

# PEPFAR

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



THE POWER OF PARTNERSHIPS

## Activities in Limpopo 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
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

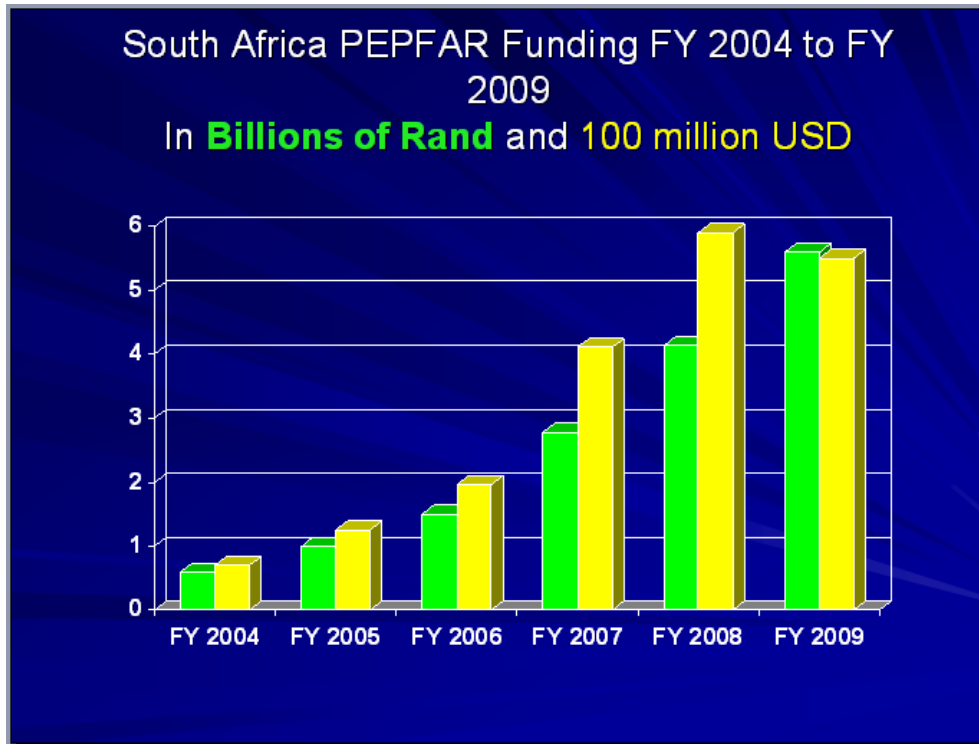
The South African PEPFAR Team works under the leadership of the U. S. Ambassador and consists of the following U.S. Government Agencies:

- 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 and shifting 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 leverage of 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 Limpopo Province, PEPFAR is providing funding to 79 partners, which implement activities in facilities and communities throughout the province. The partners who carry out these activities represent NGOs, FBOs and SAG departments. Where the focus is listed as 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 Limpopo 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 Limpopo provincial activities being carried out by PEPFAR-funded partners in support of the NSP. Additional information on PEPFAR can be found on following websites:

<http://www.sharing.org.za/> - (This site will allow you to search for partners by province & program area)

[www.pepfar.gov](http://www.pepfar.gov)

<http://southafrica.usembassy.gov>

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

### 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 National Department of Health (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 counselling and testing (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 Limpopo

### **American Association of Blood Banks**

The American Association of Blood Banks (AABB) has been awarded funding to continue providing technical assistance to the South African National Blood Service (SANBS) for purposes of strengthening the blood supply in South Africa. The 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 (ACSA) program aims to support orphans and vulnerable children (OVC) by meeting basic and immediate needs while simultaneously building capacity in families, leaders and communities to develop 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**

**Botegang Drop-In Center** - The grant will provide funding for:

- Additional bathroom (out-house) for the drop-in/feeding center.
- Upgrade the electrical panel/circuit box for the kitchen.
- Office supplies and procurement of filing cabinets and office equipment/fax machine.
- Stipends, uniforms, transportation and training for 7 caregivers/volunteers (Auxiliary Social Worker Course and Food Preparation).

**Direlang Project** - The purpose of the grant is to purchase equipment for the center, specifically bunk beds, mattresses, kitchen equipment, stove, refrigerator, iron, vacuum, chairs, water tank, uniforms and caregiver kits. Additional funds will be used to support six caregivers currently not receiving stipends and transportation to clinic as well as assistance with overhead costs at two satellite drop-in centers including telephone, electricity and gas.

**Fanang Diatla Self Help Project** - The main purpose of this grant is to purchase equipment for several of the very remote drop-in centers, specifically gas stoves, gas cylinders, chairs, tables, plates and mugs. Other funds will be used for a community awareness campaign, training workshop for caregivers, stipends and transportation fees to clinic as well as overhead costs such as electricity and telephone services at centers.

**Ikageng Kromhoek** - The main purpose of this grant is to support the equipment and material needs of the drop-in center and the home-based care group. Items for the drop-in center include playground equipment, household utensils, first-aid kits, stove, gas cylinder, towels and a fence. Items for the home-based care group include medical kits, uniforms, umbrellas, office supplies and resources to repair their water pump. A small transportation budget is proposed for equipment/material delivery charges and home based care visits to the clinic.

**Lenkwane la Maphiri Drop-in Centre** - The purpose of the grant is to provide equipment for five drop-in centers for OVCs in a rural community. This equipment includes tables and chairs for the children, sporting equipment, books and craft materials. In addition, a freezer will be purchased for the main facility as well as gas stoves and gas cylinder for each of the five drop-in centers. A small, one-time stipend will be paid to all caregivers as a gesture of appreciation for their contribution.

**Makotse Women's Club** - The funds will be used to:

1. To pay for additional training for 7 caregivers in order to improve their ability to care for orphans and vulnerable children.
2. To pay for administration, classroom and office equipment.
3. Purchase a larger oven for the bakery (Income Generation Project).

4. To pay for materials and related expenses in support of the project's multi-media campaigns to ensure that the OVCs have shelter, clothing, nutritional support, basic personal hygiene and educational activities. Six villages that make up the communities of Lebowakgomo and Zebediela (population of 30,000) will benefit.

**Mashashane Drop-In Center Care** - The grant will provide funding for:

- a) Basic/auxiliary training for 7 caregivers to provide essential skills in providing care and support to OVCs.
- b) Equipment for sewing program and gardening (Income Generation projects); miscellaneous equipment for kitchen: refrigerator, pots and pans, dishes, cutlery and plastic wares; tables and chairs; playground/sports gears or supplies.
- c) Office equipment (filing cabinets) office supplies and awareness/prevention campaigns.
- d) Stipends for caregivers/volunteers and buy medical supplies for caregivers kits.
- e) Administrative costs: cell phone air time and transportation costs.

**Mashau Home Based Care** - The main purpose of this grant is to provide caregiver with medical kits, uniforms, stipends, and funds for transportation to clinic. The grant will also cover the cost of purchasing office equipment and a wheel chair, helping to cover administration costs and provide training to management team. Project has expressed interest in starting a sewing project to generate income; grant monies will be used to purchase 4 sewing machines and other necessary tools (scissors, pins, etc).

**Ntshuxeko Drop-In Center** - The main purpose of the grant is to purchase equipment for the drop-in center, including a freezer, washing machine, refrigerator and stove. Funds will also be used to purchase tables and chairs for children, children's books, book shelves and playground equipment. The grant will provide stipends for caregivers, cover transportation costs, and assist with overhead costs such as electricity and telephone.

**Re A Soma Home Based Care** – The grant provides for services supporting 614 OVCs and 252 patients:

- a) Training (Early Childhood Development) and stipends for caregivers/volunteers.
- b) Equipment for the kitchen at two drop-in centers: gas stoves, pots and pan/dishes, tables and chairs; gas/gas bottles.
- c) Money will be used to buy sports equipment and gardening tools to expand income-generating projects.
- d) Transportation.

**Sego Home Based Care** - The grant will provide funding for:

- a) Additional training for 12 caregivers to strengthen skills in providing care and support to OVCs and bed-side nursing to patients.
- b) Medical supplies for caregivers' kits and uniforms for volunteers.
- c) Office supplies and procurement of filing cabinets and other small office furniture.
- d) Stipends for volunteers; bicycles; garden equipment for income generation projects.
- e) Transportation cost to escort or deliver patients to and from the nearest hospital/clinic.
- f) Community awareness campaigns and activities.

**Tiangmaatla Home Based Care** - The grant will provide funding for:

- a) Awareness and prevention campaigns focusing primarily on teenage pregnancies.
- b) Stipends and uniforms for 21 caregivers.
- c) Administrative costs: rent, office supplies, cell phone air-time.
- d) Equipment: Office/classroom furnishing; garden equipment for income generation project (wheelbarrow, spade, pitchfork, etc.); kitchen items; bicycles with padlocks.

**Vhangandzeni Home Base Care and Orphanage** - The main purpose of this grant is to purchase equipment items to enhance the care to the OVCs living in this residential home and offer stipends to caregivers. Twenty-three children are living on site and 63 children attend their drop-in-centre.

### **Academy for Education Development**

As an Umbrella Grants Management (UGM) partner, Academy for Education Development (AED) supports institutional capacity building, technical assistance 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 area is local organization capacity development and the primary target population is indigenous organizations.

### **African Medical and Research Foundation**

African Medical Research Foundation (AMREF) will employ three key strategies: 1) Implement social marketing and stigma reduction strategies; 2) Health system strengthening (training and mentoring including sub-granting and support); and 3) Community partnerships. The project will tap into previously developed and tested AMREF training curricula, partnerships with government and community CT providers. The project will expand CT coverage by both improving and ensuring quality, accessibility, appropriateness and convenience of services and developing targeted social marketing campaigns to improve CT uptake. The African Medical Research Foundation (AMREF) will continue with the above activities. However, in line with the external Comprehensive HIV/AIDS Quality Assurance (CHAQA) review, and FY 2009 recommendations by the Centers for Disease Control and Prevention (CDC), AMREF will not implement Activity 2 (Community Mobilization and Sensitization). Thus, the key strategies to be employed will include 1) health system strengthening through human capacity development (training and mentoring), 2) strengthening referral systems for HIV and tuberculosis (TB), and (3) assessment of HIV-TB integration.

### **Aurum Institute for Health Research**

The focus of the Aurum program is to support HIV and TB prevention, care and treatment in the public, private, and non-governmental sector. 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 (IT) infrastructure, and laboratory and pharmacy capacity. Support provided includes: (1) training of all levels of healthcare workers to ensure capacity building of clinicians to be able to manage patients in resource-poor settings with remote HIV specialist support; (2) provision and maintenance of guidelines for HIV preventive therapy (including INH and cotrimoxazole), treatment of adults and children, prevention of mother-to-child transmission and voluntary counseling and testing; (3) clinical and administrative support through site visits by staff involved in psychological support, training, clinical support and monitoring data management system; and (4) centralized distribution of medication and laboratory testing. In Limpopo all support is in the private sector, using general practitioners. In Limpopo all support is in the private sector, using general practitioners.

### **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).

### **CARE**

CARE will continue its work in building HIV and AIDS competence of civil society organizations (CSOs) who deliver HIV-related care services in South Africa. CARE aims to scale up palliative care by administering and managing 26 small grants and targeted technical assistance to identified grantees to scale up HIV-related palliative care services in organizations that are unable to receive direct funding due to limited capacity. Minor emphasis activities include community mobilization, training and development of networks.

### **CompreCare**

By training faith and community-based leaders, as well as youth leaders in "Choose Life", a value-based Abstinence and Be Faithful (AB) prevention program, CompreCare and its prevention partner, HospiVision, will empower these leaders to implement AB programs in their various constituencies. The emphasis area for this intervention is training as well as community mobilization. Primary target populations include faith-based organizations (FBOs), non-governmental organizations (NGOs) and community leaders, volunteers, caregivers of people living with HIV and AIDS, people living with HIV (PLHIV), children and youth, orphans and vulnerable children.

### **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 (CRS) and its implementing partners (South African Catholic Bishops Conference, Institute for Youth Development SA and St. Mary's Hospital) in 25 field sites in 8 provinces in South Africa (in Limpopo these sites are in Bela Bela and Tzaneen). The area of emphasis is the improvement of quality of life to people living with AIDS who are not yet on antiretroviral treatment (ART), ensuring their wellness to delay the necessity of commencing the ART for as long as possible, ensuring optimal health for persons on ART, and ameliorating pain and discomfort for those in the terminal stages of the disease. The field sites target those in need of these services, who live in the catchments area of the site, and who lack the financial means to access services elsewhere.

### **Child Welfare of South Africa**

The Child Welfare South Africa (CWSA) 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 Orphans and Vulnerable Children (OVC) and AIDS affected households and to uphold children's rights. The program emphasis is human capacity development. Primary target populations are OVC and people living with HIV and AIDS.

### **Department of Education**

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

Support for orphans and vulnerable children (OVC) and training for their caregivers in targeted schools will be carried out by a local NGO to support the DOE to improve the lives of the OVC. Activities will provide services to OVC in schools and will train caregivers to mentor and support OVC. Primary areas of emphasis will be gender, human capacity development, psychosocial support,

education and training to support OVC. The program will support the DOE strategy to use schools as full service centers for learning, teaching, prevention care and support. The target population will be OVC and children ages 5 - 17 in Grades 0 - 12, and caregivers servicing the focus schools.

#### **Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)**

The long-term goal of the EGPAF care and treatment program in South Africa is to increase life expectancy among HIV-infected persons. This will be achieved through an intensive focus on increasing access to care and treatment services as well as the service utilization (demand). Project Help Expand ART (HEART) is part of a larger worldwide initiative by EGPAF to support care and treatment services. The program has maintained a focus on integrating PMTCT services so as to provide a family-centered model of care that includes access to treatment for HIV-infected pregnant women, couple counseling, partner testing and screening for TB. In Limpopo the focus is on PMTCT.

#### **EngenderHealth**

EngenderHealth's Men as Partners (MAP) 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 MAP 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 Center**

Family Health International (FHI) will provide technical assistance (TA) to three universities' peer education programs to continue integration of abstinence and be faithful messages (AB) as well as life skills into the ongoing activities of the peer education programs on university campuses. Using the curriculum developed in FY 2005, the AB and life skills training will be extended to a cadre of peer educators (PEs) on each of the campuses participating in this project. The PEs will then pass these skills on to other students on campus primarily through interaction in on-going, small behavior change groups. Emphasis areas 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 people living with HIV.

#### **Family Health International Umbrella Grants Management**

Currently, USAID/South Africa (SA) supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including basic health care and support programs, through three competitively-selected Umbrella Grants Management partners: Pact, the Academy for Educational Development (AED) and Family Health International (FHI). The main purposes of these UGM projects are to: (1) facilitate further scale-up of HIV and AIDS care services and (2) 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), faith-based organizations (FBOs) and community-based organizations (CBOs). The current UGM with FHI will support five sub-partners who have transitioned over from Pact and five new sub-partners.

#### **Foundation for Professional Development**

The Foundation for Professional Development's (FPD) treatment activities focus on building public and private sector capacity to deliver safe, effective and affordable antiretroviral therapy (ART). PEPFAR funds will be used to procure ARVs and other drugs to support the expansion of faith-based organization treatment services in Pretoria (Gauteng province), one facility in the inner city and one in a nearby township. Services will be expanded at the Pretoria Inner-City Clinic (PICC) in collaboration with a faith-based coalition, the Tshwane Leadership Foundation and at Leratong Hospice. Both sites have been developed by the not-for-profit private sector, and antiretroviral drugs will only be provided to residents who cannot access public sector treatment for specific reasons. The Leratong Hospice will begin providing ART through PEPFAR funding in 2007. For all of the Gauteng Department of Health (GDOH) facilities assisted by FPD other than the PICC and Leratong Hospice, drugs are provided through the South African Government's (SAG) ART roll-out program. The emphasis areas

are construction/renovation, gender, human capacity development (HCD) and local organization capacity building. Target populations for the activities include the general population and people living with HIV (PLHIV). FPD will consider using the Partnership for Supply Chain Management to assist with the procurement of drugs. A specific drive will be initiated to promote family-centered services through integration of services and by creating booking systems that allows a family group to gain access to services on the same day. The retention of family members in care services will be tracked through the EMR system and retention barriers will be identified.

### **Fresh Ministries**

Siyafundisa is an Anglican-based Abstinence and Be Faithful (AB) HIV prevention program that focuses on providing information and education to young people and adults within the Anglican churches. Siyafundisa has established a partnership with the Harvard School of Public Health to develop and roll out a peer education program. This program will be implemented by young people at different parishes across the country. Emphasis areas consist of building local organization capacity to deliver prevention activities; and training trainers/facilitators to reach other youth. Siyafundisa addresses gender by focusing on increasing gender equity in HIV and AIDS programs, addressing male norms and behaviors; reducing violence and coercion and stigma/discrimination; mobilizing and reaching communities; developing linkages with partners to sustain and enhance the program; as well as providing information, education and communication. Siyafundisa targets children and youth, especially orphans and vulnerable children, with AB messages through information and education. The AB prevention program is designed to develop skills that promote abstinence for youth aged 10-14, secondary abstinence for older youth aged 15 -24 and provide correct and consistent condom use for youth at risk and those in long term sexual relationships. Adults, especially parents, are also targeted with information and education to support youth as well as information that encourages mutual monogamy, partner reduction and HIV risk perception. Special populations include community and religious organizations that can help promote AB prevention, volunteers who can implement AB activities, religious leaders who can impact individuals and families through outreach, and individuals and families who are affected by HIV, AIDS and stigma, and especially people living with HIV.

### **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.

### **GoLD Peer Education Development Agency (GoLD)**

GOLD Peer Education Development Agency (GOLD) was awarded first place in the Commonwealth Good Practice awards 2006. GOLD became a new PEPFAR partner FY 2007. FY 2008 PEPFAR funds will support the expansion of comprehensive youth prevention services to facilitate the roll-out of the GOLD Peer Education (PE) model through three components: (1) development and dissemination of PE best practice methods and materials; (2) capacity building and training of PE participants; and (3) quality assurance of implementation of the GOLD Model. The primary emphasis areas for these activities are Gender, Human Capacity Development, and Local Organization Capacity development. Specific target populations include adolescents (10-14), adolescents (15-24), adults (25 and over), orphans and vulnerable children and teachers. Activities in FY 2009 are being scaled up to reach areas with the highest rates of infection.

### **Hands at Work**

Hands at Work in Africa (hereafter Hands at Work) will use FY 2008 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 four provinces. The specific target population is orphans and vulnerable children and the major emphasis area is local organization capacity building.

### **Harvard School of Public Health**

These activities had been carried out by Harvard University. They will be recompeted in FY 2009. All Harvard University's Centre for the Support of Peer Education (CSPE) peer education abstinence and being faithful (AB) activities and materials address delaying sexual debut, promoting secondary abstinence, reducing number and frequency of concurrent sexual partners, and reducing transactional



and cross-generational sex. Relevant underlying themes receiving repeated attention include male norms and behaviors, sexual violence and coercion, stigma reduction, and maintaining and supporting HIV-infected and affected children in school. Peer education, used to promote AB is also a means for early identification and referral services of vulnerable children and youth, and may assist as an advocacy tool to make the environment safer. CSPE has also identified the need to help and support parents to prevent high-risk behavior in their children. Working through existing partnerships with organizations and structures capable of reaching parents (schools, worksite and faith-based organizations), CSPE will develop, disseminate and train on the use of accessible, practical parenting workshop materials designed for low-literacy parents.

#### **Health Care Improvement (HCI) (University Research Co)**

University Research Co. LLC/Quality Assurance Project (URC/QAP) will support Department of Health (DOH) facilities in 5 provinces to improve the quality of basic health care for people living with HIV (PLHIV) by improving compliance of healthcare workers with treatment guidelines through capacity building and strengthening of monitoring and supervision. The essential elements of QAP support include streamlining of process of care for PLHIV as well as helping improve technical compliance with evidence-based norms and standards, interpersonal communication and counseling and increasing organizational efficiency. The major emphasis area for this activity is quality assurance and supportive supervision, with minor emphasis on development of referral systems, training and policy/guidelines. The activity targets public health workers, program managers, volunteers and PLHIV. These activities will result in improving the continuum of care for adults and children living with HIV and their families as they pass through different stages of the disease or through different levels of healthcare system ensuring that they receive high quality services. While Health Care Improvement (HCI), the follow-on to QAP, will continue to focus on the five key activities described above, the emphasis during FY 2009 will be on expanding these activities and other activities

#### **Heartbeat**

Heartbeat will use PEPFAR funds to assist in providing a holistic package of basic services to orphans and vulnerable children (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**

The Hospice and Palliative Care Association of South Africa (HPCA) currently has 75 member hospices and 73 development sites throughout South Africa (SA), each an independent legal entity. The Mission of HPCA is to provide and enhance the provision of sustainable, accessible, quality palliative care. PEPFAR funds will strengthen the capacity of member hospices and other governmental and non-governmental organizations to provide quality services to HIV-infected persons.

#### **Health Science Academy**

Health Science Academy (HSA) is a new FY 2007 PEPFAR partner. HSA will increase access and the availability of safe and effective drug treatment through human resource development, with a specific emphasis of pharmacists and pharmacist assistants. HSA aims to substantially increase the number of South African healthcare workers with the appropriate knowledge, skills and attitudes to support substantial rollout of antiretroviral treatment (ART). The major emphasis areas are human capacity development and local organization capacity building. The primary target population for this project is healthcare professionals, such as doctors, nurses, pharmacists and pharmacist assistants, as well as community-based healthcare workers and caregivers. In addition to the current courses offered, Health Science Academy (HSA) will introduce two new courses in 2009. FY 2009 funds will also enable Health Science Academy to increase PEPFAR capacity by employing a training coordinator for the two new courses. The new courses address the current needs of the NDOH. The NDOH is currently unable to roll out a full-scale program and regards capacitating itself in order to do so as a priority.

#### **Human Science Research Council of South Africa**

The HSRC is using PEPFAR funds to implement and determine the effectiveness of two prevention-with-positives interventions to reduce HIV transmission risks for their partners. The prevention-with-positives (PwP) activity will adapt and pilot an existing CDC intervention for promoting HIV status

disclosure and behavioral risk-reduction strategies among people living with HIV (PLHIV). This intervention is known as Healthy Relationships. It is a support-group-based intervention designed to reduce HIV transmission risks for PLHIV and their partners using an interactive approach that includes educational, motivational, and behavioral skill building components. Once this intervention has been piloted, a second individualized intervention will be developed and pilot-tested for effectiveness. Both interventions will include messages on condom use for PLHIV. The major emphasis area for the activity is gender and human capacity development. Target populations include men and women of childbearing age, National AIDS Control Program staff, HIV-infected pregnant women and health care workers, doctors, nurses, CBOs, FBOs and NGOs. FY 2009 funds will be used to implement the healthy relationships group-based positive-prevention intervention in the OR Tambo District of the Eastern Cape, and to conduct a rapid assessment of the Phaphama-2 one-on-one positive-prevention intervention at four clinics/voluntary counseling and testing (VCT) sites in the Cape Town Metropole.

### **Humana**

Humana People to People (Humana) implements a comprehensive, integrated ABC HIV prevention program called Total Control of the Epidemic (TCE). TCE trains community members as Field Officers (FOs) to utilize a person-to-person campaign to reach every single household within target areas with AB messages, with the objective of changing community norms and individual behaviors. The emphasis of the prevention program is gender, human capacity building and a TB wraparound. Target populations are adolescents and adults and teachers.

### **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.

### **I-Tech – University of Washington**

I-TECH carries out activities to support the expansion of HIV and AIDS, tuberculosis (TB) and sexually transmitted infection (STI) care and treatment in the Eastern Cape (EC) through on-the-job clinical training/mentoring activities. The primary emphasis area for these activities is human capacity development; minor emphasis areas are strategic information and local organization capacity building. The primary target populations are doctors (public and private), pharmacists (public), and nurses (public). It was determined that Activities 1-6 are now covered under Health Systems Strengthening. With FY 2009 funds, these activities will continue as described in the FY 2008 COP with expansion to new geographic areas as sites are graduated. In FY 2009 there will be an emphasis on developing graduating sites as mentors to new sites for sustainability.

### **JHPIEGO ARV Program**

Jhpiego's activities support efforts by the NDOH to expand the Comprehensive HIV and AIDS Care, Management and Treatment plan to ensure increased access to services in ART and other forms of care. Jhpiego has provided technical assistance to the NDOH in increasing access to ART services through task shifting efforts focusing on NIM-ART.

### **Johns Hopkins University Center for Communication Programs (JHUCCP)**

Johns Hopkins University Center for Communication Programs (JHU/CCP) coordinates the work of 20 South African partners and provides technical assistance and capacity building to mobilize and

educate communities and clinicians about ARV treatment. The focus is on pre-treatment literacy, adherence, counseling, and training clinicians through distance learning. Target populations for this activity are adult men and women (including pregnant women) living with HIV (PLHIV), discordant couples, volunteers, public health workers, and community-based, faith-based and non-governmental organizations. The emphasis areas for this activity are human capacity development, local organization capacity building and gender. Findings from the National HIV and AIDS Communication Survey, carried out in early 2006, help focus on community perceptions of treatment-related messages, their perceived needs for treatment literacy and the amount of social capital invested in providing assistance in better understanding treatment and its uptake. The survey provided a valuable baseline to further develop present communication interventions on treatment.

### **John Snow, Inc**

The Making Medical Injections Safer (MMIS) project conducted by John Snow Research and Training, Inc. (JSI) aims to bring about an environment where patients, healthcare workers and the community are better protected from 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 as well as commodity procurement. The project has recently embarked upon activities aimed at strengthening its occupational health and safety aspect. Focusing mainly on phlebotomy, such activities have been conducted in partnership with the South African National Blood Services (SANBS). In FY 2009, the Making Medical Injections Safer (MMIS) project is planning to co-ordinate the development of a National Training Curriculum and adopts with SANBS and other partners a set of National Guidelines to be used for phlebotomy. These will go a long way in relieving pressure on the Nursing staff as well as providing much needed norms and standards in the context of a generalized HIV epidemic. In addition, MMIS has embarked on a number of partnerships to support waste management in the context of HIV/AIDS treatment. These have included skills and knowledge transfer to the nine provincial coordinators of the country's Comprehensive Care, Management and Treatment Plan, training sessions in preparation for the down-referral of treatment related services, as well as input to the overall training curriculum related to HIV/AIDS treatment. FY 2009 should also see the execution of the follow-up injection safety survey. This endeavor comes at a time when a set of policies, strategies and guidelines have been developed and implemented by MMIS and its main partner, the NDOH. It will provide insight into the extent to which the scale and scope of such operations need to be sustained. A presentation to the NDOH's management committee including findings from the 2006 survey, interventions initiated since, as well as the approach to be used for the planned 2009 survey has been approved by the Director-General of Health and is scheduled for October 7, 2008.

### **Khulisa**

The South Africa PEPFAR program works with over 100 prime partners, who in turn work with over 300 sub-partners and 350 service delivery sites, to implement HIV and AIDS activities across South Africa. This immense level of effort poses a significant challenge to the USG in efficiently monitoring and evaluating programs (mainly because there is no single source from which to obtain PEPFAR data) and in building monitoring and evaluation (M&E) capacity among partners. Khulisa helps to address these challenges through a web-based data warehouse (DW) and through on-going independent Data Quality Assessments (DQA) of PEPFAR partners' data management systems. Both the DW and DQA activities prioritize M&E capacity building among PEPFAR/South Africa partners. This project addresses the emphasis areas of Health Management Information Systems, monitoring, evaluation and reporting, as well as USG database and reporting systems. The main target populations are the USG and PEPFAR prime partners, sub-partners, and sites in all nine provinces. The Data Warehouse (DW) activity will work closely with the newly-awarded John Snow Inc. (JSI) Enhance-SI project, with JSI focusing more on improving data extraction and outbound reports. A new cube viewer has been developed during FY 2008 and this will be further enhanced to assist users to create custom queries. With the hope that the PEPFAR partner GIS data will be improved as a result of current USG initiatives, the DW team will roll out the online mapping system that was developed this year. Further refinement will be made to pre-populating performance results onto reporting and planning forms. More resources will be put into development testing. Finally, the DW will work with the large treatment partners to allow electronic transfer of data that these partners already collect with existing computerized systems.

### **Leonie Selvan Communications**

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

### **Medical Research Council**

The Medical Research Council's (MRC) findings from the International Rapid Assessment Response and Evaluation (I-RARE) of drug use and HIV risk behaviors among vulnerable drug using populations, including injection drug users (IDUs), sex workers and men who have sex with men (MSM), in Cape Town, Durban, and Pretoria point to: (1) high prevalence of overlapping drug and sexual risk behaviors; (2) high prevalence of HIV in these populations; and (3) barriers to access and utilization of risk reduction, substance abuse and HIV services. Activities of this project build upon FY 2005 and 2006 PEPFAR investments to strengthen programs serving IDUs, sex workers, and MSM by developing the capacity of organizations in Cape Town, Durban, and Pretoria to deliver services that enable these populations to reduce their risk of HIV infection. Activities will focus on creating multi-sectoral and multi-disciplinary consortia of substance abuse and HIV organizations and developing organizational capacity to implement targeted community-based outreach interventions, and linking outreach efforts to risk reduction counseling related to drugs and HIV, and access and referral to substance abuse, HIV care, treatment, and support services. The major emphasis area for these activities is the development of networks, linkages, and referral systems between outreach workers, NGO/CBOs, and healthcare service providers. Minor emphasis areas include community mobilization/participation; information, education, and communication; linkages with other sectors and initiatives; local organization capacity development; policy and guidance; quality assurance, quality improvement, and supportive supervision; strategic information; and training. Primary target populations are high-risk vulnerable populations, (including IDUs, sex workers, and MSM), and organizations that provide service to these populations. This project is consistent with the revised South African National Drug Master Plan and will provide guidance on how the South African Government can translate strategies into action. Across all activities, sustainability is addressed by linking HIV counseling and testing, care and support services for vulnerable populations, developing the capacity of existing programs, creating synergy across organization and service provider networks, providing quality assurance and refresher trainings, and enhancing data management systems. Legislative interests include: (1) gender, by increasing gender equity in HIV and AIDS program; reducing violence, increasing women's access to income and productive resources; and (2) reducing stigma and discrimination associated with HIV status and vulnerable populations.

### **Management Sciences for Health**

With FY 2009 PEPFAR funds, Management Sciences for Health's (MSH) Strengthening Pharmaceutical Services (SPS) project will continue to support the "HIV & AIDS and STI National Strategic Plan - 2007-2011". Under Health System Strengthening (HSS), SPS will continue to support the national, provincial pharmaceutical directorates and other statutory bodies by: 1) assisting with the review and update of national standard treatment guidelines, policies and procedures related to medicines legislation, regulations and pricing, and pharmacy practice; 2) promoting best practices for infection control practices; and 3) strengthening medicines supply management information systems.

### **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 (NACCW)**

The National Association of Childcare Workers (NACCW) provides accredited child and youth care training to community members in order to provide holistic services to OVC. Funding will be used in the emphasis area of training and community mobilization, developing referrals and linkages, and conducting needs assessments. Primary target populations are OVC, HIV-infected families and their caregivers, and community organizations. With the increasing number of Isibindi Projects particularly in KwaZulu-Natal with children in granny-headed households direct support to these aged and burdened caregivers is required to be strengthened in various ways. Beginning in FY 2008 COP, the National Association of Childcare Workers (NACCW) the program will be expanded to reach more grannies in FY 2009. There is a need for talking circles (a form of skills building through facilitated dialogue) to promote positive parenting skills especially related to work with teenagers and support for the active transfer of family and cultural tradition and rituals. A bereavement counseling and support program will support grandmothers in overcoming personal grief and coping with the grief of grandchildren.

#### **National Department of Correctional Services**

FY 2008 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.

#### **National Department of Health**

PEPFAR funding is set aside to support the NDOH in the implementation of the Comprehensive Plan for HIV and AIDS Care, Management and Treatment, by providing financial and technical assistance to ensure greater access to antiretroviral treatment (ART). With the appointment of a new Deputy Director-General responsible for oversight of the HIV & AIDS, TB, and Maternal and Child Health Program, it is expected that support to the Department of Health will increase in FY 2009, as it has already been seen in FY 2008, with increased support to the Free State and Eastern Cape Health Departments, and financial support set to expand to other provinces, including the North West province. As per the expanded vision in PEPFAR II, and the need to provide comprehensive support, funding to support all the components of the Comprehensive Plan for HIV and AIDS Care, Management and Treatment (CCMT), including integrating prevention with positives, maternal and child health, pediatric care, support and treatment, and TB-HIV integration.

#### **National Health Laboratory Service**

In close collaboration with the NDOH and the National Health Laboratory System (NHLS), the CDC Laboratory Branch will provide HIV and TB laboratory programmatic support to the national and provincial departments of health. The aim of the "In Support of the NDOH Laboratory Infrastructure" project is to provide technical assistance to the NDOH and provincial health departments to ensure expansion and strengthening of existing laboratory services in all nine provinces. Activities will be carried out to address laboratory-specific unmet needs that impede full implementation of national laboratory programs, ensure uniform quality assurance measures and effective monitoring and

evaluation among laboratories; strengthening of laboratory reporting systems; and promote efforts to synchronize infection control activities in collaboration with the National Institute of Occupation Health (NIOH); The major emphasis area is policy driven, with additional support in training, accreditation, establishing Public Private Partnerships (PPPs), Quality Assurance and Quality Control (QA/QC), strategic planning, technology development and establishing possible collaborations and coordination of training and other possible support networks for laboratories in South Africa.

### **Peace Corps**

Peace Corps Volunteers (PCVs), who work in civil society organizations (CSOs) that focus on home-based care and that address stigma and discrimination against those with HIV and AIDS, are assigned to the Community HIV/AIDS Outreach Project (CHOP). PEPFAR funds will be used to train these CHOP PCVs and their counterparts in (a) organizational capacity building-that is the strengthening of organizational and human capacity (b) PLHIV caregiver support-that is enabling them to meet the physical and psychosocial needs of those living with HIV and AIDS and (c) empowering CSO employees and HBC volunteer workers to address stigma, discrimination, and gender-based violence. CSO employees and HBC volunteer workers, who work with PLHIV caregivers, are the primary target populations for the PCVs and their counterparts. PCVs and their counterparts may also provide direct outreach to caregivers of PLHIV. PCVs will be primarily placed in the rural areas of North West, Limpopo, Mpumalanga and KwaZulu-Natal provinces. Funds requested in FY 2008 will cover the costs of training of PCVs and their counterparts and, through the VAST mechanism, the training of CSO employees, HBC volunteer workers and PLHIV caregivers, and training and conducting outreach in activities with people living with HIV (PLHIV). Priority will be given to contracting with those individuals and organizations that have already received PEPFAR-capacity development support. This will (a) strengthened and build upon previous PEPFAR investment and (b) provide training and outreach in the communities where Peace Corps Volunteers (PCVs) live and work, allowing the PCVs to provide follow-up and document results.

### **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 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 Program**

Prevention efforts are key to reducing sexual transmission of HIV. In South Africa, the Population Council (PC) has implemented several prevention programs targeting young people, learners, as well as men and couples to delay sexual debut, promote faithfulness and mutual monogamy, and to reduce risk behaviors. With PEPFAR FY 2008 funds, PC intends to strengthen and expand these activities. The proposed activities are in response to requests from various government departments (provincial and national), and will draw upon exiting partnerships with South African institutions and organizations such as the Departments of Health and Education and the South African Council of Churches. In FY 2009, PC will work with the Mpumalanga Department of Education and help them take over the implementation of the program. As an exit strategy, and to ensure sustainability, PC will ensure that a model has been adapted, and that this program is completely integrated to the existing Life Skills Program; and that the recipients have developed a sense of ownership. The Council will provide assistance with training, work plan development, and program monitoring and management, and other technical issues as needed. During FY 2009, this program will focus on consolidating relevant, effective interventions in the communities reached in FY 2008, developing and facilitating sustainability plans for these sites

### **Project Support Association of Southern Africa**

Project Support Association of Southern Africa (PSASA), a community-based HIV and AIDS prevention and care organization, is expanding its home-based care (HBC) activities by increasing the number of services, increasing the scope of services (integrating OVC care and adult palliative care, provision of community-based HIV counseling and testing) and improving the quality of these programs through training. Emphasis areas are community mobilization/participation, training, information, education and communication, and development of linkages and referral systems. Target groups are people living with HIV and AIDS (PLHIV) and their families as well as healthcare workers. With FY 2007 PEPFAR funding, the number of HBC programs was expanded providing integrated palliative care, OVC care and HIV testing. The new projects targeted poorer rural communities of Mpumalanga province where health services are limited or non-existent. Through FY 2008 PEPFAR funding, the HIV and AIDS care programs will be expanded to provide prevention with positives elements among those who are HIV-infected. These interventions will target poorer rural communities of Mpumalanga where health services are limited or non-existent and focus mainly on PLHIV and support groups.

### **Population Services International (PSI) VCT Program**

This project promotes a mix of community-based and clinical CT models. The Society for Family Health and the Population Services International (SFH/PSI) will manage a franchise network (under the brand name, New Start) of 12 stand-alone CT sites, each with a mobile CT program. From these CT sites, SFH will provide training and support to at least six healthcare facilities to increase the number of tuberculosis (TB) patients who receive HIV CT in clinical settings, and to private healthcare workers to enable them to make CT a routine part of medical care. Emphasis areas include community mobilization/participation, development of network/linkages/referral systems, local organization capacity development, quality assurance/quality improvement/supportive supervision and training. Primary target populations include men and couples for CT in non-medical settings, and TB patients for CT in medical settings. Higher risk populations such as prisoners, sex workers, and men who have sex with men are targeted when possible. The program is essentially the same with updated targets. The program will continue to focus on expanding the CT models available in South Africa and on increasing male and couple CT. The program also will focus on strengthening tuberculosis (TB)/HIV management by screening all clients for TB, referring clients for TB treatment, providing CT at TB facilities and offering routine offer CT training to TB facilities. The program was developed in cooperation with the South African Government and the leveraging of Global Fund support through the South African National AIDS Committee further strengthens the alignment of the program with government's policies, priorities and strategic plan. Through Global Fund support the program is developing activities in new provinces in cooperation with provincial departments of health. New Start is a member of the National VCT Steering Committee and all relevant provincial VCT committees.

### **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 was re-competed through an Annual Program Statement (APS) in 2007 and was a successful applicant. RTC will continue to use PEPFAR funds to strengthen the capacity of healthcare providers to deliver Care and Support (C&S) services to HIV-infected individuals, and to improve the overall quality of clinical and community-based health care services in

five provinces. Following the National Strategic Plan (NSP), Right to Care (RTC) will use FY 2009 funds to accelerate the scale up of family-centered approaches to adult and pediatric treatment, care and support. The specific aim is to increase the access to care support to 80% of individuals infected with HIV, in accordance with the NSP and the technical considerations for the FY 2009 COP. Focus for the adult care and support program will be to scale up TB and antiretroviral (ARV) activity at all Department of Health, Comprehensive HIV and AIDS Care, Management and Treatment (CCMT) sites, supported by RTC. At the request of the provincial DOH and implemented according to the memorandums of understanding (MOUs) with each province, RTC will continue to support the activity and budget for family centered treatment, care and support.

#### **Southern African Catholic Bishops Conference**

The Southern African Catholic Bishops' Conference AIDS Office (SACBC) provides comprehensive care for orphans and vulnerable children (OVC) to help them grow to be healthy, educated, and socially well-adjusted adults. SACBC supports community programs and projects, linking them to various sources of financial assistance, healthcare, legal aid and nutritional support. OVC services will be provided in 23 sites in all eight provinces of rural South Africa within 18 dioceses of the SACBC Region. SACBC is a sub-partner through Catholic Relief Services (CRS) for its HIV care and treatment programs. Linking with the CRS-funded treatment program will mean that the OVC program will benefit from the experience, M&E expertise and good practices in this program. These treatment sites will focus on identifying HIV-exposed children in the communities they serve. Early identification, screening and referral will be emphasized.

#### **South African National Blood Service**

The South African National Blood Service (SANBS) 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. Taking into account that FY 2009 will be the last year of PEPFAR Track 1 funds, it is essential to ensure that programs implemented by the South African National Blood Services (SANBS) and the Western Province Blood Transfusion Service (WPBTS) are institutionalized and sustainable. The salaries of the personnel supported by PEPFAR comprise about 50% of the PEPFAR funds. It is therefore essential that these positions be taken over by SANBS at the end of the PEPFAR funding period.

#### **South African Department of Defence**

The South African Department of Defence's (SADOD) activities are complementary to the other prevention and care components within the Masibambisane program (the HIV Prevention and Awareness Program of the SADOD). The focus of this abstinence and being faithful (AB) activity is the training of chaplains as trainers in the moral, values and ethics-based program, which addresses gender equity, the role of men as partners, and violence and coercion. This activity will facilitate transferring the value and ethics-based program to members of the SADOD, training chaplains in pastoral care and counseling, and providing pastoral care and counseling to HIV-infected and affected members. In addition, workshops are conducted with unit commanders to ensure buy in and to address stigma and discrimination. Mass awareness and targeted intervention programs will also address AB components of prevention. The activity has been expanded to include training of Southern African Development Community (SADC) chaplains. Specific target populations include HIV-infected pregnant women, people living with HIV (PLHIV), religious leaders and health workers as well as all other personnel within the military.

#### **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

### **Save the Children UK**

Save the Children UK (SC), in partnership with The Center for Positive Care (CPC), supports the South African local government (LG), Departments of Social Development (DOSD), Education (DOE) and Health (DOH) and other NGOs in the Free State (FS) and Limpopo provinces to provide comprehensive care for OVC. Activities include building community capacity by establishing, training and mentoring Child Care Forums (CCFs), training home-based care (HBC) givers, helping schools to plan and implement care for OVC and improving local, district, provincial and national coordination of OVC programming. This program was designed to support implementation of the National Strategic Plan (NSP), National Action Plan for OVC and Department of Education (DOE) policies - implementing Child Care Forums (CCFs), local coordination and caring schools.

### **Soul City**

Soul City has received PEPFAR funding since FY 2005 to implement a media and community-driven program to strengthen prevention, and increase awareness of and demand for HIV care and treatment services. The major emphasis area is community mobilization/participation. Other emphasis areas include: information, education and communication; local organization capacity development; and training. There are five activities. Three activities target adults and children nationally using multimedia, and two activities build on this through training and community mobilization of adults and children. A five-year HIV prevention strategy consolidates Soul City's Institute for Health and Development Communication (SC:IHDC) activities across nine countries into one focused intervention, in line with SADC recommendations and the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011

### **Starfish**

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

### **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**

Toga Integrated HIV Solutions (Toga) is a new PEPFAR partner awarded funding in July 2007. The project aims to establish a network of HIV monitoring laboratories and associated services in resource-constrained antiretroviral treatment (ART) settings. Toga will use FY 2008 funds to deploy three Togatainer laboratories. These laboratories are mobile, prefabricated structures, ideally situated near ART clinics. The index unit has been operating in Gugulethu, Cape Town since March 2004. Three units are being deployed with FY07 funding. Many lessons were learned, including the

importance of having staff that can multi-task, and work with minimum supervision. Communication technology is important, particularly in rural areas, and Toga has redesigned software and equipment to allow for light data transfer. Toga has also developed special redundancy technology. Each Togatainer will serve a sub-network of referrals White Rabbit electronic requesting and reporting systems. It is anticipated that service access will increase the number of patients tested at existing sites from 4000 to 6,500 patients. Three new Togatainer deployment sites have been identified. The implementation will provide laboratory testing for an additional 2500 patients. The implementation of additional White Rabbit reporting and requesting systems is anticipated. Thirty healthcare professionals in the vicinity of deployed Togatainer will be trained in the implementation and management of ARVs. The clinical support service will be expanded to include these healthcare professionals. The emphasis in FY 2009 expansion activities will be the strengthening of healthcare systems where little resource exists, contributing to greater uptake of patients. Alignment will be sought with public partners.

### **Ubuntu Education Fund**

Ubuntu Education Fund (Ubuntu) will expand and improve comprehensive CT linked to prevention, care and treatment services at two clinic sites and a freestanding site, which will be a part of Ubuntu's multi-purpose community center in Port Elizabeth, Eastern Cape. Emphasis areas include increasing gender equity in HIV and AIDS programs. Target populations include children under 5, children 5-9, adolescents 10-14, adolescents 15-24, adults 25 and over, persons who engage in transactional sex, but who do not identify as persons in sex work, street youth, discordant couples, people living with HIV, pregnant women, and orphans and vulnerable children (OVC). In order to target high-risk groups that are statistically less likely to visit mobile clinics, CT will be done in every quarter. Target populations include out-of-school youth and men. For the past six years, Ubuntu has provided targeted HIV prevention community outreach activities in the townships of Port Elizabeth. Ubuntu has a comparative advantage in the community with its great capacity to gather large groups of community members and then provide testing in the community.

Ubuntu Education Fund's (Ubuntu) health educators provide life skills education to vulnerable children and adolescents in the townships of Port Elizabeth, a city in the Eastern Cape Province of South Africa. Ubuntu's life skills classes focus on the development of knowledge, attitudes, values and skills needed to make and act on the most appropriate and positive health-related decisions. The major emphasis areas for this activity are addressing male norms and behaviors, increasing gender equity in HIV and AIDS programs. Specific target populations include adolescents (10-14) and (15-24).

### **University Research Corporation (TB Tasc)**

TASC II TB Project (TASC II TB), managed by University Research Co., LLC, works with all levels of Department of Health (DOH) 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 as well as 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.

### **University Research Corp. LLC**

Through introduction of quality assurance (QA) tools and approaches and practical work, University Research Co., LLC/Quality Assurance Project (URC/QAP) will train 600 staff members of PEPFAR partners to gain a better understanding of quality improvement and quality assurance tools and approaches. Emphasis will be put on practical application of the quality assurance and improvement concepts in HIV/AIDS care, support and treatment settings. The training will also look at quality improvement and how its links with overall system strengthening activities. The training will seek to improve the quality of PEPFAR programs in general and HIV and AIDS programs in particular. The essential elements of QA include technical compliance with evidence-based norms and standards, interpersonal communication and counseling and increasing organizational efficiency. The major emphasis areas for this activity are QA and supportive supervision, with minor emphasis on development of networks, linkages, referral systems, training and needs assessment. The target populations include policy makers, public and private healthcare workers, community-based

organizations (CBOs), and NGOs. As the Health Care Improvement (HCI) project is relatively new, it will continue to focus on the four key activities described in the FY 2008 COP narrative. The emphasis during FY 2009 will be on expanding these activities, maximizing on gains and consolidating lessons learned. One of the important activities through FY 2009 will be to start the process of acquiring South Africa Qualifications Authority (SAQA) accreditation for the Quality Assurance (QA) training modules, which is often a lengthy and daunting process.

#### **World Vision**

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

#### **X-Strata**

Xstrata is a new PEPFAR partner which received funding since FY 2007 for a public-private partnership with the Mpumalanga Department of Health (MPDOH). The implementing partner for this is Re-Action! Consulting (RAC). In FY 2009 the geographic focus will expand to include Limpopo (activities have not yet commenced). RAC will facilitate a co-investment partnership with Xstrata to provide support for strengthening targeted government clinic sites, continuing to improve access to basic preventive, clinical care and psychosocial support services. The project will build on a public-private mix model for strengthening HIV and TB service delivery that Xstrata and RAC has already begun to implement in the province with funding from Xstrata (dollar for dollar match with PEPFAR). Major emphasis will be given to development of health workforce capacity, with minor focus on community mobilization/participation, building linkages with other sectors, local organization capacity development and strategic information.

#### **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
Academy for Education Development	BC, OP, CT, PMTCT, OVC	Block A, 876 Pretorius Street, Arcadia, Pretoria	Ambursley, Fitzroy – Chief of Party - 012-430-9790, Email: <a href="mailto:fambursley@aed.org">fambursley@aed.org</a>	Yes
African Medical and Research Foundations	CT	297B Lynwood road, Menlo Park, 0102, Pretoria. South Africa, Pretoria	Ndhlalambi, Melusi - Deputy Country Director - 012-362-3127, Email: <a href="mailto:melusin@amref.org.za">melusin@amref.org.za</a>	Yes
American Association of Blood Banks	BL	National	Konstenius, Terri - Director, Intl Program Operations - 301-215-6562 – email: <a href="mailto:tkonstenius@aabb.org">tkonstenius@aabb.org</a>	
Ambassador's Community Grants Program (See Below)				
Botegang Drop-In Center	OVC	Mokopane	Christina Monyezo - Board – Secretary - 082-343-1142	
Direlang Project	OVC	Lenting	Bertha Mphahlele – Director - 082 698 3158	
Fanang Diatla Self Help Project	OVC	Polokwane	Agnus Qwabe – Founder - 072 709 2966	
Ikageng Kromhoek	BC	Kromhoek Village	Rebecca Meyers - Peace Corp - 078 018 6289	
Lenkwane la Maphiri Drop-in Centre	OVC	Polokwane	Gillian Mphahele – Co-Founder - 082 670 9367	
Makotse Women's Club	OVC	Lebowakgomo Village	G.M. Legodi - Project Coordinator - 073-776-2777	
Mashashane Drop-In Center Care	OVC	Polokwane	Nkele Maria Mothapo - Project Manager - 072-698-6559	
Mashau Home Based Care	BC	Makhodo, Ward 9	Maumela Rose A. – Coordinator - 827214653	
Ntshuxeko Drop-In Center	OVC	Giyani Town	Baloyi Solani Fridah - Director, Drop-In Center - 015 812 1777	
Re A Soma Home Based Care	OVC	Polokwane		
Sego Home Based Care	OVC	Polokwane		
Tiangmaatla Home Based Care	OVC	Polokwane		
Vhatangandzeni Home Base Care and Orphanage	OVC	Thohoyadou		
Anglican Church of Southern Africa	OVC	National, No. 1 Braehead Rd, Kenilworth, Western Cape	Jeptha, Rozette - OVC Program Director - 021-762-4220, Email: <a href="mailto:rjeptha@anglicanaids.org">rjeptha@anglicanaids.org</a>	
Aurum Institute for Health Research	TB, BC, XD, CT, XS, OP	PO Box 61587, Marshalltown, Johannesburg	Appiah, Kuku – SME Program Director - 011-638-2619, Email: <a href="mailto:kappiah@auruminstitute.org">kappiah@auruminstitute.org</a>	Yes
Boston University Program	BC, XS, ARV	C/O Right to Care, Postnet Suite 212, Private Bag x2600, Houghton, Johannesburg	Rosen Sydney - 011-276 8888, Email: <a href="mailto:sbrosen@bu.edu">sbrosen@bu.edu</a>	

Partner	Program	Location	Contact Information	MOU
BroadReach Health Care (BRCH)	BC	The Park, 3rd Floor, Park Road, Johannesburg	Dr Darkoh, Ernest, Director, (021) 514-1333 Email:	
Care	BC	PO Box 221, Wits, Johannesburg	Naidoo, Kalie - Acting Letsema Programme Manager 011-403-3288, Email: <a href="mailto:knaidoo@care.org.za">knaidoo@care.org.za</a>	Yes
CompreCare	AB	PO Box 12424, Queenswood, Pretoria	Govender, Elaine - 012-329-2094, Email: <a href="mailto:elaine@champs.co.za">elaine@champs.co.za</a>	
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: <a href="mailto:rstark@crsrsa.co.za">rstark@crsrsa.co.za</a>	Yes
Child Welfare South Africa	OVC	2 Cunningham Road, Johannesburg	Briede, Megan, Senior Manager - 011-492-2888, Email: <a href="mailto:megan@childwelfare.org.za">megan@childwelfare.org.za</a>	Yes
National Department of Education	AB, OVC	Pretoria	Ndebele, Gugu - Deputy Director General - 012-312-5451, Email: <a href="mailto:Ndebele.g@doe.gov.za">Ndebele.g@doe.gov.za</a>	
Elizabeth Glaser Pediatric AIDS Foundation	BC, XD, TB	196 Oxford Road, Oxford Manor, Block 1, Illovo, Johannesburg	Mangochi, Marriam - 011-268-6837, Email: <a href="mailto:mmangochi@pedaids.org">mmangochi@pedaids.org</a>	Yes
EngenderHealth	AB, OP	Postnet Suite 209, Private Bag 30500, Johannesburg	Ntayiya, Sakumzi – Country Director - 011-833-0502, Email: <a href="mailto:sntayiya@engenderhealth.org">sntayiya@engenderhealth.org</a>	Yes
Family Health International CTR	OP	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Pilusa, Sonia - Country Director - 012-366 9310, Email: <a href="mailto:spilusa@fhi.org.za">spilusa@fhi.org.za</a>	Yes
Family Health International Umbrella Grants Management	BC, OVC	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Pilusa, Sonia - Country Director - 012-366 9310, Email: <a href="mailto:spilusa@fhi.org.za">spilusa@fhi.org.za</a>	Yes
Foundation for Professional Development	CT, SI	Po Box 74789, Lynwood Ridge, Pretoria	Wolvaardt, Gustaaf - Executive Director - 012-481-2031, Email: <a href="mailto:gustaafw@foundation.co.za">gustaafw@foundation.co.za</a>	Yes
Fresh Ministries	AB	4 Keurboom Avenue, Brakpan	Bishop Beetge, David, Liaison Bishop - Anglican AIDS, 011-740-1154 Email: <a href="mailto:dabeetge@iafrica.com">dabeetge@iafrica.com</a>	Yes
Georgetown University Global HIV/AIDS Nurse Capacity Building Program	HSS		Little, Amanda, Email – <a href="mailto:liddlea@georgetown.edu">liddlea@georgetown.edu</a>	
GoLD Peer Education development Agency (GoLD)	AB, OP	20/22 Station Road, Rondebosch, Cape Town	Farr, Susannah - 021-685-5038, Email - <a href="mailto:Susannah@goldpe.org.za">Susannah@goldpe.org.za</a>	
Hands at Work	OVC, BC		George Snyman - 013-751-2341, Email - <a href="mailto:handsatwork@worldonline.co.za">handsatwork@worldonline.co.za</a>	
Harvard School of Public Health	AB	677 Huntington Avenue, Boston MA, USA	Deutsch, Charles - Country Director - 617 432 3936, Email: <a href="mailto:cdeutsch@hsph.harvard.edu">cdeutsch@hsph.harvard.edu</a>	Yes

Partner	Program	Location	Contact Information	MOU
Health Care Improvement (HCI) University Research Co	HSS	Hatfield Gardens, 333 Grosvenor Street, Hatfield, Pretoria	Ms Jacobs, Donna , Director, 012-342-1419 Ext 213 Email: <a href="mailto:Donnaj@gap.co.za">Donnaj@gap.co.za</a>	Yes
HIVCARE	BC, XS, XD, CT	Private Bag X141, Centurion	Gregory, James – Manager - (012) 665-8500, Email: <a href="mailto:james.gregory@primecure.co.za">james.gregory@primecure.co.za</a>	Yes
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: <a href="mailto:khenning@hpca.co.za">khenning@hpca.co.za</a>	Yes
Health Science Academy	XS	284 Oak Avenue, Ferndale, Randburg, Johannesburg	Manentsa, Nthabiseng - Project Manager - 011-509-2555, Email: <a href="mailto:nthabiseng.manentsa@healthscience.co.za">nthabiseng.manentsa@healthscience.co.za</a>	Yes
Hope Worldwide	OVC, BC	P.O. Box 550, Randpark Ridge, Johannesburg	Selepe, Paul – Program Director - 011-794-2002, Email: <a href="mailto:paul.selepe@hwwafrica.org">paul.selepe@hwwafrica.org</a>	
Human Science Research Council of South Africa	OVC	134 Pretorius Street, Pretoria	L. Simbayi - Project Manager - 012-302-2005, Email: <a href="mailto:Lsimbayi@hsrc.ac.za">Lsimbayi@hsrc.ac.za</a>	Yes
Humana	AB, OP, CT	Postnet Suite 259, Private Bag x31, Saxonworld, Johannesburg	Torbensen, Lone - Director of Partnership Unit for Africa - 1-646-4922, Email: <a href="mailto:lonetorb@lantic.net">lonetorb@lantic.net</a>	Yes
I-Tech (University of Washington)	XS		White, Brian – Technical Advisor Eastern Cape, 043-748-6823, Email: <a href="mailto:bpwhite@u.washington.edu">bpwhite@u.washington.edu</a>	Yes
JHPIEGO	ARV	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Morris, Chester – Country Director - 012-366-9320, Email: <a href="mailto:cmorris@jhpiego.net">cmorris@jhpiego.net</a>	Yes
Johns Hopkins University Center for Communication Programs	AB, BC, XS, CT, OP, TB, SI	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Mr Coleman, Patrick, Country Director , 012-366 9300 Email: <a href="mailto:patrick@jhuccp.co.za">patrick@jhuccp.co.za</a>	Yes
John Snow, Inc	IN	PO Box 35388, Menlo Park, 0102, Pretoria	Barkhuizen, Adelé – Project Officer - 012-362 7991, Email: <a href="mailto:abarkhuizen@jsi.org.za">abarkhuizen@jsi.org.za</a>	Yes
Khulisa	SI	PO Box 923, Parklands, Johannesburg	Ogawa, Michael - 011-447-6464, Email: <a href="mailto:mogawa@khulisa.com">mogawa@khulisa.com</a>	
Leonie Selvan Communications	AB, PMTCT	42 Bristol Road, Saxonworld, P.O. Box 3049, Houghton, Johannesburg	Selvan, Leonie - 011-447-1276, Email: <a href="mailto:leonies@global.co.za">leonies@global.co.za</a>	
Management Sciences for Health (SPS)	XS, XD, PMTCT	PO Box 1579, Masada Building, 4th Floor, Corner Proes & Paul Kruger, Pretoria	Mr Sallet, Jean-Pierre , Regional Technical Advisor/M&E, 012-326-6825 Email: <a href="mailto:jpsallet@msh.org">jpsallet@msh.org</a>	
Medical Research Council (MRC)	CT	Private Bag X385, Pretoria	Reddy, Priscilla - Director. Health Promotion Research & Development Group – Email: <a href="mailto:priscilla.reddy@mrc.ac.za">priscilla.reddy@mrc.ac.za</a>	
Muslim AIDS Project	AB	PO Box 42863, Fordsburg, Johannesburg	Nawab, Suraiya – Director - 011-273-8080, Email: <a href="mailto:careline@islamsa.org.za">careline@islamsa.org.za</a>	

Partner	Program	Location	Contact Information	MOU
National Association of Childcare Workers	BC, OVC	PO Box 47368, Greyville	Tumbaloo, Zeni , Isibindi Administor , 031-312-9484 Email: zen@naccw.org.za	Yes
National Association of Correctional Services	BC, XS, XD, OP	Ponyton East Block, 124 Church Street, Pretoria	Chaka-Ramela, Thabiso - 012-3072885, Email: <a href="mailto:Thabiso.Chaka-Ramela@dcs.gov.za">Thabiso.Chaka-Ramela@dcs.gov.za</a>	
National Department of Health	AB, OP, TB	Private Bag X828, Pretoria	Kalombo, David - Director: Comprehensive Plan – 012-312-0128, Email: kalomd@health.gov.za	
National Health Laboratory Services	LAB	Private Bag 4, Sandringham, Johannesburg	Dr Marshall, Terry , , 011-386-6450 Email: teresam@nicd.ac.za	
Perinatal HIV Research Unit	PMTCT	PO Box 114, Diepkloof, Johannesburg	Dr Gray, Glenda, Director, 011-989-9702 Email: gray@pixie.co.za	Yes
Population Council	OP	PO Box 411744, Craighall, Johannesburg	Mullick, Saiqa – Director - 011-438-4400, Email: <a href="mailto:smullick@popcouncil.org">smullick@popcouncil.org</a>	Yes
Population Services International	CT	PO Box 408, Oakland Park, Johannesburg	Mhazo, Miriam - Senior CT Program Manager - 011-484-5320, Email: <a href="mailto:miriam@sfh.co.za">miriam@sfh.co.za</a>	Yes
Right to Care	BC, XS, XD, CT, TB	Postnet Suite 212, Private Bag X2600, Houghton, Johannesburg	Firnhaber, Kurt – Deputy Director - 011-276-8880, Email: <a href="mailto:kurt.firnhaber@righttocare.org">kurt.firnhaber@righttocare.org</a>	Yes
South African Catholic Bishops Conference AIDS Office	BC, OVC	Khanya House, 399 Paul Kruger Street, Pretoria	Munro, Alison - AIDS Office Coordinator - 012-323-6458, Email: amunro@sacbc.org.za	Yes
South African Clothing & Textile Workers' Union	BC, XS, CT, OP	Industry and Housing, 350 Victoria Road, Salt River, Cape Town 7925	Ms Soboil, Nikki, National Director, 021-447-4570, Email: <a href="mailto:nikki@swtzn.co.za">nikki@swtzn.co.za</a>	
South African National Blood Service	BL	Private Bag x14, Weltevreden Park, Johannesburg 2000	Prof Heyns, Anthon, Project Manager, 011-761-9111, Email: <a href="mailto:aheyns@inl.sanbs.org.za">aheyns@inl.sanbs.org.za</a>	Yes
South African National Defence Force	AB, BC, CT, XS, OP, PMTCT	Private Bag X102, Centurion, Pretoria 0046	Brig Gen Siwisa, Lulu , Director: HIV/AIDS, Email: <a href="mailto:siwisalulu@yahoo.com">siwisalulu@yahoo.com</a>	Yes
Toga Laboratories	XS, LAB	PO Box 4715, Witbank, 1035	Mr Banda Libani, Joseph, 013-659-7790 Email: <a href="mailto:jlbanda@lantic.net">jlbanda@lantic.net</a>	Yes
Save the Children UK	OVC	PO Box 14038, Hatfield , Pretoria 0028	Zingu, Julia , Country Director , 012-430-7775, Email: <a href="mailto:jzingu@savethechildren.org.za">jzingu@savethechildren.org.za</a>	Yes
University Research Corporation (TB Tasc)	TB	PO Box 12058, Hatfield, Pretoria, 0028	Dr Ntombi Mhlongo, Program Director, 012-342-1419, Email: <a href="mailto:NtombiM@tasc-tb.co.za">NtombiM@tasc-tb.co.za</a>	
University Research Corp. LLC	CT	PO Box 12058, Hatfield, Pretoria, 0030	Ms. Jacobs, Donna , Director, 012-342-1419 Ext 213, Email: <a href="mailto:Donnaj@gap.co.za">Donnaj@gap.co.za</a>	Yes
World Vision	OVC, BC	Main Ave. Florida Extension, Johannesburg 1710	Mr. Chabeli, Lehlohonolo, , 011-671-1300, Email: <a href="mailto:lehlohonolo_chabeli@wvi.org">lehlohonolo_chabeli@wvi.org</a>	Yes



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

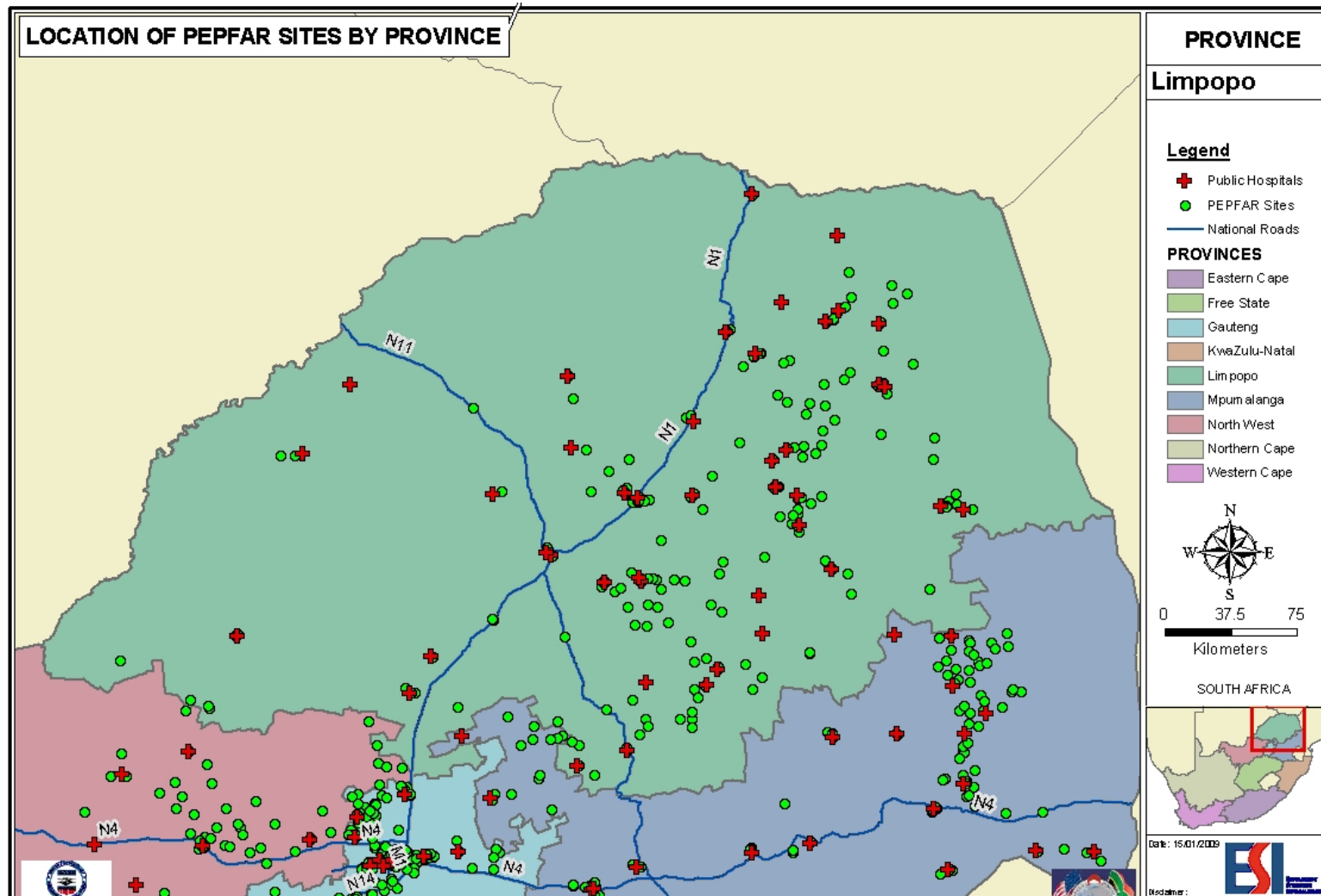
Partner	Town/City	Facility	Type
Aurum	Various	Limpopo-Aurum	Private
Catholic Relief Services	Bela Bela	Bela Bela AIDS Awareness	NGO
Catholic Relief Services	Tzaneen	Kurisanani - Diocese of Tzaneen HIV/AIDS Project (St. Joseph Clinic and Holy Family)	NGO
Foundation for Professional Development	Elim	Bungeni Health Centre	Government
	Elim	Elim District Hospital	Government
	Elim	Tiyani Health Centre	Government
	Giyani	Nkhensani District Hospital	Government
	Groblersdal	Groblersdal Hospital	Government
	Jane Furse	Jane Furse District Hospital	Government
	Louis Trichardt	Louis Trichardt District Hospital	Government
	Makhado	Siloam District Hospital	Government
	Malamulele	Malamulele District Hospital	Government
	Mokopane	Mokopane District Hospital	Government
	Mussina	Messina District Hospital	Government
	Naboomspruit	Mmokgophong District Hospital	Government
	Philadelphia	Philadelphia District Hospital	Government
	Polokwane	Polokwane Tertiary Care Hospital	Government
	Polokwane	Rethabile Clinic	Government
	Polokwane	Seshego District Hospital	Government
	Shayandima	Tshilidzini Regional Hospital	Government

Partner	Town/City	Facility	Type
	Sovenga	Mankweng Tertiary Care Hospital	Government
	Thohoyandou	Donald Frazer District Hospital	Government
	Tzaneen	Letaba District Hospital	Government
Management Science for Health	Burgersfort	Dilokong Hospital	Government
	Ga-Magatle	Zebediela Hospital	Government
	Lebowakgomo	Lebowakgomo Hospital	Government
Perinatal HIV Research Unit	Tzaneen	Basani Clinic	Government
	Tzaneen	Bellevue Clinic	Government
	Tzaneen	BenFarm Clinic	Government
	Tzaneen	Bismark Clinic	Government
	Tzaneen	Carlota Clinic	Government
	Tzaneen	Charlie Rangane Clinic	Government
	Tzaneen	CN Pathudi Hospital	Government
	Tzaneen	Dan Clinic	Government
	Tzaneen	Dr Hugo Clinic	Government
	Tzaneen	Duivelskloof Clinic	Government
	Tzaneen	Dzumeri Health Centre	Government
	Tzaneen	Hlaneki Clinic	Government
	Tzaneen	Jamela Clinic	Government
	Tzaneen	Julesburg Health Centre	Government
	Tzaneen	Kgapane Clinic	Government
Tzaneen	Khujwana Clinic	Government	
Tzaneen	Lebaka Clinic	Government	
Tzaneen	Lephepane Clinic	Government	
Tzaneen	Letsitele Clinic	Government	
Tzaneen	Lorraine Clinic	Government	

<b>Partner</b>	<b>Town/City</b>	<b>Facility</b>	<b>Type</b>
	Tzaneen	Madumane Clinic	Government
	Tzaneen	Magodeni Health Centre	Government
	Tzaneen	Makhuva Clinic	Government
	Tzaneen	Maphalle Clinic	Government
	Tzaneen	Mariveni Clinic	Government
	Tzaneen	Medinyeni Clinic	Government
	Tzaneen	Mgoboya Clinic	Government
	Tzaneen	Mogapeng Clinic	Government
	Tzaneen	Mohlaba Clinic	Government
	Tzaneen	Moime Clinic	Government
	Tzaneen	Mopaneng Clinic	Government
	Tzaneen	Morutjie Clinic	Government
	Tzaneen	Motupa Clinic	Government
	Tzaneen	Msengi Clinic	Government
	Tzaneen	Namakgale Clinic	Government
	Tzaneen	Ngove Clinic	Government
	Tzaneen	Nkowa Health Centre	Government
	Tzaneen	Nyavana Clinic	Government
	Tzaneen	Ooghoek Clinic	Government
	Tzaneen	Ramotshinyadi Clinic	Government
	Tzaneen	Raphahlelo Clinic	Government
	Tzaneen	Seapule Clinic	Government
	Tzaneen	Sekgopo Health Centre	Government
	Tzaneen	Sekororoh Clinic	Government
	Tzaneen	Senobela Clinic	Government
	Tzaneen	Shiluvana Health Centre	Government
	Tzaneen	Shotong Clinic	Government

<b>Partner</b>	<b>Town/City</b>	<b>Facility</b>	<b>Type</b>
	Tzaneen	Sophia Clinic	Government
	Tzaneen	The Oaks	Government
	Tzaneen	The Willows	Government
	Tzaneen	Tours Clinic	Government
	Tzaneen	Tzaneen Clinic	Government
	Tzaneen	Zangoma Clinic	Government
Perinatal HIV Research Unit (Wits Ped Group)	Glen Cowie	St. Rita's Hospital	Government
	Jane Furse	Jane Furse District Hospital	Government
	Lansdale	WF Knobel Hospital	Government
	Matoks Village	Botlokwa Hospital	Government
	Matoks Village	Botlokwa Hospital	Government
	Polokwane	Mankweng Hospital	Government
	Polokwane	Polokwane Hospital	Government
	Selelang	Rethabile Clinic	Government
	Seshego	Seshego Hospital	Government
Solidarity Centre	Various	Solidarity Centre-Limpopo	Private
Tshepang Trust	Various	Tshepang Limpopo	Private

## Location of PEPFAR sites in Limpopo Province



US President's Emergency Plan for AIDS Relief  
Activities in Limpopo 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)