (care, treatment and TB-HIV) to include a prevention activity, integrated into existing services. Aurum currently provides services in three sectors: public, private and NGO. This funding will allow Aurum to address prevention awareness and promote behavior change among the target populations, many of whom are at high risk (prisoners, refugees, miners and other mobile populations), including prevention messaging for people in the care and treatment program.

Boston University (BU)

BU was requested in FY 2005-2007 to examine cost and cost-effectiveness of alternative models of treatment delivery in use in South Africa. The original methodology considered only the first 12 months following treatment eligibility and included relatively small sample sizes. Initial results have raised new questions requiring larger samples and longer periods of follow-up. In FY 2007, BU amended the methodology to cover up to the first 24 months on treatment, expand the sample of patients from each site, and analyze new models of treatment delivery initiated after the original sites were selected. In FY 2008, the number of sites will be increased further and the methodology will be refined to generate more detailed information about the relationships between resource utilization (costs) and patient outcomes. In addition, the methodology will be adapted to analysis of pediatric treatment delivery models and an initial set of pediatric sites will be analyzed.

BroadReach Health Care (BRHC)

PEPFAR funds support BRHC initiatives that provide HIV and AIDS clinical management, care and support services to HIV-infected individuals in areas where the South African Government's (SAG) rollout has not yet been implemented and assists ART rollout in the public sector. The BRHC PEPFAR program began in May 2005 and now operates across five provinces. An additional province will be added in FY 2008. BRHC is supporting approximately 5,000 individuals directly with care and treatment and 15,000 indirectly. BRHC taps private sector health professionals to provide comprehensive care and treatment, fostering capacity building initiatives within the public health system, and supporting community-based programs. BRHC leverages PLHIV support programs to identify and assist with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. BRHC also works to build capacity in public health facilities, focusing efforts on human capacity development (HCD) activities, including clinical didactic training, clinical mentorship's, patient training and operational assistance training. BRHC is expanding its provision of staff and infrastructure support to SAG facilities. Finally, BRHC is expanding its involvement in the design of scaleable down referral models in partnership with faith-based organizations (FBOs), community-based organizations (CBOs), and public-private partnerships (PPPs).

Columbia School of Public Health

Activities support implementation and expansion of best-practice models for integration of TB and HIV services in public sector facilities in four provinces: Eastern Cape, Free State, KwaZulu-Natal, and Northern Cape. TB/HIV activities are implemented through technical assistance and will result in a decrease of TB in HIV-infected children and adults, increase prevention and early detection of TB in HIV-infected children and adults, and provide overall support to provincial TB/HIV activities. The emphasis area for this program will be human resources. The target population will include infants, children and youth (non-OVC), men, and women (including pregnant women and family planning clients), PLHIV in both the public and private sectors.

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 FBOs, non-governmental organizations (NGOs) and community leaders, volunteers, PLHIV and their caregivers, children and youth, and OVC.

Catholic Relief Services

Activities support the provision of palliative care, counseling and testing, and TB/HIV under the comprehensive antiretroviral treatment (ART) program carried out by Catholic Relief Services in 25 field sites in 8 provinces in South Africa. The area of emphasis is the improvement of quality of life to people living with AIDS who are not yet on ART, ensuring their wellness to delay the necessity of commencing the ART for as long as possible, ensuring optimal health for persons on ART, and ameliorating pain and discomfort for those in the terminal stages of the disease. The field sites target those in need of these services who live in the catchments area of the site and who lack the financial means to access services elsewhere. The major emphasis area is linkages with other sectors and initiatives. Minor emphasis areas are community mobilization/participation, development of referral systems, and human resources. The main target populations are HIV-infected individuals and their families as well as caregivers.

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.

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

The EGPAF supports HIV prevention, care, and treatment programs in four provinces: Free State, Gauteng, KwaZulu-Natal, and North West. EGPAF aims to improve the quality of life for PLHIV by strengthening HIV care, support, and treatment services at public facility as well as community level.

The primary emphasis areas are human capacity development and expansion of services through training and task shifting, quality improvement, development of networks, linkages, referral systems, strengthening local organization, development of infrastructure, development of policies and guidelines, and health information systems strengthening. Primary populations to be targeted include PLHIV, pregnant women, OVC, and family members.

The EGPAF will support all of its care and treatment partners in addressing the barriers to increasing case detection and cure rates in TB co-infected HIV-infected patients. The program intends to strengthen collaboration between TB control initiatives and HIV and AIDS programs at EGPAF supported sites in Free State KwaZulu-Natal, Gauteng, and North West.

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.

Family Health International Centre

Family Health International will provide technical assistance to three universities' peer education programs to continue integration of AB messages as well as life skills into the ongoing activities of the peer education programs on university campuses. Using the curriculum developed in FY 2005, the AB and life skills training will be extended to a cadre of peer educators on each of the campuses participating in this project. The peer educators will then pass these skills on to other students on campus primarily through interaction in on-going, small behavior change groups. Emphasis areas are gender which includes addressing male norms and behaviors, cross-generational sex and multiple sexual partnerships, reducing violence and coercion, training, local organization capacity building, and wraparound programs in family planning and education. Main target populations addressed are men and women of reproductive age and PLHIV.

Family Health International Umbrella Grants Management (UGM)

Currently, United States Agency for International Development (USAID)/South Africa supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including basic health care and support programs, through three competitively-selected UGM partners: Pact, the Academy for Educational Development, and Family Health International. The main purposes of these UGM projects are to facilitate further scale-up of HIV and AIDS care services and to develop indigenous capability, thus creating a more sustainable program. The emphasis area is local organizational capacity development. Primary target populations are indigenous organizations, including non-governmental organizations (NGOs), FBOs, and CBOs. The current UGM with Family Health International will support five sub-partners who have transitioned over from Pact and five new sub-partners.

Foundation for Professional Development (FPD)

The FPD is a South African private institution of higher education working exclusively in the health sector in Southern Africa. Previous PEPFAR funding has allowed the training of thousands of healthcare professionals and supported the provision of ART to thousands of PLHIV in South Africa. It provides assistance to over 25 large public-sector ART roll-out facilities. Although the SAG has a robust ARV roll-out program, it is not universally accessible. This project provides ART and related services to vulnerable groups living in the inner-city of Pretoria and in one of the surrounding townships who cannot afford private care and do not have access to public sector care due to factors such as long waiting lists, inability to pay minimum public sector user fees, fear of discrimination, and stigma.

This FPD project focuses on promoting early diagnosis of HIV as an entry point to wellness programs and access to prophylactic treatment. FPD will expand CT activities through various models ranging from institutional based CT at ART sites to introduce new easily accessible CT at sites based in civil

society e.g. pharmacies, FBOs, tertiary academic institutions, and private medical practices. FPD will focus on offering routine CT to all patients admitted to public sector hospitals where FPD supports ART services. All patients who test positive will be referred to wellness programs to reduce loss to treatment initiation. The emphasis areas are gender, human capacity development and local organization capacity development. The activities will directly and indirectly target PLHIV and most-at-risk populations.

Fresh Ministries

Siyafundisa is an Anglican-based 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 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, families through outreach, and individuals and families who are affected by HIV, AIDS and stigma, especially people living with HIV.

Georgetown

Nurses SOAR! (formerly known as the Global HIV and AIDS Nursing Capacity Building Program), is an ongoing three year program to strengthen the leadership, education and clinical capacity of nurses to provide HIV and AIDS services to those infected, or affected by, HIV and AIDS. Nurses SOAR works in close partnership with Ministries of Health and other stakeholders and PEPFAR in-country teams. The program is currently active in South Africa and Lesotho. Scale-up to Swaziland is expected in FY 2008.

Harvard School of Public Health

The Harvard School of Public Health contributes to PEPFAR prevention, AB, other prevention, OVC, and system/capacity building goals by providing training, technical assistance, and materials development to government, non-governmental organizations (NGO), FBO, corporate, and other organizations using peer education strategies through the Center for the Support of Peer Education. It is the first academic center devoted to development and continuing improvement of a sustainable national inter-sectoral peer education system. The emphasis area will be gender, local organization capacity, development, and training. The target population will be children, youth, adults, HIV-affected families, teachers, and religious leaders.

Heartbeat

Heartbeat will use PEPFAR funds to assist in providing a holistic package of basic services to OVC including increased access to educational support and psychosocial support services through community-based programs in eight provinces. Specific target populations include OVC, their families, and caregivers. The major emphasis areas for the program are human capacity development and local organization capacity building.

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.

Health Science Academy (HSA)

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.

Hope Worldwide

Hope worldwide South Africa (HWSA) will continue to strengthen and develop community orphans and vulnerable Children (OVC) support groups, facilitate kids clubs, strengthen community child care forums, train partner organizations and provide small sub-grants to community-based organizations (CBOs). Primary target populations reached include OVC, youth, and people living with HIV and AIDS. The major emphasis area for the program is training. There will also be a strong focus on educating boys and girls on gender issues. HWSA will also embark on a strong prevention program for older OVC. Older OVC and their families will also be assisted with income generating activities development through public-private partnerships (PPPs).

Hope worldwide South Africa (HWSA) will continue activities to provide and strengthen comprehensive care and support of people living with HIV (PLHIV) and their families through community-based support groups and home-based care (HBC) programs. Activities will use a family-centered approach and HWSA will receive support from HPCA to strengthen clinical care services provided to its clients. The target populations are PLHIV and their families and the emphasis area is increasing women's access to income and productive resources, and human capacity development through in-service training.

JHPIEGO Prevention Program

JHPIEGO will continue (a) conducting monitoring and evaluation training in PMTCT for staff from the NDOH and provinces; and (b) implementing and expanding the training information monitoring system. In addition, JHPIEGO will also strengthen PMTCT supervision skills for provincial and district PMTCT program managers.

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.

John Snow, Inc

The project's initial stages have moved from a pilot to a full geographical scale implementation by its mid-term. The review conducted in 2007 and its findings will guide implementation of priority interventions towards the second half of the funding cycle building up to September 2009. To this effect the fiscal year FY 2008 focused on ensuring that the remaining resources allocated to this project are used to maximize the opportunities to lower risks of transmission. To this end a particular focus will be placed on linking current injection safety activities to phlebotomy. Discussions to this

effect have been embarked upon with the NDOH unit responsible for the coordination and implementation of the country's Comprehensive Plan for HIV and AIDS Care, Management, and Treatment as well as the South African National Blood Services (SANBS), a South African organization partially funded by PEPFAR. Such a focus will also strengthen the MMIS project's ability to support the effective implementation of the newly launched HIV & AIDS and STI National Strategic Plan, 2007-2011 in its chapter on Accelerated Prevention.

The MMIS project conducted by JSI aims to bring about an environment where patients, healthcare workers and the community are better protected from the transmission of HIV and other blood-borne pathogens through medical practices. The project targets healthcare workers and the population at large. Emphasis areas include training and human resources, development of policy and guidelines, and commodity procurement.

Mpilonhle –

Mpilonhle is a new South African community-based organization (CBO). It was registered in 2007 with the South African Directorate Non-Profit Organisations. Mpilonhle is dedicated to improving the health and well-being of adolescents in high schools in Umkhanyakude District Municipality, KwaZulu-Natal through its "Mpilonhle Mobile Health and Education Project". Operations will begin in late 2007 with a single counseling and testing (CT) mobile unit funded by Oprah's Angel Network, and later, will expand with two further mobile units funded by PEPFAR. The organization is currently recruiting and employing staff, which is expected to grow to 40. Staff will be based in the Mpilonhle office in Mtubatuba in KwaZulu-Natal. Mpilonhle's counseling and testing (CT) activities include (1) schools-based health screening, and (2) community-based health screening. These services will be delivered through mobile clinics and mobile computer laboratory facilities to 12 secondary schools and 24 community (non-school) sites at Umkhanyakude District in rural KwaZulu-Natal province. Emphasis areas include gender, human capacity development, and strategic information. Target populations include adolescents aged 10-24 years and adults.

Management Sciences for Health –

Management Sciences for Health (MSH) has been awarded the RPM Plus follow-on: Strengthening Pharmaceutical Systems (SPS), therefore all RPM Plus activities for FY 2008 will be undertaken by SPS. SPS will strengthen the pharmaceutical component of the PMTCT services at the facility level and the role of pharmacy personnel in promoting and supporting PMTCT services. Three activities have been identified: 1) strengthening health personnel capacity to support the PMTCT program, assisting with the review of National PMTCT standard treatment guidelines (STGs); 2) monitoring of PMTCT commodities; and 3) improving management of patients to support National Department of Health prevention efforts. The major emphasis area is needs assessment, and minor emphasis areas include human resources, linkages with other sectors, logistics and training. Target populations include women, infants, family planning clients, HIV PLHIV, policy makers, national program staff, public doctors, nurses, pharmacists, and other healthcare workers.

In FY 2009 MSH SPS will focus on supporting the implementation of the new PMTCT dual therapy guidelines through strengthening the integration within pharmaceutical services in the provinces and the metropolitan area. Specific activities include training of pharmacy and nursing personnel at sites as well as support for implementing logistics systems for PMTCT commodities.

Muslim AIDS Project

Muslim AIDS Program (MAP) is a faith-based organization (FBO) working with families holistically through its youth to promote abstinence-based norms and behavior within communities. The project is implemented in close collaboration with either the provincial health departments the Department of Social Development in each of the four target provinces. MAP is currently operating in the four of the nine provinces: Western Cape, KwaZulu-Natal, Gauteng and Mpumalanga. The organization recruits and trains young adults to work in the programs as peer group trainers and facilitators. The emphasis areas for this project are gender through addressing male norms and behaviors, human capacity building and local organization capacity building. The target population for this project are youth both in- and out-of-school, community and religious leaders, and street youth. In FY 2009 Muslim AIDS Program (MAP) will expand services to areas with high prevalence such as the North West. There will be an expansion of accelerated prevention programs targeting youth, especially girls. MAP will also implement other sexual prevention strategies.

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)

The NDCS currently has nine correctional centers that have been accredited as ART sites (Grootvlei Correctional Center in the Free State/Northern Cape Region, Pietermaritzburg Correctional Centre and Qalakabusha Correctional Centre in KwaZulu-Natal Region, Kimberley, Groenpunt and Kroonstad Correctional Centres in Free State/Northern Cape Region, St. Albans Correctional Centre in Eastern Cape Region and Johannesburg Correctional Centre in Gauteng Region). Other than the nine accredited ART centers, the DCS refers offenders to Department of Health public health facilities to access ART. This program will encourage the establishment and accreditation to improve access for incarcerated populations.

PEPFAR funds will be used by the Department of Correctional Services (DCS) to establish and accredit six more antiretroviral (ARV) treatment sites which will facilitate the comprehensive management of HIV and AIDS. These six new sites, in addition to the nine already accredited, will ensure that there is one accredited ARV treatment site per province. The major emphasis area for this program will be human capacity development. The target population will include men and women offenders, people living with HIV (PLHIV) and their caregivers, and several most at-risk populations (e.g., men who have sex with men, injection drug users and tattooing with contaminated instruments). The National Department of Correctional Services has decided to enhance its activities under Treatment Services by conducting training of offenders in Correctional Centre-Based Care. This will increase access to care, support and treatment services for offenders and personnel living with HIV and AIDS and also reduce morbidity and mortality as well as other impacts of HIV and AIDS.

PEPFAR funds will be used by the National Department of Correctional Services (DCS) to train professional nurses in the management of tuberculosis (TB) and patients who are on the antiretroviral treatment (ART) program. The major emphasis of this activity will be training, with minor emphasis on community mobilization and participation; development of network/linkage/referral systems; information, education and communication; linkages with other sectors and initiatives; and local organization capacity development. The populations will include men and women of productive age, people living with HIV (PLHIV) and their caregivers.

National Department of Health

PEPFAR funds will be used to continue to support the NDOH Youth and HIV directorate. Since FY 2005, PEPFAR funds have been used to place a Youth HIV advisor at the NDOH. This advisor has provided programmatic support to the NDOH in terms of growing the youth program and ensuring support for non-governmental organizations (NGOs), FBOs, and other organizations working in the area of youth and HIV. The emphasis will be on human and local organization capacity development, and training. The target populations will include host country government workers, implementing organizations and youth between the ages of 10 -18. Activities will also focus on young adults, between the ages of 18 and 24, especially women. The focus for this group, particularly those women that are sexually active, will be on the B component of the AB program.

In close collaboration with the NDOH, CDC will provide overall HIV and AIDS programmatic support to the national and provincial Departments of Health. In addition, NDOH relies on CDC to implement activities that address NDOH's emerging priorities, providing financial and technical support more quickly than the systems of NDOH allow. PEPFAR other prevention-specific activities are represented on the NDOH operational plan and contribute to the overall implementation of the national HIV and AIDS program. During FY 2007, CDC participated in the development of the Accelerated HIV and AIDS Prevention Strategy. During this process, a number of activities were identified and prioritized by the NDOH. These include activities focusing on prevention with positives activities, targeting parents, and activities focused around young women between the ages of 20 and 30. The prevention with positives activities will complement the same activities within the CARE portfolio.

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.

Path PMTCT –

The PATH prevention of mother-to-child transmission (PMTCT) project will improve the quality, availability, and uptake of comprehensive PMTCT services in Eastern Cape by strengthening systems that support the delivery of high-quality, comprehensive PMTCT services, building the capacity of health facilities and staff to provide comprehensive PMTCT services, and increasing community engagement and leadership in promoting, supporting, and utilizing PMTCT services. Emphasis areas include training and community mobilization/participation, with minor emphasis on quality assurance

and supportive supervision. Primary target populations include people living with HIV (PLHIV), pregnant women, HIV-exposed and infected infants, South African-based volunteers and nurses, and provincial and district HIV and PMTCT coordinators. To create an inclusive identity, PATH changed its name to Khusela Project (Khusela), which means in isiXhosa, to prevent, to protect, and to handle with care. Khusela will scale up the revised PMTCT policy in all its facilities, including adoption of dual therapy; routine offer of counseling and testing; CD4 testing; enabling women to make, and adhere to informed infant feeding choices; linking women to comprehensive care and treatment programs; assuring infant diagnosis and treatment as necessary; and integrating reproductive health and family planning services.

Pathfinder International –

Pathfinder/Planned Parenthood Association of South Africa (PPASA) will train PPASA nurses and public sector service providers from four existing clinics and the public sector facilities in the PPASA clinic catchments areas to provide youth-friendly voluntary counseling and testing (CT) services to young people ages 15-24. This project will train nurses on pre- and post-test counseling, testing procedures and record keeping related to CT. A comprehensive community-based behavior change communication (BCC) and social mobilization strategy involving youth networks and community groups will promote CT and access to care and treatment services. 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.

Perinatal HIV Research Unit (PHRU)

The Perinatal HIV Research Unit (PHRU) will use PEPFAR funds to continue to provide quality holistic care for PLHIV comprising of elements in the preventive care package, medical care and psychosocial support categories in Gauteng, rural Limpopo, Mpumalanga and Western Cape provinces. Clients are monitored, prepared and referred for antiretroviral treatment (ART). Linkages to counseling and testing (CT), the prevention of mother-to-child transmission (PMTCT) and referral to ARV services will be strengthened. The major emphasis area is human resources, minor emphasis areas are development of networks, local organization capacity development and training. A family-centered approach targets HIV-infected adults, children and infants. The Perinatal HIV Research Unit (PHRU) will continue improving on the care and support package described in the above activities. There is considerable drop-out from HIV-care programs and PHRU will explore innovative ways to improve retention. The greater numbers attending care programs and the relatively longer time between appointments makes this task more difficult. People are extremely mobile and tend to move around seeking opportunities for employment. PHRU will attempt to increase retention rates in care through outreach, counseling and health promotion programs.

Population Council

In FY 2009 the Population Council (PC) will continue to provide technical assistance on the implementation and scale-up of a comprehensive post-rape care and HIV post exposure prophylaxis (PEP) strategy (which includes male involvement in reproductive health). The strategy also includes strengthened legal and mental health components and is being implemented at Tintswalo Hospital and 25 facilities (including two hospitals and two community health centres) in Mpumalanga, Limpopo, KwaZulu Natal and Eastern Cape, and two Primary Health Care (PHCs) in North West, KwaZulu Natal, Mpumalanga and Free State province to ensure sustainability of the program. The monitoring and referral systems developed in FY 2008 will be adapted to all 25 intervention sites. Champions will be identified during a two day training that PC will conduct in the provinces to support and monitor the intervention onsite and give monthly feedback to the facility managers on implementation progress and challenges. The overall management and data collection systems developed in FY 2008, which will include the retrospective data collection to assess the number of survivors who sero convert after the assault (with or without PEP) at Tintswalo hospital, will inform DOH and PC's activities to address the gaps/best practice. One of the envisaged activities could include TA to the DOH to include and monitor this indicator to be able to assess the impact of the program. PC will conduct quarterly support site visits with the provincial, district and facility managers and champions, and will also provide TA for regional exchange site visits on a bi-annual basis to allow providers to share best practices. These visits will be supported through separate funding from PEPFAR allocated to strengthening the response to sexual assault at the regional level. Reports from all visits will be generated and reported to PC on a quarterly and on an ad hoc basis to address challenges and inform the action plan. Data quality will be monitored and strengthened in collaboration with the district health information systems team and PC trained data capturers. The multi-sectoral project advisory

committee established in FY 2007 will continue playing a role in bringing key stakeholders together to share information and experiences, identify gaps in the implementation of the comprehensive models, and assess on-going opportunities for strengthening linkages between the health and criminal justice systems. PC will provide TA for the establishment of similar committees in the other two provinces, and encourage active involvement and participation at the service provider level. PC will undertake all activities with the DOH at all levels, including cost sharing on activities like training, material development, sharing of tools, policies and protocols, campaign activities and selected workshops.

Population Services International

This project promotes a mix of community-based and clinical CT models. The Society for Family Health and the Population Services International will manage a franchise network (under the brand name, New Start) of 12 stand-alone CT sites, each with a mobile CT program. From these CT sites, SFH will provide training and support to at least six healthcare facilities to increase the number of TB patients, who receive HIV CT in clinical settings, and to private healthcare workers to enable them to make CT a routine part of medical care. Emphasis areas include community mobilization/participation, development of network/linkages/referral systems, local organization capacity development, quality assurance/quality improvement/supportive supervision, and training. Primary target populations include men and couples for CT in non-medical settings and TB patients for CT in medical settings. Higher risk populations such as prisoners, sex workers, and men who have sex with men are targeted when possible.

Reproductive Health and HIV Research Unit (RHRU)

The Reproductive Health and HIV Research Unit's (RHRU) Basic Care and Support activities for FY 2008 will be part of an integrated program and will specifically include: (1) palliative care arising from clinical (both ARV and non-ARV) services rendered by RHRU staff through the activities described under the ARV Services program area; (2) the provision of psychosocial support to commercial sex workers, (3) the provision of support, home-based care and referral; and (4) the implementation of health provider training in all aspects of palliative care. The major emphasis area for these activities is quality assurance and supportive supervision, with additional focus on human resources, development of referral systems, and training. Populations targeted for these interventions include PLHIV (children, youth and adults), HIV-affected families, commercial sex workers, refugees, and public sector doctors, nurses, pharmacists, traditional healers and other health care workers. The Reproductive Health and HIV Research Unit's (RHRU) will continue to provide the comprehensive package of care described above at all the sites it supports, including new initiation sites and their networks.

Right to Care

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

Right to Care Umbrella Grants Management (UGM) -

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs through four competitively selected Umbrella Grants Mechanisms: Pact, the Academy for Educational Development (AED), Family Health International (FHI) and Right to Care (RTC). The main purposes of these new umbrella organizations are to (1) facilitate further scale up of HIV treatment services; and (2) to develop indigenous capability, thus creating a more sustainable program. The major emphasis area is local organizational capacity development. Primary target populations are indigenous organizations, including non-governmental

organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs). RTC will use PEPFAR funds to support one or more NGO treatment organizations through financial oversight, project management, human capacity development, training, mentorship programs, program development, strategic planning, and audit readiness. PEPFAR funds will support components of UGM within RTC, but the predominant focus will be on the pass through of funds to sub-grantee implementation.

Southern African Catholic Bishops Conference (SACBC)

The SACBC provides comprehensive care for OVC to help them grow to be healthy, educated, and socially well-adjusted adults. SACBC supports community programs and projects, linking them to various sources of financial assistance, healthcare, legal aid and nutritional support. The major emphasis area of the SACBC program is community mobilization and participation, minor emphasis areas are local organization capacity development and food and nutrition support. Target populations are OVC, caregivers of OVC (including primary caregivers or guardians), HIV and AIDS affected families, community and religious leaders, volunteers, FBOs, and CBOs providing OVC services. OVC services will be provided in 23 sites in eight provinces of rural South Africa within 18 dioceses of the SACBC Region. SACBC is a sub-partner through Catholic Relief Services for its HIV care and treatment programs.

Southern African Clothing and Textile Workers Union (SACTWU)

SACTWU has a comprehensive HIV program that has received PEPFAR funding in the past through a sub-agreement with the Solidarity Center. In FY 2007, SACTWU received direct PEPFAR funding for prevention, care, and treatment activities, with the prevention and care program focused in five provinces: Free State, KwaZulu-Natal, Western Cape, Gauteng, and Eastern Cape. The treatment program was originally limited to KwaZulu-Natal, but activities were added in Free State and Western Cape in FY 2008. The emphasis areas are gender, human capacity development, local organization capacity building, and workplace programs. The target population of the overall program is factory workers.

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.

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 2008 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, the new TB guidelines and sexually transmitted infection (STI) syndromic management. There will also be a focus on cervical screening for HIV-infected women.

Supply Chain Management Systems

The Supply Chain Management Systems (SCMS) Project is tasked with supporting PEPFAR by strengthening secure, reliable, cost-effective, and sustainable supply chains that procure and deliver high-quality antiretroviral drugs (ARVs) and related commodities to meet the care and treatment needs of people living with HIV (PLHIV). The major emphasis areas are human capacity development and local organization capacity building.

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

Soul City

Soul City has a long history of partnership with the South African Government, collaborating with the NDOH, DOE, NDS, Transport, and Public Service and Administration, which includes financial support from NDOH, and potentially NDS 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.

Starfish

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

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.

Training Institute for Primary Health Care

The Training Institute for Primary Health Care (TIPHC) prevention program provides HIV and AIDS information and education to underserved populations in townships, informal settlements, rural areas and mining communities. The program emphasis areas are training workshops, community mobilization and participation and capacity building of local organizations to promote HIV prevention and behavior change. The target populations are in-school youth, out-of-school young people, adult men and women, mineworkers, people living with HIV and local community leaders like school

teachers, religious leaders, traditional healers and ward councilors. PEPFAR funding is used for abstinence messages for youth and young people and for AB messages targeting sexually-active populations. Training Institute for Primary Health Care (TIPHC) has integrated of the prevention program with the orphans and vulnerable children (OVC) and home-based care (HBC) programs.

Toga Laboratories

The training activities of Toga, carried out by Kimera Solutions, a sub-program within the Toga umbrella organization, are an ongoing service and have been honed on the demand for rapid scale-up of clinical capacity. The course consists of a two-day workshop in conjunction with self-study material. Training activities will be aimed at senior healthcare professionals in the vicinity of Togatainer deployment sites. Togatainers are movable, prefabricated laboratories, placed in settings that will allow for improved laboratory monitoring for the initiation and management of patients on ART. Once sites have been selected doctors will be invited to attend training courses. Continued clinical support will be provided subsequent to the training. The activities associated with training will be coordinated with interested health departments. It is anticipated that the training of doctors will enhance access to services for rural and peri-urban women and children.

University Research Corp. LLC(URC)

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 the NDOH and the provincial Department of Health in implementing provider-initiated HIV testing 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, STI, TB, family planning, 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.

Wits Health Consortium NHLS –

The Wits Paediatric HIV Clinics (WPHC) & National Health Laboratory Service (NHLS) will use PEPFAR funds to expand a demonstration project that was implemented with FY 2006 and FY 2007 funding. The project is aimed at increasing access to early HIV diagnosis for infants, and developing guidelines for rollout of the project on a national level. This project was specifically requested by the Gauteng provincial Department of Health (DOH), with strong support from the National Department of Health (NDOH) and its Prevention of Mother-to-Child Transmission (PMTCT) Early Diagnosis Committee. Local organization capacity building, in-service training and ongoing operational research validating suitable HIV assays will be the major emphasis areas for this program, with minor emphasis given to commodity procurement, development of networks, linkages, and referral systems (especially between immunization clinics, early infant diagnosis and treatment, care and support),and logistics. The primary target population will include HIV-exposed infants (birth to five years old) and infants who are not infected, and secondary target populations include lab workers, doctors, nurses and South African government policy makers.

Youth for Christ SA

Youth for Christ South Africa (YFC) will promote HIV risk reduction through abstinence and being faithful (AB) activities among youth 10 to 18 years of age. The activities will take place in at least 250 schools in five provinces, namely Eastern Cape, Gauteng, Mpumalanga, North West and the Western Cape. The organization will recruit and train young adults to work in the programs as youth workers and peer group trainers. The emphasis area for this program will be gender and human capacity building and training. The target population will include children and youth, adult, teachers and religious leaders. Youth for Christ South Africa (YfCSA) has modified FY 2008 activities to improve YfCSA's comprehensive prevention program, and in consideration of the FY 2009 Technical Considerations.

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
AgriAIDS	OP, BC, CT		Gretha Kostwinder, 074.101.7070, 012.460.3762 Email: Gretha.Kostwinder@gmail.com		USAID
Anglican Church of Southern Africa	OVC	National No. 1 Braehead Rd, Kenilworth, Western Cape	Jeptha, Rozette - OVC Program Director - 021-762-4220 Email: rjeptha@anglicanaids.org		USAID
Aurum Health Research	TB, BC, XD, CT, XS, OP	PO Box 61587, Marshalltown, Johannesburg	Dr. Salome Charalambous – Director: ART Program – (011) 638-2529 Email: scharalambous@auruminstitute.org	Yes	CDC
Bana ba Noko	OVC	Tembisa, Johannesburg	Mrs. Sannah Sellabosiu Maphakela - 073627 7222		State
Best Man Foundation	OVC	Soweto, Johannesburg	Mr. Peter Khol - 082 370 1662, 011 339 1862		State
Boston University	BC	C/O Right to Care, Postnet Suite 212, Private Bag x2600, Houghton, Johannesburg	Rosen Sydney - 011-276 8888 Email: sbrosen@bu.edu		USAID
BroadReach Health Care	BC, CT, XS, XD, OP, TB	The Park, 3rd Floor, Park Road, Pinelands	Dr. Ernest Darkoh, Country Director – (011) 482-7596 Email: edarkoh@brhc.com	Yes	USAID
Catholic Relief Services	BC, XS, XD, CT, TB	Postnet Suite 751 Private Bag x9, Benmore, Johannesburg	Stark, Ruth – Director Country Representative - 011-884 1535 Email: rstark@crsrsa.co.za	Yes	CDC
Child Welfare South Africa	OVC	2 Cunningham Road, Johannesburg	Briede, Megan, Senior Manager - 011-492- 2888 Email: megan@childwelfare.org.za	Yes	USAID

Partner	Program	Location	Contact Information	MOU	US Agency
CompreCare	AB, OVC, CT, OP	PO Box 12424, Queenswood, Pretoria	Govender, Elaine - 012-329-2094 Email: elaine@champs.co.za		USAID
Diakonia AIDS Ministry (DAM)	BC	Ficksburg	Rev. Selby Mugivhi – Coordinator - 083 985 4830		State
Ekuphileni/Lifesaver Organization	OVC	Ennerdale, Johannesburg	Ms. Clara Brown – Chairlady - 074 184 5406, 011 855 9026 (land line for Maria Gumede)		State
Elizabeth Glaser Pediatric AIDS Foundation	BC, XD, TB	196 Oxford Road, Oxford Manor, Block 1, Illovo, Johannesburg	Mangochi, Marriam - 011-268-6837 Email: mmangochi@pedaids.org	Yes	CDC
EngenderHealth	AB, OP	Postnet Suite 209, Private Bag 30500, Johannesburg	Ntayiya, Sakumzi – Country Director - 011-833-0502 Email: sntayiya@engenderhealth.org	Yes	USAID
Family Health International CTR	OP	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Pilusa, Sonia - Country Director - 012-366 9310 Email: spilusa@fhi.org.za	Yes	USAID
Father Michael D'anucci Centre	OVC	Pretoria	Maseipati Elizabeth Mkgoko - Project Coordinator - 083-690-3037		State
Foundation for Professional Development	CT, SI	Po Box 74789, Lynwood Ridge, Pretoria	Wolvaardt, Gustaaf - Executive Director - 012-481-2031 Email: gustaafw@foundation.co.za	Yes	USAID
Fresh Ministries	AB	4 Keurboom Avenue, Brakpan	Beetge, David - Liaison Bishop - Anglican AIDS - 011-740-1154 Email: dabeetge@iafrica.com	Yes	USAID
Health & Development Africa	OVC		Naomi Hill, Tel: +27 11 484 8217 / 18 Fax: +27 11 484 8238 Mobile: 082 377 9439 Email: nhill@hda.co.za		USAID
Health Science Academy	XS	284 Oak Avenue, Ferndale, Randburg, Johannesburg	Manentsa, Nthabiseng - Project Manager - 011-509-2555 Email: nthabiseng.manentsa@healthscience.co.za	Yes	CDC

Partner	Program	Location	Contact Information	MOU	US Agency
Heartbeat	OVC		Maryke Venter – General Manager - 012-803-3970 Email: maryke@heartbeat.org.za	Yes	USAID
Hope World Wide	OP, BC, AB	134 Pretorius Street, Pretoria	Selepe, Paul – Program Director - 011-794-2002 Email: paul.selepe@hwwafrica.org	Yes	USAID
Hospice and Palliative Care Assn. of South Africa	BC, CT, OVC, TB	PO Box 38785, Pinelands, Cape Town	Henning, Kathy – PEPFAR Coordinator - 021-531-0277 Email: khenning@hpca.co.za	Yes	USAID
JHPIEGO	SI	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Morris, Chester – Country Director - 012-366-9320 Email: cmorris@jhpiego.net	Yes	USAID
John Snow, Inc	IN	PO Box 35388, Menlo Park, 0102, Pretoria	Barkhuizen, Adelé – Project Officer - 012-362 7991 Email: abarkhuizen@jsi.org.za	Yes	CDC
Johns Hopkins University Center for Communication Programs	AB, BC, XS, CT, OP, TB, SI	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Coleman, Patrick – Country Director - 012-366 9300 Email: patrick@jhuccp.co.za	Yes	USAID
Kamogelong Ya Sechaba HIV & AIDS Home Based Care & Counselling (KAYSE HBC)	BC	Pretoria	Agnes Mpangani - Managing Director - 076-877-1520		State
Kwaze-Kwasa	BC	Vosloorus, Johannesburg	Mrs. Lucy Shale - Program Coordinator - 082 670 1898		State
Lusito Community Upliftment Project	OVC	Soweto, Johannesburg	Mr. Sibongiseni Biyela - Project Director - 079 079 8448		State
Magau Community Project	OVC	Pretoria	Emly Molokoane - Project Manager -		State
Management Sciences for Health (SPS)	XS, XD, PMTCT	PO Box 1579, Masada Building, 4th Floor, Corner Proes & Paul Kruger, Pretoria	Sallet, Jean-Pierre - Regional Technical Advisor/M&E - 012-326-6825 Email: jpsallet@msh.org		USAID
Moepathutse Children's Centre	OVC	Pretoria	Kedibone Ellen Miyambo - Executive Director - 078 366 2837		State

Partner	Program	Location	Contact Information	MOU	US Agency
Muslim AIDS Project	AB	PO Box 42863, Fordsburg, Johannesburg	Nawab, Suraiya – Director - 011-273-8080 Email: careline@islamsa.org.za	Yes	CDC
National Association of Childcare Workers	BC, OVC	PO Box 47368, Greyville	Tumbaloo, Zeni - Isibindi Administor - 031-312-9484 Email: zeni@naccw.org.za	Yes	USAID
National Department of Education	AB, OVC	Pretoria	Ndebele, Gugu - Deputy Director General - 012-312-5451 Email: Ndebele.g@doe.gov.za		USAID
National Health Laboratory Services	LAB	Private Bag 4, Sandringham, Johannesburg	Marshall, Terry - 011-386-6450 Email: teresam@nicd.ac.za		CDC
Net HIV/AIDS Youth Project	OVC	Grasmere, Johannesburg	Mr. Joseph Tshabalala - Project Manager - 072 413 7883 - 011 855 2110		State
Nurturing Orphans of AIDS for Humanity (NOAH)	OVC	358 Rivonia Boulevard, Rivonia, Johannesburg	Postma, Niven – CEO - 011-807-4724 Email: niven@noahorphans.org.za		USAID
Pathfinder International	BC, XS, XD, CT	Post Net Suite 177 Private Bag x9 Benmore 2010, Johannesburg	Sophia Ladha – Country Director - 011 802 8889 Email: sophia.ladha@zanet.co.za		CDC
Patrice Motsepe Home-based Care	OVC	Springs	Ms. Mabel Mbatha - Programme Coordinator - 073 576 4539		State
Perinatal HIV Research Unit (PHRU)	PMTCT	PO Box 114, Diepkloof, Johannesburg	Gray, Glenda – Director - 011-989-9702 Email: gray@pixie.co.za	Yes	USAID
Population Council	XS, XD	PO Box 411744, Craighall, Johannesburg	Julialynne Walker Tel: +27 11 781 7590 Fax: +27 11 326 1483 Mobile: +27 82 371 7798 Emai: jwalker@popcouncil.org	Yes	USAID
Population Services International	CT	PO Box 408, Oakland Park, Johannesburg	Mhazo, Miriam - Senior CT Program Manager - 011-484-5320 Email: miriam@sfh.co.za	Yes	CDC

Partner	Program	Location	Contact Information	MOU	US Agency
Reproductive Health and HIV Research Unit (RHRU)	BC, CT, XS, XD, OP, TB	C/o Chris Hani Bara Hospital, PO Bertsham, Johannesburg	Dr. Helen Rees - 011-989-9208 Email: h.rees@rhrujh.co.za	Yes	USAID
Right to Care	BC, XS, XD, CT, TB	Postnet Suite 212, Private Bag X2600, Houghton, Johannesburg	Firnhaber, Kurt – Deputy Director - 011-276-8880 Email: kurt.firnhaber@righttocare.org	Yes	USAID
Scripture Union	AB	PO Box 291, Rondebosch, Cape Town	Oscar Siwali - 021-686-8595 Email: oscar@su.org.za		CDC
Sediba Hope Center AIDS Programme	BC	Pretoria	Alice Mokoni - Project Coordinator - 076-848-1143		State
Sizanani Home-based Care	OVC	Soweto, Johannesburg	Mrs. Elizabeth Rapuleng – Director - 011 936 4248 - 082 720 4695		State
Soul City	OP, AB, XS,				CDC
South African Catholic Bishops Conference	BC, OVC	Khanya House, 399 Paul Kruger Street, Pretoria	Munro, Alison - AIDS Office Coordinator - 012-323-6458 Email: amunro@sacbc.org.za	Yes	CDC
South African Clothing & Textile Workers' Union	BC, XS, CT, OP		Soboil, Nikki – National Director -	Yes	CDC
South African Department of Defence	AB, BC, CT, XS, OP, PMTCT	Private Bag X102, Centurion, Pretoria	Brig. Gen. Siwisa, Lulu - Director: HIV/AIDS – (012-367-9168 – Senior Staff)	Yes	DOD
South African Institute of Health Care Managers	XS, HSS		Stan Kahn, 011.486.2770 Email: stan.kahn@ampersand.co.za or Magda Naude, Email: ceo@saihcm.co.za		USAID
South Africa National Blood Service	BL	Private Bag x14, Weltevreden Park, Johannesburg	Mpuntsha, Loyiso – CEO - 011-761-9111 Email: loyisom@inl.sanbs.org.za	Yes	CDC

Partner	Program	Location	Contact Information	MOU	US Agency
Starfish	OVC	Block E, Metropolitan Office Park, 82 Wessel Road, Rivonia, Johannesburg	Jeanette Bloem Family Health International SA Tel: +27 12 423 8000 Fax: +27 12 342 0046 Mobile: +27 82 341 0498	Yes	USAID
Toga Laboratories	XS, LAB			Yes	CDC
Tshepang Trust	CT, XS	24th Floor, 209 Smit Street, Braamfontein, Johannesburg, 2001	Dr. Pumla Mahuma – Head: Project Management and Operations – (011) 339-8996 Email: pumla@tshepangtrust.org	Yes	CDC
Uncedolwabantu Project	OVC	Johannesburg	Mrs. Hilda Rasebeka-Phalama - Project Manager - 072 723 4326 - 011 443 3247		State
University Research Corp. LLC	CT	Hatfield Gardens, 333 Grosvenor Street, Hatfield	Jacobs, Donna – Director - 012-342-1419 Ext 213 Email: donnaj@healthprojects.co.za	Yes	CDC
University Research Corporation (TB Tasc)	TB	PO Box 12058, Hatfield, Pretoria	Ntombi Mhlongo – Program Director - 012-342-1419 Email: NtombiM@tasc-tb.co.za	Yes	USAID
Usizo Thuso Community Centre	OVC	Johannesburg	Mrs. Grace Mohapi – Director - 082 437 8416		State
Youth for Christ	AB, OP	PO Box 75558, Gardenview, Johannesburg	Monare, Mpho – National Program Manager 011-615-8970 Email: mpho@yfcsa.org.za	Yes	CDC

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

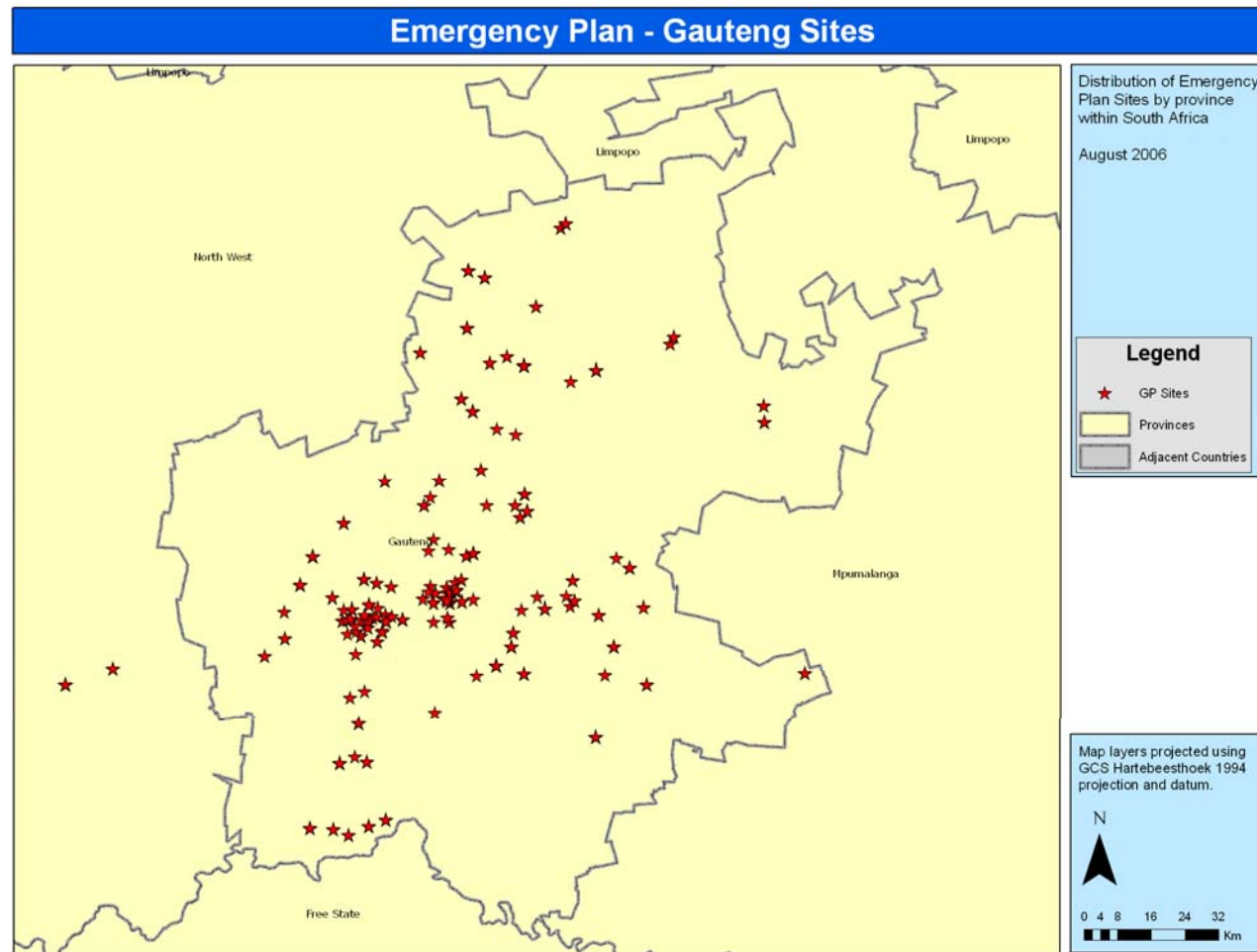
Partner	Town/City	Facility	Type
Aurum	Johannesburg	Johannesburg Correctional Services	Government
	Johannesburg	SME Bree Taxi Rank	NGO
	Johannesburg	SME Mobile	NGO
	Johannesburg	SME Selby	NGO
	Johannesburg (Alberton)	Phola Park Clinic	Government
	Johannesburg (Hillbrow)	MES Impilo, Hillbrow	Private
	Pretoria	Pretoria Correctional Services	Government
	Soweto (Johannesburg)	Chris Hani-Baragwanath Hospital - Adult ART Clinic	Government
	Tembisa	Tembisa Hospital	Government
	Various	Gauteng-Aurum	Private
BroadReach	Heidelberg	Heidelberg Hospital	Government
	Johannesburg	Vosloorus Private Practitioners	Private
Catholic Relief Services	Boksburg	St. Francis Care Centre	NGO
	Bronkhorstspuit	Sizanani (St. Joseph's Care and Support Trust)	NGO
	Johannesburg (Orange Farm)	Inkanyezi/Orange Farm	NGO
	Johannesburg (Yeoville)	Nazareth House	NGO
	Pretoria (Suiderberg)	Holy Cross Home	NGO
Elizabeth Glaser	Ekhuruleni	Daveyton Main Clinic	Government
	Ekhuruleni	Far East Rand Hospital	Government
	Ekhuruleni	Pholosong Hospital	Government
	Springs	Nokuthula Ngwenya Clinic	Government

Foundation for Professional Development	Bronkhorstspuit	Dark City PHC	Government
	Bronkhorstspuit	Zithobeni PHC	Government
	Cullinan	Cullinan Rehabilitation Clinic	Government
	Hammanskraal	Jubilee District Hospital	Government
	Hammanskraal	Mathibestad CHC	Government
	KwaMhlanga	KwaMhlanga District Hospital	Government
	Mabopane	Odi District Hospital	Government
	Pretoria	Bophelong FBO	NGO
	Pretoria	Father D'Annucci FBO	NGO
	Pretoria	Fountain of Hope Clinic	NGO
	Pretoria	Kalafong Tertiary Care Hospital	Government
	Pretoria	Laudium CHC	Government
	Pretoria	Mobile Units	
	Pretoria	Reakgona FBO	NGO
	Pretoria	Stanza Bopape CHC	Government
	Pretoria	Tshepong TB Hospital	Government
	Pretoria	Tshwane District Hospital	Government
	Pretoria (Mamelodi)	Mamelodi District Hospital	Government
	Soshanguve	Dr. George Mukhari Hospital	Government
	Soshanguve	KT Mtoubatse CHC (Klipkruisfontein)	Government
Phidisa	Pretoria	1 Military Hospital	Government
Perinatall HIV Research Unit	Johannesburg	Zuzumpilo	NGO
	Soweto (Johannesburg)	Charles Hurwitz TB Hospital	Government
	Soweto (Johannesburg)	Chiawelo Clinic	Government
	Soweto (Johannesburg)	Chris Hani-Baragwanath Hospital - Obstetric Clinic	Government
	Soweto (Johannesburg)	Chris Hani-Baragwanath Hospital - PHRU	Government

	Soweto (Johannesburg)	Diepkloof Clinic	Government
	Soweto (Johannesburg)	Itereleng Clinic	Government
	Soweto (Johannesburg)	Lenasia South PHC	Government
	Soweto (Johannesburg)	Lillian Ngoyi Clinic	Government
	Soweto (Johannesburg)	Meadowlands Clinic	Government
	Soweto (Johannesburg)	Mofolo Clinic	Government
	Soweto (Johannesburg)	Orlando Clinic	Government
	Soweto (Johannesburg)	Stratford Clinic	Government
	Soweto (Johannesburg)	Zola Clinic	Government
	Ekhuruleni	Tambo Memorial Hospital	Government
	Johannesburg	Commercial City Clinic	Government
	Johannesburg	Johannesburg Hospital	Government
	Johannesburg	South Rand Hospital	Government
	Johannesburg (Hillbrow)	Hillbrow CHC	Government
Reproductive Health and HIV Research Unit (Wits Ped Group)	Ekhuruleni	Natalspruit Hospital	Government
	Germiston	Germiston Hospital	Government
	Johannesburg	Coronation Hospital	Government
	Johannesburg	Harriet Shezi Clinic (Chris-Hani Baragwanath)	Government
	Johannesburg	Leratong Hospital	Government
	Johannesburg	Lillian Ngoyi Clinic	Government
	Johannesburg	Tambo Memorial Hospital Peads Clinic	Government
	Johannesburg	Thusong Clinic	Government
	Randfontein	Mohlakeng CHC	Government
	Tembisa	Tembisa Hospital	Government
Right to Care	Johannesburg	Blue Cross Emthonjeni	NGO

	Johannesburg	Blue Cross Lanseria	NGO
	Johannesburg	Blue Cross Vosloorus	NGO
	Johannesburg	CARE	NGO
	Johannesburg	Clinical HIV Research Unit (CHRU)	NGO
	Johannesburg	Discoverer's Hospital CCMT	Government
	Johannesburg	Dr. Ebrahim	Private
	Johannesburg	Friends for Life	NGO
	Johannesburg	J Dumane Hospital CCMT	Government
	Johannesburg	Leratong Hospital CCMT	Government
	Johannesburg	Mohlakeng Hospital CCMT	Government
	Johannesburg	Natalspruit Hospital CCMT	Government
	Johannesburg	Themba Lethu Clinic (Helen Joseph Hospital)	Government
	Johannesburg	Thusong Hospital CCMT	Government
	Johannesburg	Witkoppen Health & Welfare Centre (WHWC)	NGO
	Johannesburg (Alexandra)	Alexandra Health Centre & University Clinic (AHCUC)	NGO
	Johannesburg (Diepsloot)	OR Tambo Clinic CCMT	Government
	Johannesburg (Diepsloot)	Vuselela	NGO
	Johannesburg (Edenvale)	Edenvale Hospital	Government
	Vereeniging	Kopanong Hospital CCMT	Government
SACTWU	Various	SACTWU Gauteng	Private
Tshepang Trust	Various	Tshepang Gauteng	Private

Location of Partners Within Gauteng State Province



*US President's Emergency Plan for AIDS Relief
Activities in Gauteng Province, FY 2009*

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	Souther 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)