

# PEPFAR

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



THE POWER OF PARTNERSHIPS

## Activities in Mpumalanga Province

Fiscal Year 2009



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

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

The seven principles of the South African PEPFAR program are:

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

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

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

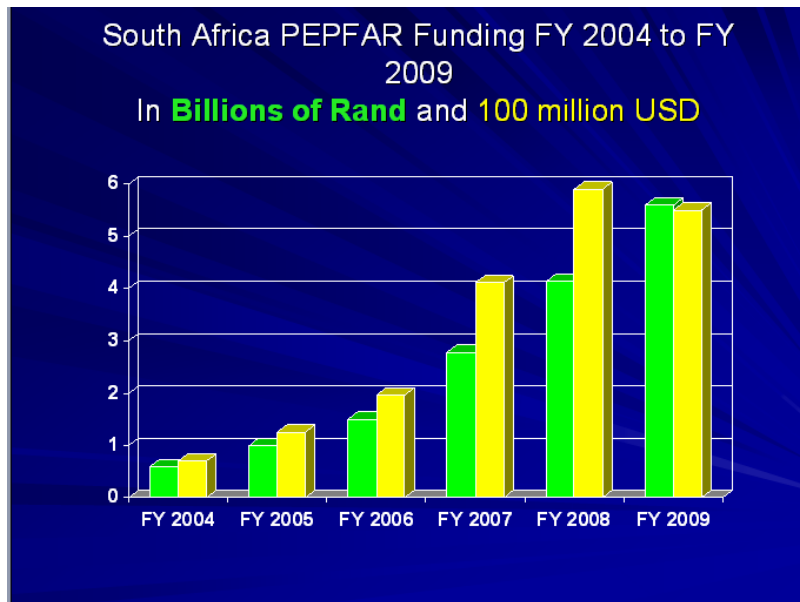
The South African PEPFAR Team works under the leadership of the U. S. Ambassador and consists of the following U.S. Government Agencies:

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

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

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

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



In Mpumalanga Province, PEPFAR is providing funding to **60 partners** that implement activities in facilities and communities throughout the province. The partners who carry out these activities represent NGOs, FBOs, and SAG agencies. The focus of many of these partners is national, this refers to organizations that work at the national level (e.g., policy and advocacy), and support some or all provinces. These partners are listed in the Quick Reference – Partners by Program Activities, as well as in the PEPFAR tab of the US embassy website: <http://southafrica.usembassy.gov/>.

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

Currently, **31 partners** have signed MOUs within the Mpumalanga Province to implement their activities. PEPFAR partners hope to increase the number of signed MOUs in FY 2009 to ensure all activities occur within agreed frameworks. Partners with signed MOUs are listed in the Quick Reference – Partners by Program Activities.

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

<http://www.pepfar.gov>

<http://southafrica.usembassy.gov>

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

## Program Areas

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

Prevention	Care	Treatment	Other
<ul style="list-style-type: none"> <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 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 NDOH in

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

These include:

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

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

## **Sexual Prevention**

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

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

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

## **Biomedical Prevention**

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

### **Injection Safety and Injecting and non-injecting Drug Use**

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

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

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

The NDOH's Quality Assurance and Environmental Health Units will institutionalize the adapted version of the "DO NO HARM" manual as the country's primary reference manual for training in injection safety. Sustainability is achieved by leveraging support from local partners. To date, MMIS has garnered support from the Democratic Nurses Organization of South Africa, Khomanani (the South African government's HIV and AIDS Information, Education and Communication (IEC) Campaign), Excellence Trends (a private firm consulting in waste management), and the Basel Convention for the completion of a number of deliverables such as training, and printing and disseminating of IEC material. In addition, MMIS works with South African provinces and

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

## **Blood Safety**

Blood transfusion in South Africa is recognized as an essential part of the health-care system. South Africa has a strong blood safety program that is directed by the SANBS, a PEPFAR partner. South Africa National Blood Service (SANBS) actively recruits voluntary blood donors and educates the public about blood safety. Blood donors are voluntary and not remunerated. Blood is collected at fixed donor clinics and mobile clinics that visit schools, factories, and businesses. All blood is routinely screened for HIV-1 and 2, hepatitis B and C, and syphilis.

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

## **Counseling and Testing**

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

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

## **Adult Care and Treatment**

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

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

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

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

## **Pediatric Care and Treatment**

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

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

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

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

## **Tuberculosis**

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

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

TB/HIV programming will be prioritized in FY 2009.

## **Orphans and Vulnerable Children**

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

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



To ensure quality, the USG has defined direct service provision as each child receiving a minimum of three services from a menu of eight services. These include

- targeted, short-term food and nutritional support
- shelter and care
- child protection
- assistance in accessing healthcare
- psychosocial support
- increased access to education and vocational training (including school fees, uniforms, tutoring etc.)
- assistance in accessing economic support (accessing social grants, income-generation projects, etc.),and
- community mobilization.

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

## Laboratory Infrastructure

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

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

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

## Strategic Information

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

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

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

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

## **Health Systems Strengthening**

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

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

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

## **Human Capacity Development – Human Resource Capacity**

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

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

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

## Summary of Partner Activities in Mpumalanga

### Ambassador's Community Grants Program

**/Lethithemba Drop-in Centre** - CCBE will train their adult leaders in grief counseling, psychosocial counseling, and strategic planning. Youth leaders will be trained in leadership and life skills. Cooks will receive training in nutrition. The training efforts will benefit 80 OVCs.

A senior caregiver's stipend will motivate this key person from the township to do the best job possible. The three cook/caregivers, who are charged with preparing meals out of scraps and donations, will also receive small stipends. For the first time, administrative costs will be covered, freeing this organization to concentrate on matters other than covering basic costs. An equipment budget will allow this group to purchase needed classroom and sports equipment for the children, which will increase the offerings of the program and help guarantee regular attendance. A small outreach budget will permit CCBE to engage the community on HIV and AIDS issues..

**Sinothando Action Against AIDS**- This grant will assist 400 home-based care patients under Sinothando's care by providing needed training to 20 caregivers. 300 OVCs will benefit when Sinothando has the administrative resources and equipment to follow up with IDs, social grant applications, and medical referrals. This grant will also allow Sinothando to furnish its new office and purchase caregiver kits and uniforms. 20 caregivers will receive stipends for the first time since April 2007. Ongoing expenses such as transportation, rent, phone and electricity, will be covered for this rural organization.

**St. John's Care Center** - A substantial training budget will allow St. John's Care Center to provide both internal training for its own team, and external training for area organizations. Synchronization between HIV/AIDS organizations is sorely lacking in the Barberton area, and St. John's, with its high-level expertise plus large meeting space, is uniquely qualified to take the lead in this area.

An administrative and transportation budget will be provided, benefiting 86 hospice patients and 45 OVCs. The Center will be able to purchase desks and chairs for its two schoolrooms, allowing 30 children to study in a more school-like environment.

**Thandanani Home-Based Care**- This grant will permit 130 OVCs to receive enhanced care at Thandanani, with chalkboards, educational supplies, and sports and playground equipment. The same children will benefit when two OVC coordinators receive training in Grassroots Soccer and bring the 'HIV awareness through soccer' program to Barberton. 19 caregivers will receive HBC training, improving their care of 600 AIDS patients.

**Foundation for the Support and Development of AIDS Orphans and Destitute Women (FOSDAODW)** - The grant will be used to fund:

- a) The feeding (drop-in-center) for OVCs (kitchen equipment -freezer, stove, and cutlery/pots and pans; tables and chairs; gas bottles, fire extinguisher).
- b) Admin costs: Rent, office equipment (copier machine) for the project's HIV/AIDS prevention/outreach programs (Note: 60 primary schools in the Witbank area).
- c) Medical supplies for Caregivers' kits and transportation costs.
- d) Stipends for 7 caregivers and training in OVC program - Early Childhood Development.

**Reach For Life** - The grant will provide funds to :

- a) Pay for stipends for the 5 caregivers (cooks) and transportation.
- b) Buy equipment for the kitchen: microwave oven, dishes, tables and chairs, storage box/pantry shelves.

- c) Purchase books and sports and other equipment to support activities that encourage enhancement of education and promote vocational training for OVCs.
- d) Admin costs: rent and office supplies; awareness/outreach campaigns. 289 OVCs and 400 patients would benefit.

**Tholulwazi Home Based Care** - The grant will be used to :

- a) Buy equipment for the kitchen: propane gas, cutlery and aluminum kitchen sink and miscellaneous kitchen items.
- b) Educational materials for pre-schoolers and sports equipment for older kids to enhance after school activities.
- c) Pay for administration costs: office supplies, cell phone air time, transportation, and uniforms for caregivers.
- d) Income generation - sewing machine.

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

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

### **Anglican Church of Southern Africa**

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

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

The Aurum program provides HIV counseling and testing (CT) for patients in private general practitioner (GP) practices and non-governmental sites. Where Aurum provides support in the public sector, the voluntary counseling and testing (CT) human resources and commodities are provided by the South African government. Emphasis areas include human resources, commodity procurement and quality assurance. The primary target populations are people living with HIV (PLHIV), HIV-infected children, prisoners, homeless people and street youth. The SME Project will continue and expand counseling and testing services offered to SME employees, their partners and dependents through fixed and mobile sites located within targeted workplaces, mobile clinics and sites located within taxi ranks.

Aurum's palliative care program provides care to patients infected with HIV following HIV counseling and testing, and screening for treatment eligibility in accordance with South African Government (SAG) guidelines. The facilities where palliative care is provided include general practitioners' clinics, non-governmental clinics and public sector sites. These sites are located mainly in the Gauteng, North West, Mpumalanga and KwaZulu-Natal. Patients are also assessed for opportunistic infections and eligibility for ART and provided with preventive therapy i.e. INH and cotrimoxazole. Emphasis areas include human resources, commodity procurement, logistics, quality assurance and training. The primary target populations are people living with HIV (PLHIV), HIV-infected children, prisoners, homeless people and street youth. Aurum's program will mainstream gender in FY 2009 and focus on a family-centered approach. Aurum will strengthen links to communities in four provinces (Gauteng, North West, Eastern Cape and Limpopo) through devolution of care to lower level facilities. The care program will be closely linked to TB-HIV initiatives and many of the activities in that area will be integrated here.

### **Boston University (BU)**

Boston University (BU) will use FY 2008 funds to 1) expand and extend an ongoing analysis of cost and cost-effectiveness of models of treatment delivery in South Africa; and 2) extend an ongoing analysis of the outcomes and sustainability of treatment for adult patients. Results will be used to

inform future planning by the USG PEPFAR Task Force and South African Government and improve treatment delivery. All of the activities are public health evaluations, and the target populations for the activities are adults, people living with HIV, policy makers, program managers, clinicians (public and private), organizations (all types), and USG staff.

### **BroadReach Health Care (BRHC)**

BroadReach Healthcare's (BRHC) antiretroviral (ARV) services activities include training for health professionals, management support, laboratory support, quality assurance, and community outreach. BRHC's emphasis areas are human capacity development, local organization capacity building, and strategic information. Primary target populations include children, adolescents, adults, pregnant women, and people living with HIV (PLHIV). In FY 2009, BroadReach Health Care (BRHC) will expand capacity building activities all conducted at the request of and in partnership with the South African Government (SAG). The FY 2008 narrative primarily describes activities under BRHC's general practitioner (GP) program with private providers which offer services to HIV-infected persons through three different treatment models. The GP program will be maintained, but the majority of funding for this program area will be for the intensification of BRHC's program to build capacity in SAG facilities. All proposed activities will be aligned with the National Strategic Plan (NSP), national ARV guidelines and other national guidelines governing the care and treatment of HIV-infected people.

The primary goal of BroadReach Healthcare's (BRHC) counseling and testing (CT) is to ensure that those testing positive for HIV are started on antiretroviral treatment (ART) when clinically qualified and enrolled patients continue to receive outstanding care and support. CT is the entry point for this goal. BRHC also supports activities that include test-kit procurement, meeting infrastructure and human resource demands, increasing testing uptake, prevention, patient counseling, referral systems, and training. Primary target populations include children, adolescents, adults, pregnant women, and people living with HIV (PLHIV). In FY 2009 BroadReach Healthcare (BRHC) will significantly expand counseling and testing (CT) accessibility by supporting CT across an increased number of sites. In addition to activities of FY 2008, specific focus will be placed on ensuring quality of testing, targeting of specific groups and testing facilities, referrals and prevention education. BRHC will work with government facilities to expand and enhance CT services within hospital systems and will aim to mobilize communities by driving large scale CT campaigns, in addition to implementing or expanding home-based testing initiatives. BRHC will partner with community groups and CT partners in order to obtain the necessary reach. To meet these objectives, BRHC, in conjunction with key personnel of partner sites, will design and develop programs, processes and operating procedures, source and develop education materials, design and implement data collection and monitoring tools, align resourcing needs and assist with implementation.

### **Catholic Relief Services**

Activities support the provision of palliative care under the comprehensive antiretroviral treatment (ART) program carried out by Catholic Relief Services (CRS) in 25 field sites in 8 provinces in South Africa. The area of emphasis is the improvement of quality of life to people living with AIDS who are not yet on antiretroviral treatment (ART), ensuring their wellness to delay the necessity of commencing the ART for as long as possible, ensuring optimal health for persons on ART, and ameliorating pain and discomfort for those in the terminal stages of the disease. The field sites target those in need of these services, who live in the catchment area of the site, and who lack the financial means to access services elsewhere. The major emphasis area is linkages with other sectors and initiatives. Minor emphasis areas are community mobilization/participation, development of referral systems, and human resources. The main target populations are HIV-infected individuals and their families as well as caregivers. In FY 2009, there will be renewed emphasis on patients in the wellness phase (patients in care who do not qualify for antiretroviral therapy (ART) yet), tracking patients in care, using community health care workers to identify household dependants, renewed emphasis on family-centered care and involvement of men, and increased screening conducted in community by home-based caregivers entering homes.

Catholic Relief Services (CRS) activities are implemented to support provision of counseling and testing (CT) under the comprehensive antiretroviral treatment (ART) program carried out by Catholic Relief Services (CRS) in 25 field sites in 8 provinces in South Africa. The program aims to establish the HIV status of as many residents of the catchments area of each site as possible, with a view to

determine their CD4 counts, so that they can be placed on ART as soon as necessary. Major emphasis is placed on community mobilization/participation, with minor emphasis given to the development of network/linkages/referral systems, development of human resources and training. Specific target populations include the general population, people affected by HIV and AIDS, nurses and other healthcare workers.

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

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

### **Childline Mpumalanga**

Childline Mpumalanga provides care and support services to orphaned and vulnerable Children (OVC) in five underserved and rural areas in Mpumalanga Province. The main emphasis areas of activities are training, reducing violence and coercion and local organization capacity building. Primary target populations are OVC, adolescents 10 to 24 years and people living with HIV and AIDS.

### **Columbia School of Public Health**

Activities support procurement of antiretroviral (ARV) drugs under the comprehensive ART program carried out by Catholic Relief Services (CRS) in 25 sites. Coverage extends to eight provinces in South Africa (excluding the Western Cape). The emphasis areas are human capacity development and local organization capacity building. The target population includes people affected by HIV and AIDS as well as higher risk populations such as migrant workers and refugees.

### **EngenderHealth**

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

### **Foundation for Professional Development (FPD)**

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

### **Fresh Ministries**

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

### **GoLD Peer Education Development Agency**

GOLD Peer Education Development Agency (GOLD) was awarded first place in the Commonwealth Good Practice awards 2006. GOLD became a new 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.

### **Greater Rape Intervention Project (GRIP)**

The Greater Mpumalanga Rape Intervention Program (GRIP) provides holistic services which include prevention and care for survivors of sexual assaults and domestic violence and for people infected and affected by HIV and AIDS. GRIP is involved in Abstinence and Being Faithful (AB) activities through community outreach programs. The emphasis areas are gender and human capacity development. The target populations are school children (boys and girls), teachers, and the community at large. One of the two targeted age groups for the peer education program will be modified in FY 2009. In FY 2008, the target group comprising 10 to 18 year olds will now be limited to included 10 to 14 year olds. GRIP has been determined that more effective influence, motivation and learning can take place in this revised age group, whereas in the larger group, the older, and more experienced youths often presented confrontation and views, influencing the younger group.

### **Hands at Work**

Hands At Work (HAW) provides comprehensive care and support services to OVC and their families through a network of associated community-based organizations (CBO). The Hands at Work model builds on the foundation of home-based care and local community ownership by mobilizing the local church to look after the sick and the dying in their communities and to care for the orphans. Hands at Work helps to establish, encourage and build capacity in CBO that are formed out of local churches that agree to implement the Masoyi Community Intervention Model. With PEPFAR funding Hands at Work has reached 6500 OVC and over 1200 care givers with an integrated service package that includes education, psychosocial and nutrition assistance. With FY 2008 funding, Hands At Work will continue to increase the program's reach and extend additional support to established care centers to provide support groups for young mothers, facilitate re-integration of young mothers into schools; ensure OVC access to counseling and testing and ARV treatment, when needed; train and mentor Community Child Care Forums (CCCFs) and provide life skills and prevention education for all beneficiaries. In addition, Hands At Work will also continue to implement income-generating initiatives, home based care and resilience-building programs to further support improved security and livelihoods for children. Hands at Work in Africa 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.

### **Health Science Academy (HSA)**

The HSA is a South African training institution, accredited with the South African Pharmacy Council, providing training in the pharmaceutical sector. HSA is a training provider to the NDOH, the provincial Departments of Health, and the pharmacy profession in the private sector. PEPFAR funding will be utilized to scale up the existing HSA training activities. The project will be implemented on a national and provincial level, and will expand on the already existing relationship between HSA and the National Department of Health and respective provincial human resource departments. The proposed training programs have already been developed and this, in conjunction with the existing NDOH contracts, will allow the proposed training to be fast-tracked. In line with HSA's past practice, learners will be recruited with an emphasis on gender and racial representation and will give preference to women wanting to register for the national qualification, providing increased access to income for this group.

### **Heartbeat**

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

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

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

### **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. The major emphasis area of the CT program is community mobilization/participation, while minor emphasis areas are development of network/linkages/referral systems and training. Key target populations are men, women, pregnant women, discordant couples, migrants, community leaders, and traditional healers.



### **JHPIEGO Prevention Program**

JHPIEGO will continue (a) conducting monitoring and evaluation (M&E) training in PMTCT for staff from the National Department of Health (NDOH) and provinces; and (b) implementing and expansion of the training information monitoring system (TIMS). In addition, JHPIEGO will also strengthen PMTCT supervision skills for provincial and district PMTCT program managers. Building on the expansion of Training Information Monitoring System (TIMS) in FY 2008 to the National PMTCT Unit, Northern Cape, KwaZulu-Natal, Department of Public Service and Administration and Mpumalanga provinces, JHPIEGO will continue to support the existing TIMS sites in FY 2009 by providing technical assistance with intermittent troubleshooting. The on-site technical support will entail visiting sites for support on data cleaning, generation of reports, and trouble-shooting for the sites established in 2008. The technical support provided for sites established prior to 2007 is mainly trouble-shooting, depending on site requests. Furthermore, Jhpiego will expand TIMS to Gauteng and Free State provinces in FY 2009.

### **John Snow, Inc**

The project's initial stages have moved from a pilot to a full geographical scale implementation by its mid-term. The review conducted in 2007 and its findings will guide implementation of priority interventions towards the second half of the funding cycle building up to September 2009. To this effect the fiscal year FY 2008 focused on ensuring that the remaining resources allocated to this project are used to maximize the opportunities to lower risks of transmission. To this end a particular focus will be placed on linking current injection safety activities to phlebotomy. Discussions to this effect have been embarked upon with the NDOH unit responsible for the coordination and implementation of the country's Comprehensive Plan for HIV and AIDS Care, Management, and Treatment as well as the South African National Blood Services (SANBS), a South African organization partially funded by PEPFAR. Such a focus will also strengthen the MMIS project's ability to support the effective implementation of the newly launched HIV & AIDS and STI National Strategic Plan, 2007-2011 in its chapter on Accelerated Prevention.

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

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

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

Johns Hopkins University Center for Communication Programs (JHU/CCP) coordinates the work of 20 South African partners and provides technical assistance and capacity building to provide counseling and testing (CT) using both mobile and fixed services through local NGOs and tertiary institutions. These services will be promoted through the Mindset Health channel to both healthcare workers and patients. Key areas of male norms and behaviors, partner limitation, correct and consistent condom usage, substance and alcohol abuse, reducing violence and coercion and stigma and discrimination, form an integral part of the CT interventions. The target populations for this activity are secondary school learners, university students, patients in health care centers, celebrities and their fans, people living with HIV (PLHIV), out-of-school youth, men who have sex with men (MSM), community leaders

and healthcare providers. The major emphasis areas are community mobilization and participation, and information, education and communication, with additional emphasis on local capacity building across all activities. Findings from a qualitative study on multiple concurrent partnerships and the National HIV and AIDS Communication Survey, carried out in early 2006, will help focus on community perceptions of CT and help to determine perceived needs in respect to CT communication interventions.

#### **Leonie Selvan Communications**

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

#### **Management Sciences for Health/Integrated Primary Health Care Project (IPHC)**

Management Sciences for Health, Integrated Primary Health Care Project (IPHC), in collaboration with the National Department of Health (NDOH), will continue to support the expansion of the orphans and vulnerable children (OVC) program in 5 provinces of South Africa (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West). The OVC activities supported aim to strengthen communities to meet the needs of OVC and their families; supporting community-based responses, helping children and adolescents to meet their own needs and creating a supportive social environment. The activities under this program specifically aim to assist OVC with access to education, economic support, provision of food and or nutrition, legal assistance, healthcare, psychological support and protection from abuse. The target populations for the activity are OVC and their caregivers and people living with HIV. The major emphasis areas are in local organization capacity and wrap around activities with child survival interventions that link the IPHC partner organizations to their nearest clinics.

#### **Management Sciences for Health (MSH) Strengthening Pharmaceutical Services (SPS) Project**

Management Sciences for Health's (MSH) Strengthening Pharmaceutical Services (SPS) project will support the South African Government's (SAG) Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment (CCMT). SPS improves the reliable provision of ARV services and other related services; support monitors progress towards compliance with pharmaceutical legislation and ARV accreditation requirements for provincial health facilities; trains pharmacists and pharmacist assistants in basic principles of HIV and AIDS management; trains health personnel in conducting medicine use evaluations, using adherence to antiretroviral treatment (ART) measurement tools; supports the review of national standard treatment guidelines (STGs) for HIV and AIDS, TB, STI and other diseases; strengthens the provincial implementation of pharmaceutical therapeutic committees and medicine information centers; and strengthens pharmacovigilance reporting. The emphasis areas are human capacity development and wraparound programs. Target populations include National AIDS Control Program staff, policy makers, public and private health care workers (especially pharmacists), people living with HIV (PLHIV) and their families, OVC and the general population of children, youth and adults. SPS will work in all nine provinces to support national, provincial and local government pharmaceutical services as well as the Department of Correctional Services. Opportunities for collaboration with the Supply Chain Management System (SCMS) Project will be explored. The signing of memorandums of understanding (MOUs) between Management Sciences for Health's (MSH) Strengthening Pharmaceutical Services (SPS) with the provinces will enhance

accountability by both sides (SPS and counterparts) as the MOUs will list the obligations by both parties as well as the activities to be undertaken. SPS will keep providing support to this critical component of the National Strategic Plan (NSP), including the strengthening/management of down referral systems.

### **Medical Research Council (MRC TB)**

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.

### **Muslim AIDS Project**

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

### **National Association of Childcare Workers**

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

### **National Department of Correctional Services (NDCS)**

PEPFAR funds will be used by the National Department of Correctional Services (DCS) to provide basic HIV and AIDS care and support to offenders and staff in DCS Correctional Centers in all nine provinces. The major emphasis area for this program will be the training of personnel as facilitators on the establishment and maintenance of support groups for infected and affected HIV and AIDS offenders in Correctional Centers. Special emphasis will be placed on integrated preventions services, including prevention with positives and behavior change as well as the management of psychosocial challenges. Minor emphasis will be given to community mobilization and participation; development of network/linkage/referral systems; information, education and communication; linkages with other sectors and initiatives; and local organization capacity development. The target population will include men and women offenders, people living with HIV (PLHIV), their caregivers and several most at-risk populations (e.g., men who have sex with men, injection drug users and tattooing with contaminated instruments). The National Department of Correctional Services (DCS) has decided to enhance its activities under Care Services by conducting training of offenders in Correctional Center-Based Care (CCBC). Training of Professionals in CCBC will include: training of personnel as support group facilitators (including the workplace program) to assist in the establishment and maintenance of support groups for offenders who are either infected or affected by HIV and AIDS in Correctional Centres; training of healthcare personnel in the Comprehensive Management of HIV and AIDS including other related diseases (opportunistic infections); training of professionals in spiritual counseling; and training of healthcare professionals as Antiretroviral (ARV) Project Managers. This training will increase access to care and support services for offenders and personnel living with HIV and AIDS and also reduces morbidity and mortality as well as other impacts of HIV and AIDS. Training of offenders and personnel will be conducted continuously, due to the high turnover of nurses and movement of inmates. This applies for all trainings.

PEPFAR funds will be used by the Department of Correctional Services (DCS) to increase the uptake of members in HIV counseling and testing (CT) services in correctional centers as well as in other places of work. The major emphasis area for this program will be awareness raising and accessing CT services, with minor emphasis placed on mobilizing the incarcerated community and encouraging their participation; information, education and communication; logistics; and strategic information. Target populations will include offenders and DCS members (men and women of reproductive age, including people living with HIV (PLHIV)), and most at-risk populations (e.g., men who have sex with men, injecting drug users). To increase capacity, DCS will train nurses, social workers, psychologists, and spiritual care workers in counseling and testing.

#### **National Department of Education**

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

#### **National Health Laboratory Service (NHLS)**

In 2001, South Africa restructured its public sector medical laboratory services and created the NHLS, which is a parastatal organization. The NHLS is accountable to the NDOH through its Executive Board and is responsible for public sector laboratory service delivery. The NHLS also governs activities and provides funding to the NICD to provide surveillance, research and programmatic operations, as well as funding to the NIOH for policy development activities related to occupational health. The service delivery arm of NHLS is comprised of approximately 260 laboratories that include all provincial diagnostic pathology laboratories, tertiary level, secondary, and primary laboratories in all nine provinces and their associated district hospital laboratories. Each district laboratory supports a network of local clinics where primary care services are provided. Consistent with the priorities

identified by the NDOH and implemented by the NICD and NHLS, PEPFAR continues to provide funding to assure the accuracy and quality of testing services in support of rapid scale-up of HIV testing, ART rollout, and TB diagnostic capacity, and to build long-term sustainability of quality laboratory systems in South Africa. Continued PEPFAR funding of NICD with combined support to NHLS will focus on addressing existing gaps in laboratory testing outreach, penetration, and quality of overall services.

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

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

### **Peace Corps**

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

### **Perinatal HIV Research Unit (PHRU)**

The Perinatal HIV Research Unit (PHRU) provides comprehensive care and support for people living with HIV (PLHIV). PHRU will use PEPFAR funds to provide high quality, holistic ARV treatment and psychosocial support in Soweto (Gauteng), rural Limpopo and Mpumalanga, and the Western Cape. PHRU will also use PEPFAR funds to provide personnel and ARV drugs for these services. Clients are provided with ART, pre-treatment literacy, adherence counseling and access to adherence support groups. Linkages from CT, PMTCT, and palliative care will be strengthened. The emphasis areas for ARV services are renovation, gender, human capacity development, local organization capacity building, and TB. A family-centered approach targets HIV-infected adults and children. All activities align with the South African Government's (SAG) policies and programs outlined in the National Strategic Plan (NSP). Pediatric ARV treatment is described separately. The current activities will continue.

The approach taken by the Perinatal HIV Research Unit (PHRU) is one of comprehensive, high quality care and support for PLHIV. PHRU will use PEPFAR funds to continue its TB services to patients accessing care in Soweto (Gauteng), rural Limpopo/Mpumalanga Provinces and in the Western Cape. The TB/HIV program is integrated into all programs by providing screening, referring people with active TB to National TB treatment sites and providing preventative treatment for latent TB. The program is also linked to National TB treatment sites providing HIV care and treatment. The

major emphasis areas are human capacity development and local organization capacity building. The primary target populations are HIV-infected adults and children. Perinatal HIV Research Unit (PHRU) integrated TB/HIV issues into all PEPFAR-funded program areas. With the emergence of multi- and extensively drug-resistant (MDR/XDR-TB) health-care workers and HIV-infected people are at increased risk of contracting these resistant strains. PHRU will intensify TB/HIV training for health workers, particularly focusing on the prevention, detection, and management of MDR- and XDR-TB, and will ensure that workplaces implement and adhere to TB infection control procedures. Active case finding is being done in a number of facilities.

### **Population Council**

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 existing 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.

In FY 2009 the Population Council (PC) will continue to provide technical assistance on the implementation and scale-up of a comprehensive post-rape care and HIV post exposure prophylaxis (PEP) strategy (which includes male involvement in reproductive health). The strategy also includes strengthened legal and mental health components and is being implemented at Tintswalo Hospital and 25 facilities (including two hospitals and two community health centres) in Mpumalanga, Limpopo, KwaZulu Natal and Eastern Cape, and two Primary Health Care (PHCs) in North West, KwaZulu Natal, Mpumalanga and Free State province to ensure sustainability of the program. The monitoring and referral systems developed in FY 2008 will be adapted to all 25 intervention sites. Champions will be identified during a two day training that PC will conduct in the provinces to support and monitor the intervention onsite and give monthly feedback to the facility managers on implementation progress and challenges. The overall management and data collection systems developed in FY 2008, which will include the retrospective data collection to assess the number of survivors who sero convert after the assault (with or without PEP) at Tintswalo hospital, will inform DOH and PC's activities to address the gaps/best practice. One of the envisaged activities could include TA to the DOH to include and monitor this indicator to be able to assess the impact of the program. PC will conduct quarterly support site visits with the provincial, district and facility managers and champions, and will also provide TA for regional exchange site visits on a bi-annual basis to allow providers to share best practices. These visits will be supported through separate funding from PEPFAR allocated to strengthening the response to sexual assault at the regional level. Reports from all visits will be generated and reported to PC on a quarterly and on an ad hoc basis to address challenges and inform the action plan. Data quality will be monitored and strengthened in collaboration with the district health information systems team and PC trained data capturers. The multi-sectoral project advisory committee established in FY 2007 will continue playing a role in bringing key stakeholders together to share information and experiences, identify gaps in the implementation of the comprehensive models, and assess on-going opportunities for strengthening linkages between the health and criminal justice systems. PC will provide TA for the establishment of similar committees in the other two provinces, and encourage active involvement and participation at the service provider level. PC will undertake all activities with the DOH at all levels, including cost sharing on activities like training, material development, sharing of tools, policies and protocols, campaign activities and selected workshops.

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

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

### **Project Support Association of Southern Africa (PSASA)**

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.

### **Reproductive Health and HIV Research Unit (RHRU)**

The Reproductive Health and HIV Research Unit's (RHRU) will provide ARV rollout support services with Department of Health (DOH) partners in over 30 facilities in 4 provinces. The emphasis areas are renovation, human capacity development, and wrap-around programs. Services target people living with HIV (PLHIV) and their families, including children, pregnant women, caregivers, doctors, nurses, traditional healers, and other healthcare workers. The Reproductive Health and HIV Research Unit (RHRU) will continue with all the activities described above in the new program year. In addition, RHRU will strengthen its network and collaboration with public sector facilities in the Johannesburg inner city through the development of a hospital based care and treatment (C&T) and antiretroviral therapy (ART) initiation and referral model at Selby Hospital. This hospital receives large numbers of "stepped down" patients from large local hospitals, many of who have undiagnosed or untreated HIV. RHRU will conduct in-hospital case finding through bedside voluntary counseling and testing (VCT). All patients and visiting family members tested will receive support and referral to other services, both clinical and non clinical as appropriate. Eligible patients will receive adherence counseling and fast-track entry to treatment either on-site or through rapid referral to an initiation site. Prior to discharge, patients will be referred to a named ART site with a map and a medical summary indicating the urgency of accessing ART. Patients who are lost-to-follow up will be traced using home-based organizations.

### **Right to Care**

Right to Care's PEPFAR program was recompleted 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.

### **Scripture Union**

The Scripture Union (SU) Life Skills Program implements education and training activities focusing on abstinence and being faithful (AB) HIV prevention for both in- and out-of-school youth. It is values-based, volunteer driven and aims to assist in the development of sexual and life decision-making skills by youth in order to prevent HIV exposure and infection. Community church members are trained to deliver prevention messages to local youth and provide small group discussions around prevention issues. The emphasis will be on gender through discouraging violence, coercion and abuse against women and the girl child as well as respect shown for one another, regardless of gender, and human capacity building. The target populations are children, youth teachers and religious leaders. SU targets youth and children in school aged 10 - 18 years drawn from disadvantaged communities. Scripture Union (SU) has completely revised its curriculum to comprise 10 modules. The curriculum has been well received. SU will channel resources into strengthening training, improving staff and volunteer skills, improving data quality, sharing best practices with other youth NGOs, refining materials, and moving from tools that measure attitude change to ones that measure behavior change

### **Soul City**

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

Soul City is implementing a media and community-driven program to strengthen prevention, and increase awareness of and demand for HIV care and treatment services, including treatment literacy. There are two activities which target adults and children through training and community mobilization nationally. The emphasis areas are gender, education, human capacity development, and local organization capacity building.

"Heartlines" is a values-based, media-led intervention that aims to mobilize the faith-based community in Southern Africa to prevent the spread of HIV by promoting abstinence and faithfulness, as well as decreasing stigma and increasing care for those infected or affected by HIV and AIDS. The major emphasis areas are information, education, and communication. Minor emphasis areas include community mobilization/participation and linkages with other sectors and initiatives. Target populations include children and adults, people living with HIV and AIDS, communities, teachers, and faith- and community-based organizations.

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

The South African National Blood Service program aims to ensure an adequate supply of safe blood. This includes expanding the Safe Blood Donor Base by donor education and selection, training donor



and technical staff, logistics management, and appropriate information systems. The major areas of activity are donor and blood user education and strengthening the technical and information systems infrastructure. The target population is potential blood donors.

#### **South African Department of Defence (SADOD)**

The South African Department of Defence (SADOD) has an existing HIV and AIDS program that includes antiretroviral treatment (ART) services. FY 2008 funds will be used to improve and expand ART and related services. The main emphasis area is human capacity development. The main target is people living with HIV (PLHIV) in the military and their families' 2009 funding will support the two-week antiretroviral (ARV) training and the four-day refresher training of Health Care Professionals in the South African Military Health Services (SAMHS). A simpler customized ARV training course for pharmacy assistance will also be funded. Health Care Professionals will also be trained on TB management, particularly management of multi-drug resistant (MDR) and extremely drug resistant (XDR) TB, the new TB guidelines and sexually transmitted infection (STI) syndromic management. There will also be a focus on cervical screening for HIV-infected women.

#### **Southern African Catholic Bishops Conference (SACBC)**

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

#### **Starfish**

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

#### **TB Care Association**

TB Care Association (TBCA) will support care and treatment services at three hospital-based clinics and eight primary health clinics (PHC). Training and mentoring on topics to ensure provision of quality care will be provided: clinical care, social support, monitoring & evaluation, and health system support. Referral systems, including community adherence support and coordination of services between hospital and PHC, will be strengthened through human resource, capacity development and programmatic support. People infected and affected by HIV, including healthcare providers will be the beneficiaries of this PEPFAR-supported program. TB Care Association (TBCA) activities noted in the FY 2008 COP will continue in FY 2009. Activities are planned and implemented in partnership with Department of Health coordinators for HIV/AIDS, STIs and TB (HAST) at all levels of government.

#### **Toga Laboratories**

The training activities of Toga, carried out by Kimera Solutions, a sub-program within the Toga umbrella organization, are an ongoing service and have been honed on the demand for rapid scale-up of clinical capacity. The course consists of a two-day workshop in conjunction with self-study material. Training activities will be aimed at senior healthcare professionals in the vicinity of Togatainer

deployment sites. Togatainers are movable, prefabricated laboratories, placed in settings that will allow for improved laboratory monitoring for the initiation and management of patients on ART. Once sites have been selected doctors will be invited to attend training courses. Continued clinical support will be provided subsequent to the training. The activities associated with training will be coordinated with interested health departments. It is anticipated that the training of doctors will enhance access to services for rural and peri-urban women and children.

### **Training Institute for Primary Health Care (TIPHC)**

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.

The Training Institute for Primary Health Care (TIPHC) has implemented OVC-related support activities as part of its Basic Health Care and Support Services to HIV and AIDS infected and affected people. With increased PEPFAR funding, TIPHC will expand their orphans and vulnerable children (OVC) program and provide OVC-specific services focusing on support with educational, psychosocial and nutritional needs of OVC. Selected members of the community will be trained as caregivers and young counselors (OVC volunteer buddies) The emphasis areas for the program are human capacity development, training, community mobilization and the strengthening of partnerships and linkages with the Departments of Social Development, Health, Education and Home Affairs. The target populations are the OVC, HIV and AIDS-affected families, caregivers and youth OVC "buddies." OVC identification, registration, needs assessments; information and referral for services will be incorporated in the AB Prevention program. OVC requiring medical attention, psychosocial counseling, access to economic support services like social grants, legal services like birth certificates and assistance with school needs will be referred to the Government clinic and social worker. However, the AB facilitator will have a follow-up check list to ensure that the OVC needs identified are met. A tool for reporting the achievement of results will be developed and used to feed information to the OVC program coordinator.

### **University of Washington (I-TECH)**

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.

### **University Research Corporation – Health Care Improvement Project (formerly Quality Assurance Project)**

University Research will support the Department of Health (DOH) facilities in 5 provinces to improve the quality of basic health care for people living with HIV (PLHIV) by improving compliance of healthcare workers with treatment guidelines through capacity building and strengthening of monitoring and supervision The essential elements of QAP support include streamlining of process of care for PLHIV as well as helping improve technical compliance with evidence-based norms and standards, interpersonal communication and counseling and increasing organizational efficiency. The major emphasis area for this activity is quality assurance and supportive supervision, with minor emphasis on development of referral systems, training and policy/guidelines. The activity targets public health workers, program managers, volunteers and PLHIV. These activities will result in

improving the continuum of care for adults and children living with HIV and their families as they pass through different stages of the disease or through different levels of healthcare system ensuring that they receive high quality services. While Health Care Improvement (HCI), the follow-on to the URC/Quality Assurance Project (QAP), will continue to focus on the five key activities described above, the emphasis during FY 2009 will be on expanding these activities and other activities.

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

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

#### **X-Strata**

Xstrata is a new PEPFAR partner which received funding in FY 2007 for a public-private partnership with the Mpumalanga Department of Health (MPDOH). The implementing partner for this is Re-Action! Consulting (RAC). RAC will facilitate a co-investment partnership with Xstrata to provide support for strengthening targeted government clinic sites, continuing to improve access to basic preventive, clinical care and psychosocial support services in one district of Mpumalanga, extending into a second district during FY 2008. 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). Xstrata and RAC will work through established partnerships with local government, MPDOH, community groups and private providers. Project deliverables have been defined in response to specific requests for assistance from the MPDOH. Major emphasis will be given to development of health workforce capacity, with minor focus on community mobilization/participation, building linkages with other sectors, local organization capacity development and strategic information. The target populations are underserved communities of men, women and children, and people living with HIV and AIDS in Nkangala District, extending to a second district during FY 2008, where Xstrata Alloys has its operations'-Action! Consulting (RAC) will continue to facilitate a co-investment partnership with Xstrata and other private companies to provide support for strengthening targeted government clinic sites, continuing to improve access to basic preventive, clinical care and psychosocial support services. The program will continue build on a public-private mix model for strengthening HIV and TB service.

#### **Youth for Christ SA**

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

# PEPFAR Program Area Abbreviations

## Program Areas

**PMTCT** – Prevention of Mother to Child Transmission

### Sexual Prevention:

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

### Biomedical Prevention:

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

**CIRC** - Male Circumcision

### Adult Care and Treatment:

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

### Pediatric Care and Treatment:

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

**CT** – Counseling and Testing

**HSS** – Health Systems Strengthening

**LAB** – Laboratory Infrastructure

**OVC** – Orphans and Vulnerable Children

**SI** – Strategic Information

**TB** – TB/HIV Care

**XD** – ARV Drugs

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

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

## Quick Reference – Partners by Program Activities

Partner	Program	Location	Contact Information	MOU	US Agency
American Association of Blood Banks	BL		Mr Konstenius, Terri , Director, Intl Program Operations , 301-215-6562 Email: tkonstenius@aabb.org		CDC
Anglican Church of the Province of Southern Africa	OVC	No. 1 Braehead Rd, Kenilworth, Western Cape 7708	Ms Jeptha, Rozette, OVC Program Director, 021-762-4220 Email: rjeptha@anglicanaids.org		USAID
Aurum Institute for Health Research	BC, AB, TB, CT, XD, XS, OP, PC, PTX, PMTCT	PO Box 61587, Marshalltown, Johannesburg 2107	Dr. Salome Charalambous – Director: ART Program – (011) 638-2529 Email: scharalambous@auruminstitute.org	Yes	CDC
Boston University	XS, PTX	C/O Right to Care, Postnet Suite 212, Private Bag x2600, Houghton , Johannesburg 2041	Ms Rosen Sydney, , 011-276 8888 Email: sbrosen@bu.edu		USAID
Broadreach Health Care	BC, TB, CT, XD, XS, OP, PC, PTX, PMTCT	The Park, 3rd Floor, Park Road, Pinelands 7405	Dr Darkoh, Ernest, Director, (021) 514-1333 Email: edarkoh@brhc.com	Yes	USAID
Catholic Relief Services- Local	BC, TB, CT, XD, XS, PC, PTX, PMTCT	Postnet Suite 751 Private Bag x9, Benmore, Johannesburg 2010	Mr Dakovic, Davor, Head: Programming, 011-884 1535 Email: ddakovic@crsrsa.co.za		CDC
CCBE/Lethithemba Drop-in Centre	OVC	Bethal	Pastor Evart Bergh, Vice chair, 082 806 6115		State

Partner	Program	Location	Contact Information	MOU	US Agency
Child Welfare South Africa	OVC	Umoya House 4 <sup>th</sup> Floor 2/6 New South Street Ghandi Square,2001 P. O. Box 8539 Johannesburg 2000	Ms Briede, Megan , Senior Manager 011-492-2888 011-492 2884 (Fax) Email: megan@childwelfareza.org.za		USAID
Childline Mpumalanga	OVC	8 Hope Street, Nelspuit, 1200, PO Box 40017, The Village, Nelspruit 1280	Ms Nel, Benita 013 752 2770 (office) 013 755 2705 (fax), Email: nelbenita@xsinet.co.za	Yes	USAID
Columbia University Mailman School of Public Health - SPH USAID	PMTCT, OVC, XS, PC, PTX, TB	Office 210, 2nd Floor, Investec Building, Fairview Office Park, Ring Road, Greenacres, Port Elizabeth 6000	Dr Jagwer, Gregory, , (041) 363-2291 Email: gj2154@columbia.edu		USAID
EngenderHealth	AB, OP, CT, BC, CIRC	Postnet Suite 209, Private Bag 30500, Johannesburg 2000	Mr Ntayiya, Sakumzi, Country Director, 011-833-0502 Email: sntayiya@engenderhealth.org	Yes	USAID
Foundation for Prof Development (FPD)	TB, CT, XD, XS, SI, BC, PC, PTX	Po Box 74789, Lynwood Ridge , Pretoria 0040	Dr Wolvaardt, Gustaaf, Executive Director, 012-481-2031 Email: gustaafw@foundation.co.za	Yes	USAID
Foundation for the Support and Development of AIDS Orphans and Destitute Women (FOSDAODW)	HC	Witbank	Robert Magalula, Director, 082-965-1982		State
Fresh Ministries	AB	P.O. Box 53113, Kenilworth, Cape Town: 7708	Sabelo Mashwama, CEO: Anglican Aids and Healthcare Trust, Tel: +27 217 631 300, Fax +27 217 624 237, Email: smashwama@anglicanaids.net	Yes	USAID

Partner	Program	Location	Contact Information	MOU	US Agency
GoLD Peer Education Development Agency	AB, OP	20/22 Station Road, Rondebosch, Cape Town 7700	Mrs Farr, Susannah, , 021-685-5038 Email: Susannah@goldpe.org.za	Yes	USAID
GRIP Greater Rape Intervention Project	CT, AB, BC	46 Anderson Street, Nelspruit, Mpumalanga	Ms Hofer, Annesta, CEO, Tel: 013-752-4404, Fax: 013-752-5993, Email: info@grip.org.za	Yes	USAID
Hands at Work in Africa	BC, OVC		Mr George Snyman, 013-751-2341, 013 751 2346, Email: handsatwork@worldonline.co.za		USAID
Harvard School of Public Health	AB, HSS, OVC, OP	CPSE Admin Block, Wits Educ. Camp , Johannesburg	Ms Michel, Barbara , Center Manager , 011-717-3050 Email: barbara@cpse.org.za	Yes	CDC
Health Science Academy	XS, XD	284 Oak Avenue, Ferndale, Randburg, , Johannesburg 2194	Ms Manentsa, Nthabiseng, Project Manager , 011-509-2555 Email: nthabiseng.manentsa@healthscience.co.za		CDC
Hospice Palliative Care Association SA (HPCA)	BC, OVC, TB, CT, PC	PO Box 38785, Pinelands, Cape Town 7430	Ms Henning, Kathy , PEPFAR Coordinator, 021-531-0277 Email: khenning@hpca.co.za	Yes	USAID
Humana People to People SA	AB, OP, BC, CT	Postnet Suite 259, Private Bag x31, Saxonworld , Johannesburg 2132	Ms Torbensen, Lone , Director of Partnership Unit for Africa, 011-646-4922 Email: lonetorb@lantic.net	Yes	USAID
JHPIEGO - Prevention	BC, PMTCT, SI, CIRC		Mr Dowding, Sam , , Email: sdowding@jhpiego.net	Yes	USAID
John Snow Inc (JSI)	IN	PO Box 35388, Menlo Park, 0102, Pretoria 0001	Barkhuizen, Adelé, Project Officer , 012-362 7991 Email: abarkhuizen@jsi.org.za	Yes	CDC

Partner	Program	Location	Contact Information	MOU	US Agency
Johns Hopkins University Centre for Communication Programs	AB, OP, OVC, CT, XS, SI, BC, PMTCT, HSS, CIRC	Equity Park Block D, 257 Brooklyn Street, Brooklyn , Pretoria 0011	Mr Coleman, Patrick , Country Director , 012-366 9300 Email: patrick@jhuccp.co.za	Yes	USAID
Khulisa Management Services (Pty) Ltd	HSS	PO Box 923, Parklands, Johannesburg 2122	Mr Ogawa, Michael, , 011-447-6464 Email: mogawa@khulisa.com		USAID
Leonie Selvan Communications	AB, PMTCT	42 Bristol Road, Saxonworld, P.O. Box 3049, Houghton, Johannesburg 2041	Selvan, Leonie, Email: leonies@global.co.za		CDC
Management Sciences for Health/ Integrated Primary Health Care Project / IPHC	OVC, PMTCT, VCT, TB, CS	1 <sup>st</sup> Floor MSH House, Board Walk Office Park, Haymeadow Street, Faerie Glen, Pretoria, 0043	Ms. Nomathemba Mazaleni, Director 012-9913559 Email: nmazaleni@msh.co.za and tendanim@msh.co.za		USAID
Management Sciences for Health /Rational Pharmaceutical Management Plus / SPS	PMTCT, TB, XD, CS, PTX, S,I HSS	PO Box 1579, Masada Building, 4th Floor, Corner Proes & Paul Kruger, Pretoria 0001	Mr Sallet, Jean-Pierre , Regional Technical Advisor/M&E, 012-326-6825 Email: jpsallet@msh.org		USAID
Medical Research Council of SA	PMTCT, OP, CT, SI, BC	PO Box 539, Randburg , Johannesburg 2125	Dr Uys, Margot, , 011-886-0123 Email: MargotU@foundation.co.za	Yes	CDC
Muslim AIDS Project	AB	PO Box 42863, Fordsburg, Johannesburg 2033	Ms Nawab, Suraiya , Director, 011-273-8080 Email: careline@islamsa.org.za	Yes	CDC
National Association of Child Care Workers (NACCW)	OVC, BC	PO Box 47368, Greyville 4023, 92 Windermere Road, Morning Side, Durban, 4001	Tumbaloo, Zeni , Isibindi Administor , 031-312-9484031 – 312 9484 (Office) 031 – 312 9489 (Fax), Email: zeni@naccw.org.za	Yes	USAID



Partner	Program	Location	Contact Information	MOU	US Agency
National Department of Correctional Services	CT	Ponyton East Block, 124 Church Street , Pretoria 0001	Ms Chaka-Ramela, Thabiso , , 012-3072885 Email: Thabiso.Chaka-Ramela@dcs.gov.za		CDC
National Department of Education	AB, OVC, OP	, Pretoria 0001	Ms Ndebele, Gugu , Deputy Director General , 012-312-5451 Email: Ndebele.g@doe.gov.za		USAID
National Health Laboratory Systems (NHLS)	LAB, SI	Private Bag 4, Sandringham, Johannesburg 2131	Dr Marshall, Terry , , 011-386-6450 Email: teresam@nicd.ac.za		CDC
Peace Corps	AB, BC, OVC, CT	PO Box 9536, Pretoria 0001	Ms Jordan, Lisa , , 012-344-4255 Ext 257 Email: LJordan@za.peacecorps.gov	Yes	Peace Corps
Perinatal HIV Research Unit	PMTCT, OP, BC, TB, CT, XD, XS, CIRC, PC, PTX	PO Box 114, Diepkloof, Johannesburg 1864	Dr Gray, Glenda, Director, 011-989-9702 Email: gray@pixie.co.za	Yes	USAID
Population Council	PMTCT, AB, OP, PTX	PO Box 411744, Craighall , Johannesburg 2025	Saquii Malika	Yes	USAID
Population Services International - Society for Family Health	CT	PO Box 408, Oakland Park , Johannesburg 2006	Ms Mhazo, Miriam , Senior CT Program Manager, 011-484-5320 Email: miriam@sfh.co.za	Yes	CDC
Project Support Association of Southern Africa (PSASA)	BC, OVC, CT, PC	86 Vermooten Street, Bethal, Mpumalanga 2310	Mr Oosthuizen, Corrie , , 017-647-6840 Email: coosthuizen@gmx.net	Yes	USAID
Reach For Life	OVC	Witbank	Lillian Esther Nkosi, Project Coordinator, 013-690-3455 or 084-725-0012		State

Partner	Program	Location	Contact Information	MOU	US Agency
Reproductive Health Research Unit	OP, BC, ATB, CT, XS, PMTCT, CIRC, PC, PTX, SI, HSS	C/o Chris Hani Bara Hospital, PO Bertsham, Johannesburg 2013	Dr Rees, Helen , , 011-989-9208 Email: h.rees@rhrujhb.co.za		USAID
Right to Care	BC, CT, XD, CS, TB, CT, PC, PTX	Postnet Suite 212, Private Bag X2600, Houghton , Johannesburg 2041	Firnhaber, Kurt , Deputy Director, 011-276-8880 Email: kurt.firnhaber@righttocare.org	Yes	USAID
Scripture Union Lifeskills Education	AB	PO Box 291, Rondebosch, Cape Town 7701	Mr Oscar Siwali, Lifeskills Coordinator, 021-686-8595 Email: oscar@su.org.za		CDC
Sinothando Action Against AIDS	OVC	Iswepe	Ms. Angel Dlamini, Project Manager, 072 255 0830		State
Soul City	AB, OP, XS	PO Box 1290, Houghton , Johannesburg 2041	Dr Japhet, Garth, Executive Director, 011-643-5852 Email: garth@soulcity.org.za	Yes	CDC
South African National Blood Service (SANBS)	BL	Private Bag x14, Weltevreden Park, Johannesburg 2000	Dr Mpuntsha, Loyiso, CEO, 011-761-9111 Email: loyisom@inl.sanbs.org.za	Yes	CDC
South African National Defence Force (Phidisa)	XS, XD, PTX		Ms. Matchaba, Gugu , , 012-319-3265 Email: umachaba@phidisa.org		Dept of Def
Southern African Catholic Bishops Conference (SACBC)	PVC. BC, XS	Khanya House, 399 Paul Kruger Street, Pretoria 0002	Sr Munro, Alison, AIDS Office Coordinator, 012-323-6458 Email: amunro@sacbc.org.za	Yes	CDC
St. John's Care Center	OVC	Barberton	Sr. Anece Salay, Mission Representative, 013 712 4316, 082 092 6444		State

Partner	Program	Location	Contact Information	MOU	US Agency
Starfish Greathearts Foundation	OVC	Block E, Metropolitan Office Park, 82 Wessel Road, Rivonia , Johannesburg 2000	Smithson, Mrudula , , 011-259-4379 Email: mrudula.smithson@starfishcharity.org		USAID
TB Care Association	TB, PMTCT, CT, XS, PTX	PO Box 2589, Cape Town 8000	Mr Hausler, Harry , Medical Director, 021-692-3027 Email: hhausler@uwc.ac.za, Email: hhausler@tbcare.org		CDC
Thandanani Home-Based Care	HC	Barberton	Mrs. Ellen Makoko, Director, 082 741 9882		State
Tholulwazi Home Based Care	OVC	Pretoria	Annah Mphuthi, Coordinator, 084-850-5344		State
Toga Laboratories	LAB	Unit 7A Meadowvale Office Park, cnr Dick Kemp & Herman Streets, Meadowvale, Johannesburg 1610	Ms Terlouw, Ingrid, Program Manager, 011-663-6503 Email: ingrid@togonalab.co.za	Yes	CDC
Training Institute for Primary Health Care (TIPHC)	AB, BC, OVC	P O Box 4715, Witbank, Mpumalanga 1035, 23 Robertson Street, Clewer 1036	Mr Banda, Libani Joseph, 013-659-7790 Email: jlbanda@lantic.net	Yes	USAID
University of Washington (I-TECH)	TB, XS, HSS	901 Boren Avenue, Suite1100, Seattle WA98104	Dr Lalonde, Bernadette, Principal Investigator and Director, 206-685-6844 Email: lalonde@u.washington.edu		CDC
University Research Corporation – Health Care Improvement Project (formerly Quality Assurance Project)	PMTCT, BC, CT, XS, TB, HSS, PC, PTX,	Hatfield Gardens, 333 Grosvenor Street, Hatfield , Pretoria 0028	Ms Donna Jacobs Jokhan, Director, 012-342-1419 Email: DonnaJ@urc-sa.com		USAID

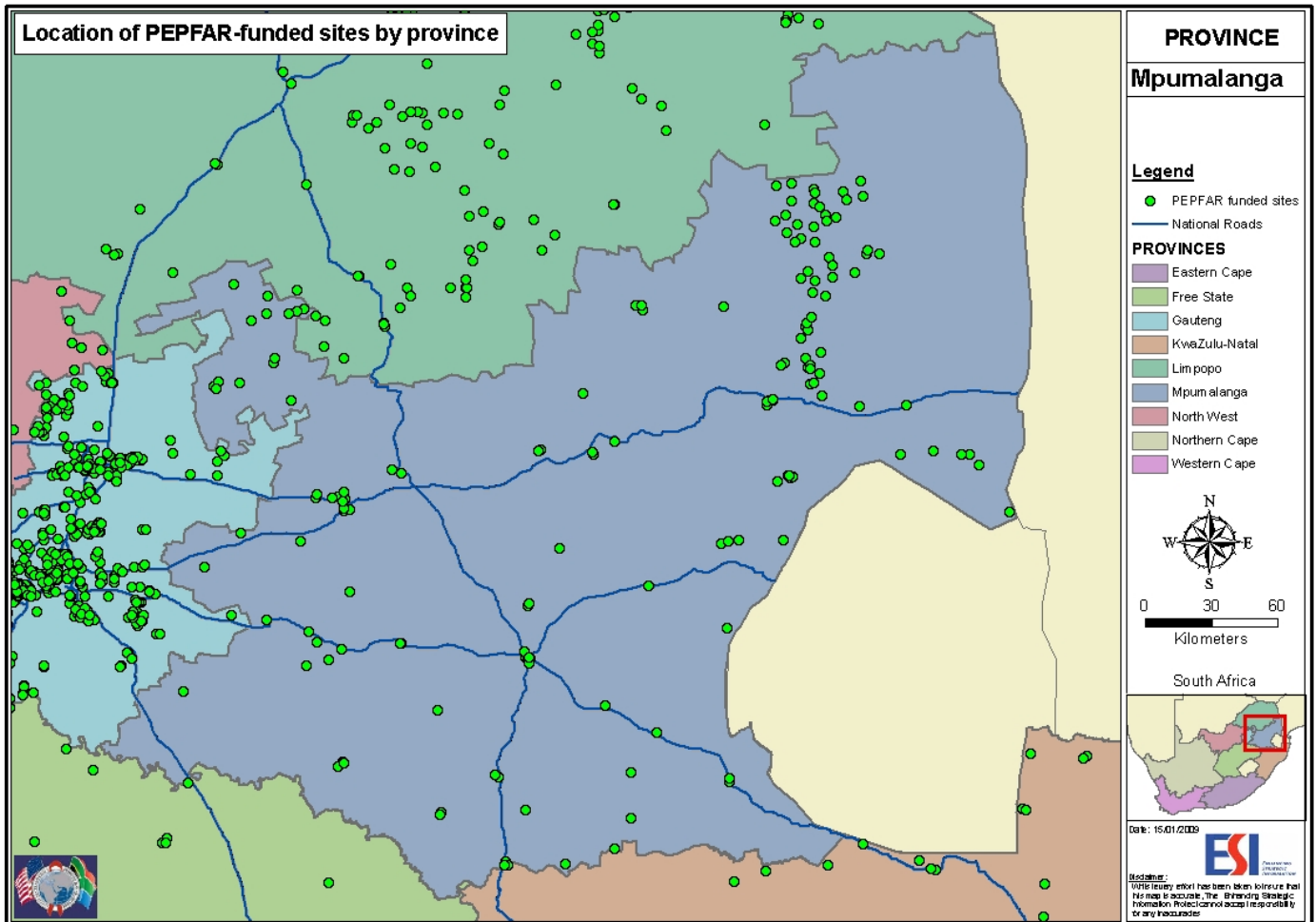
<b>Partner</b>	<b>Program</b>	<b>Location</b>	<b>Contact Information</b>	<b>MOU</b>	<b>US Agency</b>
University Research Corporation - TB TASC II	TB	PO Box 12058, Hatfield, Pretoria 0029	Dr Ntombi Mhlongo, Program Director, 012-342-1419 Email: NtombiM@tasc-tb.co.za	Yes	USAID
Xstrata Coal SA and Re-Action	BC, CT, XS, PC, PTX, TB, OVC, HSS	7 Selby Road, Parkwood, Johannesburg 2193	Ms White, Sharon, Managing Director, (011) 880-6993 Email: sharon@re-action.co.za	Yes	CDC
Youth for Christ South Africa	AB, OP	PO Box 75558, Gardenview, Johannesburg 2047	Ms Monare, Mpho , National Program Manager , 011-615-8970 Email: mpho@yfcsa.org.za	Yes	CDC

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

Partner	Town/City	Facility	Type
Aurum	Ermelo	Ermelo Hospital	Government
	Various	Mpumalanga-Aurum	Private
	Witbank	Ubuhle Bempilo	NGO
BroadReach	Amajuba	Amajuba Hospital	Government
	Barberton	Barberton Private Practitioners	Private
	Carolina	Carolina Hospital	Government
	Ermelo	Ermelo Private Practitioners	Private
	Nelspruit	Nelspruit Private Practitioners	Private
	Sabie	Sabie Private Practitioners	Private
	Standerton	Standerton Hospital	Government
FPD	Belfast	Belfast District Hospital	Government
	Mmatlhake	Mmatlhake CHC	Government
	Middelburg	Middelburg District Hospital	Government
	Marblehall	Siyabuswa CHC	Government
	Witbank	Witbank Tertiary Care Hospital	Government
PHRU	Acornhoek	Agincourt Clinic	Government
	Acornhoek	Mapulaneng Hospital	Government
	Acornhoek	Marite Clinic	Government
	Acornhoek	Thulamahashe Clinic	Government
	Acornhoek	Tintswalo Hospital Rixile Clinic	Government
RHRU (Wits Ped Group)	Nylstroom	FH Odendaal Hospital	Government

Right to Care	White River	AIDS Care Training Support (ACTS) Clinic	NGO
	Bethal	Bethal Hospital CCMT	Government
	Bushbuckridge	Bhubezi ATC	NGO
	Evander	Evander Hospital CCMT	Government
	Hoedspruit	Hlokemela Clinic	NGO
	Elandsdoorn, Groblersdal	Ndlovu Clinic	NGO
	Shongwe	Shongwe Hospital	Government
	Malelane	Tonga Hospital CCMT	Government
	Grootvlei	Topsy Foundation	NGO
Tshepang Trust	Various	Tshepang Mpumalanga	Private
X-Strata	Delmas	Bernice Samuel Hospital	Government
	Witbank	Hlalanikahle Clinic	Government
	Witbank	Siphosensimbi Clinic	Government
	Witbank	Witbank Tertiary Care Hospital	Government

# Location of Partners Within Mpumalanga State Province



## List of Acronyms

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



NACCW	National Association of Child Care Workers
NDCS	National Department of Correctional Services
NDE	National Department of Education
NDOH	National Department of Health
NDSO	National Department of Social Development
NGO	Non governmental organization
NHLS	National Health Laboratory Service
NICD	National Institute of Communicable Diseases
NIOH	National Institute of Occupational Health
NSP	South African National Strategic Plan for HIV & AIDS and STI, 2007-2011
NTP	National TB Control Programme
OGAC	Office of the US Global AIDS Coordinator
OI	opportunistic infection
OVC	Orphan and vulnerable children
PCR	polymerase chain reaction
PEP	Post exposure prophylactic
PEPFAR	U. S. President's Plan for AIDS Relief
PHRU	Perinatal HIV Research Unit
PLHIV	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PwP	prevention with positives
ROTC	Routine Offer of Testing and Counselling
SACBC	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)