

PEPFAR

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



THE POWER OF PARTNERSHIPS

Activities in North West Province

Fiscal Year 2009





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

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

The seven principles of the South African PEPFAR program are:

1. Partner with South African Government (SAG)

Support the South African National Strategic Plan for HIV & AIDS and STI, 2007-2011 and other relevant South African policies

2. Partner with many organizations
3. Build on demonstrated success
4. Develop local capacity
5. Plan for sustainability
6. Deliver carefully measured results

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

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

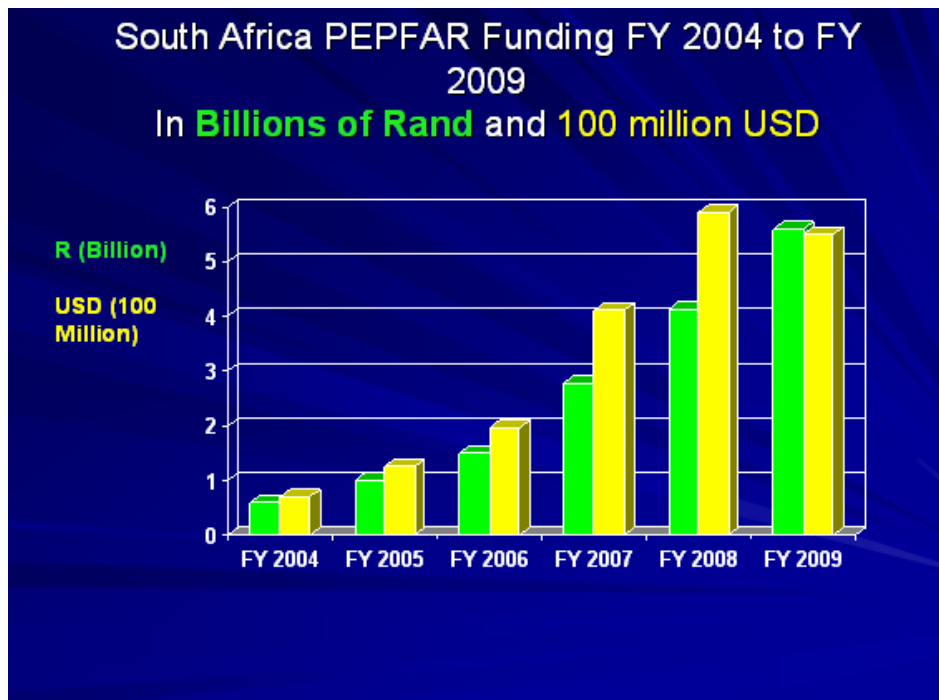
The South African PEPFAR Team works under the leadership of the U. S. Ambassador and consists of the following U.S. Government Agencies:

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

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

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


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



In North West Province, PEPFAR is providing funding to **58 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, **26 partners** have signed MOUs within the North West 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 North West provincial activities being carried out by PEPFAR-funded partners in support of the NSP. Additional information on PEPFAR can be found on following websites:

<http://www.pepfar.gov>

<http://southafrica.usembassy.gov>

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

Program Areas

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

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

Prevention of Mother to Child Transmission

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

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

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

These include:

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

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

Sexual Prevention

South Africa, with a population of 47.3 million, has a highly generalized AIDS epidemic: with transmission primarily heterosexual, followed by mother-to-child transmission.

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

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

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

Biomedical Prevention

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

Injection Safety and Injecting and non-injecting Drug Use

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

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

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

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

Blood Safety

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

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

Counseling and Testing

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

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

Adult Care and Treatment

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

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

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

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

Pediatric Care and Treatment

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

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

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

- developing human capacity, especially at primary healthcare level

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

Tuberculosis

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

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

TB/HIV programming will be prioritized in FY 2009.

Orphans and Vulnerable Children

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

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

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

- targeted, short-term food and nutritional support
- shelter and care
- child protection
- assistance in accessing healthcare

- psychosocial support
- increased access to education and vocational training (including school fees, uniforms, tutoring etc.)
- assistance in accessing economic support (accessing social grants, income-generation projects, etc.),and
- community mobilization.

In FY 2009, the USG will support the National Department of Social Development (NDSD) 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 has 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:

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- 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 North West

Ambassador's Community Grants Program

Bakgethwa Women in Partnership Against Aids -Will purchase basic office equipment, garden equipment, and provide stipends to volunteers. Training will further develop the ability to provide much needed care to the OVC and palliative care to the seriously ill. Additionally, management training will assist in successful future budgeting and financial organization and provide a stable foundation for future expansion.

Boineelo Support Group - Training and stipends for 18 caregivers to better support 200 OVC and 281 patients. Skills transfer and sharing of idea through awareness activities in the community. Equipping soup kitchen and providing garden with small green house and tools for enhanced food security and income generation.

Itireleng HBC - Will continue to support the 6 caregivers with stipends, medical supplies and transportation in conjunction with a commitment by the Provincial AIDS Counsel to provide training. The aim is to increase their capacity to the point of being eligible to receive government funding. The grant will also supply fencing and equipment for their vegetable garden.

Itshireletse Home Based Care - To equip 15 caregivers with medical supplies for their continued community work and provide them stipends. To assist with accredited training for caregivers in HBC and First Aid issues for the seriously ill. To support a community awareness campaign focused on Orphans & Foster Care; (rights and responsibilities) and HIV/AIDS and TB awareness and to provide basic gardening equipment for vegetable garden.

Kgatelopele Women's Group and Childcare Forum - Kgatelopele has worked hard at networking this past year. They need one more year of our support until the stipends and financial support promised to them by the government arrives.

They will receive some training in counseling that they haven't been able to get for free, 10 volunteers will continue to get stipends, extra medical supplies - including a wheel chair to use for their patients, a large transportation budget and money to fund awareness campaigns in areas further afield.

Legae Community Home Based Care - To support the group with stipends, rent, office furniture, fax machine VCT training and medical supplies in partnership with the Provincial HIV & AIDS Council who have promised to provide capacity building training and take over stipends within a year or so.

Pelonomi Home Based Care - To keep this group going until the Government is able to take over. We have been promised training and mentoring with the goal of capacity building to the point that they can take over by the Provincial HIV/AIDS Coordinator, Mr. Cwaile.

Thusanang Home Based Care - To assist with rendering OVC and Palliative care to this remote rural area. In addition to its' own work, this organisation assists other groups in the vicinity. The grant will allow the Project to care for PLWA, strengthen the existing food garden, (via the purchase of a secure storage area, water tank, irrigation equipment and fertilizer) and

provide training to assist caregivers to achieve accredited qualifications. The equipment will permit better care for OVC's.

Tshepang Community Home Based Care - To provide stipends for 5 volunteers: 3 caregivers until they are fully trained and paid by the Dept. of Health like the other 5; and 2 office staff who organize the monthly campaign and write the reports and do the record keeping for the caregivers.

To increase the capacity of the group's education and out-reach programs by providing stationary and a substantial transportation budget for monthly campaigns in Pampierstad and 4 other villages.

AgriAIDS

AgriAIDS will work in FY 2008 to raise awareness of HIV/AIDS and implement strategies to combat the disease among the following target groups: 1) farm workers; 2) farm owners; and 3) commercial agriculture businesses. Working with other non-governmental organizations (NGOs), as well as the Department of Health and Agriculture, AgriAIDS will work to prevent new infections among farm workers through implementing Abstain, Be faithful, use Condoms/Other Prevention (ABC/OP) strategies on farms. This project will work to ensure that farm workers and, to the extent feasible, their families access counseling, testing, care, treatment, and prevention messages and services.

American Association of Blood Banks

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

Anglican Church of Southern Africa

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

BroadReach Health Care

BroadReach Health Care (BRHC) activities include doctor consultations, lab testing, adherence support, patient counseling, remote decision support, quality assurance monitoring, training for both patients and health professionals, support groups and data management. Basic Care and Support activities are in support of individuals participating in an antiretroviral therapy (ART) program, largely representing the population of those HIV-infected, but not yet eligible for ART. The major emphasis is on human resources with minor emphasis on quality assurance and training. These emphasis areas are realized through clinical and non-clinical services, human capacity development, quality assurance, referrals and linkages and South African Government (SAG) support including meeting equipment, infrastructure and human resource needs. Primary target populations include people living with HIV and AIDS (PLHIV) and their families/households, program managers, public and private doctors, nurses, laboratory workers, pharmacists, other health care workers, the business

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

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.

Education Labour Relations Council

This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa. It includes activities in CT, Policy Analysis and Systems Strengthening, and Abstinence and Be Faithful. With an estimate of 12.3 million learners in South Africa, served by 386,600 teachers and more than 26,000 schools managing a response to HIV and AIDS across the education sector requires a comprehensive and substantial effort. Efforts must include a focus on both learners and educators if the impact of HIV is to be mitigated; and it must be recognized that any efforts focused on learners via the education sector cannot succeed without educators also being addressed. The Education Labour Relations Council (ELRC) will implement a comprehensive HIV and AIDS workplace program for the education sector of South Africa.

EngenderHealth

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

Foundation for Professional Development (FPD)

The Foundation for Professional Development (FPD) supports the expansion of access to comprehensive HIV and AIDS palliative care by focusing on human capacity development with a view to increasing the detection and treatment of patients with TB and HIV co-infection. The emphasis areas for these activities are local organization capacity building and HCD. Target populations for these activities include people living with HIV and AIDS (PLHIV) and most at risk populations. FY 2009 funding for the Foundation for Professional Development (FPD) will be used to support the expansion of adult HIV care and support services and to strengthen adult human capacity development (HCD) within all the provinces where FPD works. Activities in support of adult HIV care and support focus on: strengthening and integrating public and civil society service delivery models for people living with HIV (PLHIV); collaborating with the South African Government (SAG) to build sustainable human and institutional capacity to support integrated adult HIV care and support services; promoting family-centered services through the integration of pediatric and adult HIV care programs; promoting the basic care package aimed at promoting early referral and retention in care; supporting surveillance activities monitoring continuity of care and integration with counseling and

testing (CT), TB and HIV care and support programs; and expanding FPD's adult specialist mentoring and referral support to strengthen doctor and nurse capacity to provide quality adult HIV care and support; expanding integrated preventive service, psychological care, spiritual care and social care in all HIV care and support sites; implementing routine TB screening and active TB case finding in all HIV care and support settings; improving the linkages with and providing support to hospices whereby FPD-employed clinical staff does ward rounds in order to ensure a continuum of care between treatment sites and hospices for all adult HIV patients.

Fresh Ministries

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

Health Science Academy

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

Hope Education

Hope Education (HE) aims to develop indigenous capacity to provide young learners with HIV prevention training and appropriate life skills to affect lasting moral and behavioral change. The organization aims to increase the capacity of Life Orientation (LO) teachers to promote HIV prevention through abstinence and being faithful (AB); reach learners and orphans and vulnerable children with AB messages; develop the capacity of the Department of Education at the provincial and district level;

and develop the administrative, logistic and academic capacity of Reaching a Generation (RaG) and HE to sustain quality HIV prevention education.

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.

Johns Hopkins University Center for Communication Programs (JHUCCP)

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

Johns Hopkins University Center for Communication Programs (JHU/CCP) coordinates the work of 20 South African partners and provides technical assistance and capacity building to provide counseling and testing (CT) using both mobile and fixed services through local NGOs and tertiary institutions. These services will be promoted through the Mindset Health channel to both healthcare workers and patients. Key areas of male norms and behaviors, partner limitation, correct and consistent condom usage, substance and alcohol abuse, reducing violence and coercion and stigma and discrimination, form an integral part of the CT interventions. The target populations for this activity are secondary school learners, university students, patients in health care centers, celebrities and their fans, people living with HIV (PLHIV), out-of-school youth, men who have sex with men (MSM), community leaders and healthcare providers. The major emphasis areas are community mobilization and participation, and information, education and communication, with additional emphasis on local capacity building across all activities. Findings from a qualitative study on multiple concurrent partnerships and the National HIV and AIDS Communication Survey, carried out in early 2006, will help focus on community perceptions of CT and help to determine perceived needs in respect to CT communication interventions.

JSI ENHANCE

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

Kagiso TV

The Kagiso Educational Television (Kagiso) PMTCT activity focuses on male involvement in the prevention of mother-to-child transmission (PMTCT) to increase uptake of PMTCT through the expansion of a grassroots campaign targeting community-based men's groups. The campaign aims to create male awareness of PMTCT ensuring that men understand the implications of mother-to-child transmission (MTCT) and can support and encourage their pregnant partners to uptake PMTCT services.

Khulisa Quality Monitoring

The Quality Monitoring and Assessment Program (QMAP) is a new activity for FY 2008, and was added in response to the additional funding made available to South Africa for this fiscal year. Khulisa Management Services, a local South African organization, has been awarded this contract. The purpose of the activity is to assess performance in adherence to USG and agency-specific policies and guidance; administrative and financial practices and procedures; evidence-based sound clinical care and management; evidence-based, sound interventions at the community level; and the policy and practice of partners in providing support services through on-site visits and consultation. The QMAP is not an individual partner quality improvement program. These on site monitoring assessments will provide Activity Managers (AM) with information to identify challenges to partner implementation and ensure that PEPFAR funds are maximized in promoting evidence-based and quality programming under each program area. Since 2004, the South Africa PEPFAR team has experienced rapid growth of the HIV and AIDS prevention, care and treatment programs from over \$8 million in FY 2005 to an anticipation of almost \$600 million in FY 2008. Management and Staffing has not proportionately increased in an effort to apply the bulk of funds into program areas. AMs from the larger agencies (USAID and CDC) have responsibility for upwards of 25 partners and fiduciary responsibility for as much as \$15 million. Given the increase in resources, the ratio of staff to partners or dollars will grow in FY 2008 despite new recruitment. The PEPFAR Task Force and partners utilize several approaches that aim to monitor partner performance. Quarterly and bi-yearly reports with follow-up; interim progress reports; partner meetings; and requested budget draw-downs are examples that are currently in use. On-site visits to partners and subs funded through PEPFAR are rare due to the heavy and growing workload of AM. In FY 2008, the PEPFAR Task Force agreed to prioritize site visits for the purpose of monitoring quality and assessing performance. This activity is considered an essential aspect of strategy development under the PEPFAR reauthorization.

Leonie Selvan Communications

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

activity are adolescents aged 10-24 and adults which include all health care workers. Leonie Selven Communication (LSC) will expand FY 2008 activities in FY 2009.

Lifeline Mafikeng

Activities conducted at identified sites include HIV counseling AND testing and concurrent HIV prevention and marketing activities. Trend Setters* will undertake the HIV prevention and marketing activities include placing banners, canvassing the area on foot, distributing pamphlets and invoking discussion with pedestrians, conducting information education sessions on HIV and AIDS, projecting culturally appropriate abstinence and be faithful (AB) messages, performing dramas about HIV and AIDS, establishing "post-test clubs" and condom demonstrations/distribution. Teenager programs (13 -18 years) will focus mainly on abstinence or delayed sexual encounter and encourage those who are sexually active to pledge abstinence once again. In the programs for older youth and adults, focus will be on encouraging them to pledge faithfulness to monogamous relationships and to avoid cross-generational relationships

HIV prevention activities will especially emphasize fidelity, though they are balanced with abstinence messages, especially targeted towards youth and condom promotion (i.e. correct and consistent use of male and female condoms) in order to reach as many people in the target audience as possible. Management will ensure PEPFAR regulations are strictly followed. Education and marketing is essentially to dispel myths and ensure the right information is out there. These activities enable people, who may have been unable to overcome fear or stigma to encourage knowing their HIV status, which ultimately can prolong or save their lives and possibly the lives of others.

LifeLine North West

The PEPFAR-funded Abstinence and Being Faithful activity described in this FY 2008 COP harnesses the activities and work of other ongoing projects, namely, the Community Counselor Project, especially with respect to community mobilization and outreach. It also benefits from contributions from other donors such as Anglo Platinum Mines, which has committed to three-years of cost-sharing. In particular, Anglo Platinum Mines are funding a vehicle to be used in the mining areas and covering traveling costs and stipends for a nurse and driver. Relationships formed with local government and municipal departments will assist to ensure the continuity of the project. The two major components of the Abstinence and Being Faithful (AB) program area include community outreach and mobilization around the designated hot spots and throughout Bojanala District and the LifeLine centre in Rustenburg. The AB messages and HIV prevention activities address gender issues and gender dynamics directly, encouraging target populations to examine gender roles in society. Emphasis areas include gender addressing male norms and behaviors, and reducing violence and coercion as well as human capacity development. Target populations include boys and girls (aged 10-14); adolescents; and adult men and women, especially of reproductive age. In a generalized epidemic such as the one in South Africa, the project targets the general population; thus the project will also reach groups such as persons who engage in transactional sex, but who do not identify as persons in sex work, discordant couples, people living with HIV, and orphans and vulnerable children. LifeLine Rustenburg will continue activities described in COP 2008, but in FY 2009 will focus on superior service delivery by ensuring competent personnel to provide education, motivation and training to individuals and communities; and continued update and enhancement of imaginative and effective training material to advance abstinence and be faithful (AB) prevention strategies and programs.

Lifeline's activities in Palliative Care/Basic Health Care & Support involve sub-grantees who have prior home-based care services and protocol training in line with SAG policies and guidelines. Activities include the following three components: 1) referral of HIV-infected individuals from the

Counseling and Testing unit to local faith-based and community-based organizations (FBOs/CBOs) for follow-up; 2) Supervision of the delivery of palliative care services by LifeLine's second-tier sub-grantees (FBOs/CBOs); and 3. Capacity building in the form of training to support LifeLine's sub-partners FBOs/CBOs. The Bojanala District Department of Health in North West province assists LifeLine with capacity building and supervision of the FBOs/CBOs. The program increases access to services for PLHIV, especially women and their families, who are disproportionately HIV-infected in South Africa. Emphasis areas for this PEPFAR supported program are human capacity development and local organizational capacity development. The target populations adolescents aged 15 -24 and adults and also include most at risk populations namely, mobile population, non injecting drug users, persons who engage in transactional sex, but who do not identify as persons in sex work, people living with HIV and AIDS (PLHIV), and HIV and AIDS affected families. Three community-based organizations (CBOs) or faith-based organizations (FBOs) will be identified to join the LifeLine project as sub-grantees. Management in the organizations will be encouraged and supported to improve the quality of service delivery with an increase in beneficiaries

Mothers 2 Mothers

Mothers2mothers (m2m) will implement activities to improve the effectiveness of prevention of mother-to-child transmission (PMTCT) in HIV programs. Services are carried out through facility-based, peer education and psychosocial support programs for pregnant women, new mothers and caregivers, all living with HIV and AIDS. There are four components of the program: curriculum-based training and education programs; psychosocial support and empowerment services; programs to increase uptake for counseling and testing; and bridging services linking PMTCT treatment and care to antiretroviral treatment (ARV) and other health services. The primary emphasis areas are human capacity development (training) and local organizational capacity building. The target population is people living with HIV and pregnant women.

National Association of Childcare Workers

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

National Department of Correctional Services (NDCS)

PEPFAR funds will be used by the National Department of Correctional Services (DCS) to provide basic HIV and AIDS care and support to offenders and staff in DCS Correctional Centers in all nine provinces. The major emphasis area for this program will be the training of personnel as facilitators on the establishment and maintenance of support groups for infected and affected HIV and AIDS offenders in Correctional Centers. Special emphasis will be placed on integrated preventions services, including prevention with positives and behavior change as well as the management of psychosocial challenges. Minor emphasis will be given to community mobilization and participation; development of network/linkage/referral systems; information, education and communication; linkages with other sectors and initiatives; and local organization capacity development. The target population will include men and women offenders, people living with HIV (PLHIV), their caregivers and several most at-risk populations (e.g., men who have sex with men, injection drug users and tattooing with contaminated instruments). The National Department of Correctional Services (DCS) has decided to enhance its activities under Care Services by conducting training of offenders in Correctional Center-Based Care (CCBC). Training of Professionals in CCBC will include: training of personnel as support group facilitators (including the workplace program) to assist in the establishment and maintenance of

support groups for offenders who are either infected or affected by HIV and AIDS in Correctional Centres; training of healthcare personnel in the Comprehensive Management of HIV and AIDS including other related diseases (opportunistic infections); training of professionals in spiritual counseling; and training of healthcare professionals as Antiretroviral (ARV) Project Managers. This training will increase access to care and support services for offenders and personnel living with HIV and AIDS and also reduces morbidity and mortality as well as other impacts of HIV and AIDS. Training of offenders and personnel will be conducted continuously, due to the high turnover of nurses and movement of inmates. This applies for all trainings.

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

National Department of Education

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

National Health Laboratory Service (NHLS)

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

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

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

Nosizwe Consulting

Using FY 2007-2008 funding a monitoring and evaluation (M&E) system for early infant diagnosis (EID) has been developed and is being piloted in various sites in Gauteng (PAIT II & III Projects). The package emphasizes four specific areas of EID M&E: 1) implementation (i.e., identifying at-risk infants and tracking the management of blood samples and relationship between testing facilities (primary health clinics) and the National Health Laboratory Service (NHLS); 2) adherence to early infant testing, diagnosis and follow-up care; 3) psychosocial support for clients (mother-infant pairs); and 4) evaluation of EID training by WHC/ECHO staff. One of Nosizwe Consulting's (Nosizwe) aims in constructing the M&E package was to make it adaptable for use in varied health-care facilities; so that EID M&E activities could take place in well-supplied and staffed gold standard facilities and in basic forms in silver- and bronze-standard health-care environments. FY 2007 monies were used for the initial planning, tool construction, process mapping and preliminary testing at Coronation Hospital, a tertiary care facility considered a gold standard (i.e., highly resourced, well-staffed) environment. FY 2008 (PAIT III Project) funds have been used to test and refine the M&E package, and to adapt and roll out into more diverse clinic settings, the silver standard (mid-level resourced and staffed) environments. FY 2009 (PAIT IV) funding will be used to further refine and test the M&E package for use in bronze standard health-care environments. Of the three levels, this final bronze level clinic environment is the most challenging and important. Not only does this standard represent the most poorly resourced and staffed facility profile but it is the most common type of health-care facility in the South African public health system.

Nurturing Orphans of AIDS for Humanity (NOAH)

Nurturing Orphans of AIDS for Humanity (NOAH) mobilizes communities form networks of care called "Arks", which provide a range of services to orphans and vulnerable children (OVC) including: nutritious meals; educational activities including HIV prevention messages; regular home visits; assistance in birth registration and accessing government social security grants; psychosocial support and training in the establishment of food gardens. Through effective implementation of the NOAH model, with continued emphasis on sustainability and capacity building NOAH plans to capacitate community OVC programs (Arks) to become self-governing and to graduate into independent local CBOs. Emphasis areas for NOAH are Local Organization Capacity Building, and Human Capacity

Development (Pre- and In-service training). The target populations for NOAH activities are orphans and vulnerable children. Noah proposes to increase the number of funded Arks through PEPFAR from the original COP 08 number of 35 to 40 for FY 2009. An additional 28 Arks were incorporated into PEPFAR funding from May 2008 to September 2008 to boost their establishment process. These additional 28 sites offer basic activities to Orphans and Vulnerable Children (OVC), of which a large portion is nutritional support. Alternative donors, able to support the full operating costs for the 28 Arks are being sourced. Thus, in order to concentrate on delivery of quality care to OVC across the PEPFAR priority areas and in line with the Noah strategy of graduating arks, the number of PEPFAR-funded Arks is proposed at 40 for October 2008-September 2009. These 40 Arks are selected based on major achievements, successes and challenges. In this way, PEPFAR funding will be matched with the Arks' operational capacity to more effectively mobilize and develop the Ark towards graduation.

Pathfinder International

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

Reproductive Health HIV Research Unit

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

Research Triangle Institute

The first RTI component includes support to strengthen the HIV-related clinical, psychological and social care services for the Thuthuzela Care Centers (TCCs) for rape victims in all provinces with the exception of Limpopo, Free State and Mpumalanga. The second component encompasses strengthening the Department of Provincial and Local Government (DPLG) HIV and AIDS care program in workplace programs in 4 districts and 15 local municipalities located in Gauteng, Mpumalanga, Western Cape, and Limpopo provinces. The third component includes training of community health care workers in the same municipality catchments' areas on quality HIV palliative care. Populations served are adults and children, PLHIV, health care workers and caregivers. The major emphasis area is training with minor emphasis areas in IEC, commodity procurement, network/linkages/referral; linkages with other sectors and initiatives and local organization capacity development. Research Triangle Institute (RTI), will provide support to strengthen the HIV-related clinical, psychological and social care services for the Thuthuzela Care Centers (TCCs) for rape victims in all provinces.

Right to Care

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

Scientific Medical Research

Scientific Medical Research is developing an innovative monitoring and evaluation program that (a) assesses the quality and impact of HIV programs in the public sector; (b) generates regular feedback to the programs and donors; and (c) aims to improve the quality of service to the communities and program implementing institutions through appropriate feedback mechanisms. Scientific Medical Research (SMR) activity area for FY 2009 COP within the Center for Disease Control and Prevention (CDC) was changed from "Counseling and Testing (CT)" to "Laboratory, Infrastructure, Strategic Information and Policy" because SMR's activities are broader than one activity area. To further the activities described in FY 2008, SMR implemented the high-level evaluations of partner organizations which are linked to strategy development.

Scripture Union

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

Soul City

Soul City has a long history of partnership with the South African Government, collaborating with the NDOH, DOE, NDSD, Transport, and Public Service and Administration, which includes financial support from NDOH, and potentially NDSD in the future. In addition, Soul City partners with 18 non-governmental organizations to implement the community mobilization program. All Soul City

interventions address gender issues, particularly those associated with driving the epidemic (e.g., power relations and cross generational sex). In September 2007 Soul City and its sub-partners are planning a major planning retreat to design its five year prevention strategy, and the USG will be important contributors to this process. Violence and partner reduction will be a focus over the next five years as will the issues that promote violence, like substance abuse.

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

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

South African Business Coalition on HIV and AIDS (SABCOHA)

SABCOHA program PEPFAR funds will be used to identify HIV-infected individuals as noted in the Vendor Chain and BizAIDS programs below. VCT is used as a prevention mechanism to promote abstinence, be faithful and to use condoms, as well as an entry-point in to ARV treatment. It is also an essential tool for fighting stigma and discrimination. The major area of emphasis is Workplace Programs. Minor areas of emphasis include Community Mobilization/Participation, and Information, Education and communication.. Specific target populations include Male and Female adults, Truckers, and the Business Community.

South African Democratic Teachers' Union

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

South African Department of Defence (SADOD)

The South African Department of Defence (SADOD) has an existing HIV and AIDS program that includes antiretroviral treatment (ART) services. FY 2009 funds will be used to improve and expand ART and related services. The main emphasis area is human capacity development. The main target is people living with HIV (PLHIV) in the military and their families. FY 2009 funding will support the two-week antiretroviral (ARV) training and the four-day refresher training of Health Care Professionals in the South African Military Health Services (SAMHS). A simpler customized ARV training course for pharmacy assistance will also be funded. Health Care Professionals will also be trained on TB

management, particularly management of multi-drug resistant (MDR) and extremely drug resistant (XDR) TB, Training on new TB guidelines and syndromic management of sexually transmitted infections (STI). There will also be a focus on cervical screening for HIV-infected women.

South African Institute of Health Care Managers

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

South African National Blood Service

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

Southern African Catholic Bishops Conference (SACBC)

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

Southern African Clothing and Textile Workers Union

The Southern African Clothing and Textile Workers Union (SACTWU) project has received PEPFAR funding in previous years through a sub-agreement with the Solidarity Center. In FY 2008, SACTWU started receiving direct PEPFAR funding. SACTWU has a well-structured training program, initiated in 1999, that has evolved within the dynamics of the industry and includes basic facts on HIV, AIDS, abstinence, being faithful and condom use. The major emphasis area of the activity is training. Target populations include factory workers and people affected by HIV, HIV-infected adults, especially women, and the business community.



The Starfish Greathearts Foundation

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

Tshephang Trust

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

University of Pretoria - Child Healthcare Problem Identification Programme

The Child Healthcare Problem Identification Programme (ChIP) is a University of Pretoria prevention of mother-to-child transmission (PMTCT) monitoring project aimed at improving the quality of PMTCT service delivery. Using PEPFAR funds in FY 2005, FY 2006 and FY 2007, the foundations for ChIP were established. FY 2008 funding will be used to continue monitoring the impact of: (1) properly managing HIV-infected pregnant women and their children; (2) the intervention on prenatal and infant mortality; and (3) cotrimoxazole prophylaxis, infant feeding choice and antiretroviral therapy on HIV-infected children. The premise of ChIP is that through ongoing monitoring and analysis of data on child deaths, key indicators can be identified, which will provide health-care providers and policy makers with the necessary empirical basis from which to advocate for the design and implementation of improved quality of care strategies. In the long term, this approach should make a significant contribution toward reduced childhood mortality from HIV and other causes. The major emphasis of the work falls in Health Management Information Systems, with a lesser emphasis on monitoring, evaluation and reporting, as well as other strategic information (SI) activities. Target populations for the activity include infants and children, HIV-infected pregnant women, HIV-infected infants and children, policy makers, and public and private health-care workers.

University of Washington (I-TECH)

I-TECH 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 Co., LLC (URC)

University Research Co., LLC (URC) works with the national and provincial Departments of Health in South Africa to expand access to and uptake of HIV testing and counseling. URC's major strategy is to assist NDOH/PDOHs in implementing provider-initiated HIV testing, with the option to opt-out, to reduce missed opportunities for HIV identification and further spread of HIV in the country. URC will use a collaborative approach for rapidly expanding the HIV testing services. The approach will include integrating HIV testing with antenatal care, sexually transmitted infections (STI), tuberculosis (TB), family planning (FP) and general clinical service areas. Training of program managers and healthcare providers in strategies to expand uptake of HIV testing and counseling rapidly will be a focus. URC will place temporary clinical staff to provide HIV testing in high volume facilities where current staff are unable to meet the demand for testing, thus ensuring that HIV clients are referred for onward treatment and support services. Finally URC will strength supervision and monitoring systems to ensure provision of high quality HIV testing. Support will also be provided to improve recording and reporting systems for HIV testing at all levels. The major emphasis area is local organization capacity development, with minor emphasis on quality assurance and supportive supervision, network/linkages/referral systems, and training. The activity targets public health workers, community-based organizations (CBOs) and faith-based organizations (FBOs), program managers and community volunteers, youth and adults, and STI, TB, and general clinic attendees. University Research Co., LLC (URC) is currently in discussions to expand its support to Northern Cape, if they are invited to do so by the province's Department of Health. This may result in URC supporting up to six provinces. URC will focus on enhancing the quality of support provided and as a result the accelerated growth of the project will be slower in FY 2009, with a maximum number of sites supported being 130. Facilities will be assisted to improve their referrals to tuberculosis (TB) screening of clients who are HIV-infected. URC will assist this process by ensuring that job aids are available to health care providers. In FY 2009, URC will focus on increasing social mobilisation with a focus on men to promote counseling and testing. This will be done in collaboration with non-governmental and community-based organisations in order to create the demand for counseling and testing services in health facilities. URC will also place emphasis on development of information, education and communications materials for clients.

University Research Corporation (TB Tasc)

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

US Peace Corps

Peace Corps Volunteers (PCVs) work in civil society organizations (CSOs) that focus on HIV and AIDS relief under the Community HIV/AIDS Outreach Project (CHOP) and in the education system at the primary school and district levels under the Schools and Community Resources Project (SCRIP).

All CHOP and SCRIP PCVs 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. SCRIP PCVs 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 SCRIP PCVs 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.


X-Strata

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

Youth for Christ South Africa

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.

Youth for Christ (YFC) will promote HIV risk reduction and prevention activities by conducting life skills programs, awareness campaigns, and distributing and promoting correct and consistent use of



condoms among school leavers, and young adults 18 years and older. YFC will recruit and train unemployed young adults as youth workers. After training, the youth workers will be placed in Youth Clubs where they will assist in expanding YFC's HIV prevention campaign by distributing condoms to communities and the youth. Gender is an emphasis area for this program as it addresses the extreme vulnerability of young South African women to HIV, and male norms and behaviors. While the target population is youths aged 15-24 years, adults aged 25-30 will not be excluded from these prevention activities.



PEPFAR Program Area Abbreviations

PMTCT – Prevention of Mother to Child Transmission

Sexual Prevention:

AB – Sexual Prevention: Abstinence/Be Faithful

OP – Other Sexual Prevention

Biomedical Prevention:

BL – Biomedical Prevention: Blood Safety

IN – Biomedical Prevention: Injection Safety

ID – Injecting and non-Injecting Drug Use

CIRC - Male Circumcision

Adult Care and Treatment:

BC – Basic Health Care and Support

XS – Adult Treatment

Pediatric Care and Treatment:

PC – Pediatric Care and Support

PTX – Pediatric Treatment

CT – Counseling and Testing

HSS – Health Systems Strengthening

LAB – Laboratory Infrastructure

OVC – Orphans and Vulnerable Children

SI – Strategic Information

TB – TB/HIV Care

XD – ARV Drugs

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

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

Quick Reference – Partners by Program Activities

Partner	Program	Location	Contact Information	MOU	US Agency
AgriAids	OP, BC, CT	214 Marais Street , Brooklyn 0181	Mrs Kostwinder, Gretha , , 012-460-3762 Email: gretha@agri aids.org.za		USAID
American Association of Blood Banks	BL	,	Mr Konstenius, Terri , Director, Intl Program Operations , 301-215-6562 Email: tkonstenius@aabb.org		CDC
Anglican Church of the Province of Southern Africa	OVC	No. 1 Braehead Rd, Kenilworth, Western Cape 7708	Ms Jeptha, Rozette, OVC Program Director, 021-762-4220 Email: rjeptha@anglicanaids.org	Yes	USAID
Bana-Pele Youth and Day Care Center	OVC	Hammanskraal	Lydia Kgwadi, Project Coordinator, tel: 072-122-3199		Dept of State
Broadreach Health Care	BC, TB, CT, XD, XS, OP, PC, PTX, PMTCT	The Park, 3rd Floor, Park Road, Pinelands 7405	Dr Darkoh, Ernest, Director, (021) 514-1333 Email: edarkoh@brhc.com	Yes	USAID
CELUKI Development Project and Hospice	OVC	Pretoria	Christina N. Mphafudi, Project Coordinator, tel: 071-391-8615		Dept of State
Child Welfare South Africa	OVC	Umoya House 4th Floor 2/6 New South Street Ghandi Square,2001 P. O. Box 8539 Johannesburg 2000	Ms Briede, Megan , Senior Manager , 011-492-2888, 01-492 2884 (Fax) Email: megan@childwelfare sa.org.za	Yes	USAID

Partner	Program	Location	Contact Information	MOU	US Agency
Education Labour Relations Council	AB, OP, CT	261 West Road, Centurion , Pretoria	Mr Govender, M, , 012-663-0432 Email: gen.sec@elrc.co.za		CDC
EngenderHealth	AB, OP, CT, BC, CIRC	Postnet Suite 209, Private Bag 30500, Johannesburg 2000	Mr Ntayiya, Sakumzi, Country Director, 011-833-0502 Email: sntayiya@engenderhealth.org	Yes	USAID
Foundation for Prof Development (FPD)	TB, CT, XD, XS, SI, BC, PC, PTX	Po Box 74789, Lynwood Ridge , Pretoria 0040	Dr Wolvaardt, Gustaaf, Executive Director, 012-481-2031 Email: gustaafw@foundation.co.za	Yes	USAID
Fresh Ministries	AB	P.O. Box 53113, Kenilworth, Cape Town: 7708	Sabelo Mashwama, CEO: Anglican Aids and Healthcare Trust, Tel: +27 217 631 300, Fax +27 217 624 237, Email: smashwama@anglicanaids.net	Yes	USAID
Ga-Sefanyetso Home Based Care	OVC	Rustenberg	Ruth Phakedi, Manager, tel: 078-5823-5979		Dept of State
Godisang Home Based Care	OVC	Rustenberg	Brenda Mavis Nkomo, Coordinator, tel: 073-160-6688		Dept of State
Health Science Academy	XS	284 Oak Avenue, Ferndale, Randburg, , Johannesburg 2194	Ms Manentsa, Nthabiseng, Project Manager , 011-509-2555 Email: nthabiseng.manentsa@healthscience.co.za		CDC
Hope Education	AB	3111 SW 10 th Street , Pompano Beach 33069	Ms Ecker, Kami , , 001-954-968-3044 Email: kamiecker@hope-ed.org		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@hpcsa.co.za	Yes	USAID

Partner	Program	Location	Contact Information	MOU	US Agency
John Hopkins University Centre for Communication Programs	AB, OP, OVC, CT, XS, SI, BC, PMTCT, HSS, CIRC	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria 0011	Mr Coleman, Patrick, Country Director, 012-366 9300 Email: patrick@jhuccp.co.za	Yes	USAID
John Snow Inc - Enhance	OVC, SI	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria "0001	Dr Mulumba, Rose, Program Director, 012-362-7991 Email: rmulumba@jsimmis.org.za	Yes	USAID
Kagiso Communications	PMTCT, OP	20 Girton Road, Parktown, Johannesburg	Ms Ruth Becker, , 011-544-1900 Email: ruthb@kagisotv.co.za		CDC
Khulisa Management Services (Pty) Ltd	SI	PO Box 923, Parklands, Johannesburg 2121	Mr Ogawa, Michael, , 011-447-6464 Email: mogawa@khulisa.com		CDC
Leonie Selvan Communications	AB	42 Bristol Road, Saxonworld, P.O. Box 3049, Houghton, Johannesburg 2041	Selvan, Leonie, Email: leonies@global.co.za		CDC
LifeLine Mafikeng	AB, OP, CT	17 Connaught Street,	Ms Wills, Elizabeth, , Email:		CDC
LifeLine North West - Rustenburg Centre	AB, OP, BC, CT	PO Box 5050, Rustenburg, North West	Ms Finnegan, Anne, , 014-592-3158 Email: anne@lifelinertb.co.za		USAID
Love Ministry	BC	Mafikeng	Pastor Solomon Matebane, Project manager, tel: 079 820 6933		Dept of State
Mmorogong Community Home Based Care	OVC	Rustenburg	Adelina Sekgopi, Coordinator, tel: 073-0417346		Dept of State

Partner	Program	Location	Contact Information	MOU	US Agency
Mothers 2 Mothers	PMTCT	PO Box 841, Cape Town 8000	Mr Besser, Mitchell, Medical Director, 021-466-9160 Email: mitch@m2mafrica.org	Yes	USAID
National Association of Child Care Workers (NACCW)	OVC, BC	PO Box 47368, Greyville 4023, 92 Windermere Road, Morning Side, Durban, 4001	Tumbaloo, Zeni , Isibindi Administor , 031-312-9484031 – 312 9484 (Office) 031 – 312 9489 (Fax), Email: zeni@naccw.org.za	Yes	USAID
National Department of Correctional Services	CT	Ponyton East Block, 124 Church Street , Pretoria 0001	Ms Chaka-Ramela, Thabiso , , 012-3072885 Email: Thabiso.Chaka-Ramela@dcs.gov.za		C
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
Nozizwe Consulting	PMTCT	22 Halford Road, Berea, Durban 4001	Dr. Christine A. Varga , , 27-31-202-8106 Email: christine@nozizwe.co.za		CDC
Nurturing Orphans of AIDS for Humanity (NOAH)	OVC	358 Rivonia Boulevard, Rivonia , Johannesburg 2128	Ms Postma, Niven, CEO, 011-807-4724 Email: niven@noahorphans.org.za		USAID
Pathfinder International	BC, OVC, CT XS	Post Net Suite 177 Private Bag x9 Benmore 2010, Johannesburg 0001	Ms Sophia Ladha, Country Director, 011 802 8889 Email: sophia.ladha@zanet.co.za		CDC

Partner	Program	Location	Contact Information	MOU	US Agency
Reduetswe HIV/AIDS Orphans & Vulnerable Children Support Group	OVC	Taung	Ms. Anna Lontshitse, Secretary, tel: 073 400 2491		Dept of State
Reproductive Health Research Unit	OP, BC, ATB, CT, XS, PMTCT, CIRC, PC, PTX, SI, HSS	C/o Chris Hani Bara Hospital, PO Bertsham, Johannesburg 2013	Dr Rees, Helen , , 011-989-9208 Email: h.rees@rhrujhb.co.za	Yes	USAID
Research Triangle Institute	OP, BC, CT, PC	,	Mr Vas, Peter , , Email: pvaz@rti.org		USAID
Retlaadira Home-based Care	BC	Vryburg	Mrs. Patricia Mokguthu, Coordinator, tel: 079 622 5352		Dept of State
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
Scientific Medical Research	SI	1st Floor, Mandela-Rhodes Building, 150 St. Georges Mall, Cape Town 8001	Dr Manyike, Peter , , Email: Peter@smr.co.za		CDC
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
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

Partner	Program	Location	Contact Information	MOU	US Agency
South African Business Coalition on HIV and AIDS	AB, OP, CT, XD, XS, HSS, BC	3rd Floor , 158 Jan Smuts Avenue, Rosebank , Johannesburg 2196	Mr Mears, Brad , , 011-880-4821 Email: brad@sabcoha.co.za	Yes	CDC
South African Democratic Teachers Union (SADTU)	AB, OP,CT, OVC,HSS	Matthew Goniwe House, 49 Goud St, Johannesburg 2000	Mabusela, Solly , , 011-334-4830 Email: fazielam@sadtu.org.za	Yes	CDC
South African Institute of Health Care Managers (SAIHCM)	XS	1109 Momentum Building, Block D, 1109 Duncan St, Pretoria 0181	Ms Asia, Ida , , 012-460-6158 Email: ceo@saihcm.co.za		USAID
South African National Blood Service (SANBS)	BL	Private Bag x14, Weltevreden Park, Johannesburg 2000	Dr Mpuntsha, Loyiso, CEO, 011-761-9111 Email: loyisom@inl.sanbs.org.za	Yes	CDC
South African National Defence Force (Phidisa)	XS, XD, PTX	, Pretoria	Brig General Lulu Siwisa, Director: HIV/AIDS. 012 367 9168, Email: siwisalulu@yahoo.com Ms. Matchaba, Gugu , , 012-319-3265 Email: umachaba@phidisa.org	Yes	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

Partner	Program	Location	Contact Information	MOU	US Agency
Southern African Clothing & Textile Workers' Union (SACTWU)	OP, CT, XS, BC, AB, TB	Industry and Housing, 350 Victoria Road, Salt River, Cape Town 7925	Soboil, Nikki – National Director - (021) 448-5263 Email: nikki@swtzn.co.za		CDC
Starfish Greathearts Foundation	OVC	Block E, Metropolitan Office Park, 82 Wessel Road, Rivonia , Johannesburg 2000	Smithson, Mrudula , , 011-259-4379 Email: mrudula.smithson@starfishcharity.org	Yes	USAID
Tshepang Trust	CT, XD, XS, BC, TB	24th Floor, 209 Smit Street, Braamfontein 2001	Dr. Pumla Mahuma – Head: Project Management and Operations – (011) 339-8996 Email: pumla@tshepangtrust.org	Yes	CDC
Tsholofelo Early Learning Centre (OVC)	OVC	Mafikeng	Pastor Robert Kgobokoe, Project Manager, tel: 082 705 8362		Dept of State
University of Pretoria (CHIP)	SI	Grey's Hospital / Private Bag X9001, Pietermaritzburg 3200	Dr Stephen, Cindy, Medical Officer , 033-897-3413 Email: cindy.stephen@kznhealth.gov.za		CDC
University of Washington (I-TECH)	TB, XS, HSS	901 Boren Avenue, Suite 1100, Seattle WA 98104	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	Yes	USAID

Partner	Program	Location	Contact Information	MOU	US Agency
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
US 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
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

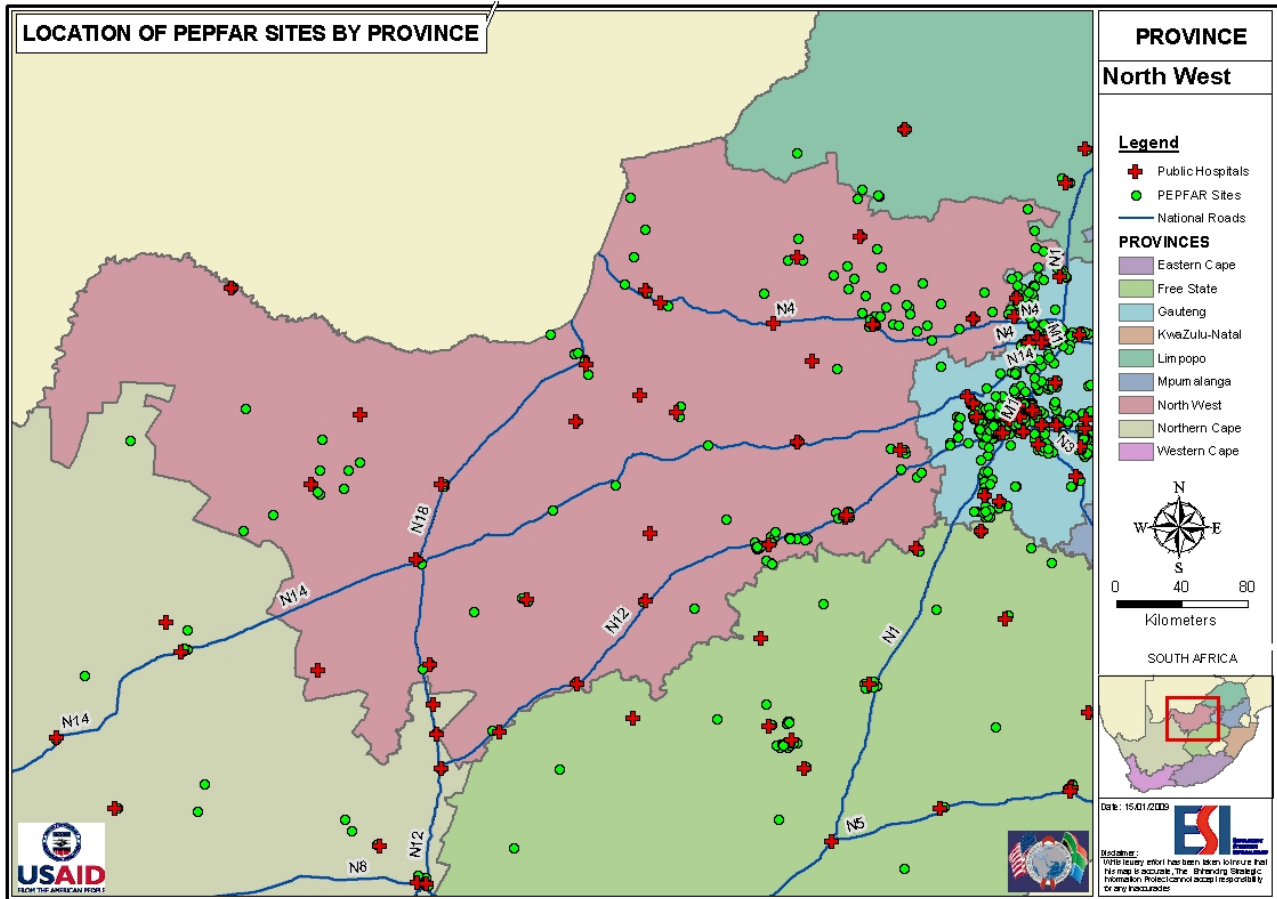
Sites where PEPFAR-funded organizations support/provide antiretroviral treatment services.

Partner	Town/City	Facility	Type
Aurum Health Research	Klerksdorp	Aurum Klerksdorp	Private
	Various	North West-Aurum	Private
	Klerksdorp	Tshepong Hospital	Government
BroadReach	Klerksdorp	Klerksdorp Private Practitioners	Private

Partner	Town/City	Facility	Type
Catholic Relief Services	Winterveldt	Hope for Life (Winterveldt Clinics)	NGO
	Rustenburg	Tapologo	NGO
Elizabeth Glaser Pediatric AIDS Foundation	Rustenburg	Rustenburg Hospital	Government
	Zeerust	Zeerust Hospital	Government
Foundation for Professional Development	Brits	Bapong Clinic	Government
	Brits	Brits District Hospital	Government
	Brits	Letlabile Clinic	Government
	Brits	Wonderkop Clinic	Government
Medical Research Council of South Africa	Bray	Bray Health Centre	Government
	Ganyesa	Kagisano (Ganyesa treatment site)	Government
	Moruleng	Moses Kotane Clinic	Government
Reproductive Health Research Unit (Wits Ped Group)	Mafikeng	Mafikeng Hospital	Government
	Potchefstroom	Potchefstroom Hospital	Government

Partner	Town/City	Facility	Type
	Rustenburg	Rustenburg Hospital	Government
	Scweizer Reneke	Scweizer Reneke Hospital	Government
	Taung	Taung Hospital	Government
	Klerksdorp	Tshepong Hospital Complex Wellness Clinic	Government
	Vryburg	Vryburg Hospital	Government
	Radithuso	Gelukspan Hospital	Government
	Lichtenburg	General de la Rey Hospital	Government
	Itsoeng	Thusong Hospital	Government
Management Science for Health	Rustenburg	Rustenburg Hospital	Government
Tshepang Trust	Various	Tshepang North West	Private

Location of Partners Within KwaZulu-Natal Province




List of Acronyms

Acronym	Description
AABB	American Association of Blood Banks
AB	Abstinence and being faithful
ABC	Abstinence and being faithful and condomize
ACILT	African Center for Integrated Laboratory Training
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral treatment
ARV	Antiretroviral
C&S	Care and Support
CBO	Community Based Organizations
CCF	Child Care Forum
CCMT	Comprehensive Care, Support, and Treatment
CDC	Center for Disease Control
CHBC	community home-based caregivers
CINDI	Children in Distress
COHSASA	Council for Health Service Accreditation of Southern Africa
Comprehensive Plan	2003 Comprehensive Plan for HIV and AIDS Care, Management and Treatment
COP	Country Operational Plan
CT	Counseling and Testing
DFID	Department for International Development
DHIS	District Health Information System
DOE	Department of Education
DOD	Department of Defense (USA)

DQA	Data Quality Assessment
DW	Data Warehouse
EQA	external Quality Assurance
ETR	Electronic TB Register
EU	European Union
FBO	Faith based organization
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GIS	Geographic information system
HIV	Human Immunodeficiency Virus
HMIS	health management information systems
HPCA	Hospice Palliative Care Association
HRD	Human Resources Directorates
HRH	National Human Resources for Health Plan, 2006
HRIS	Human Resources Information System
HAS	Health Sciences Academy
HSRC	Human Sciences Research Council
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IPHC	Integrated Public Health Care
JHUCCP	Johns Hopkins University Center for Communication Programs
JSI	John Snow Institute, Inc.
M&E	monitoring and evaluation
MCWH	maternal, child, and women's health
MDR	Multi-drug resistant (TB)
MMIS	Making Medical Injections Safer
MRC	Medical Research Council

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



SAG	South African Government
SAMHS	South African Military Health Service
SANBS	South African National Blood Service
SASI	South Africa Strategic Information
STI	Sexually Transmitted Infections
Toga	Toga Integrated HIV Solutions
UGM	Umbrella Grant Management
UK	United Kingdom
UNICEF	United Nations Children's Fund
URC	University Research Corp. LLC
USAID	United States Agency for International Development
USD	United States dollars
USG	United States government
VCT	voluntary counseling and testing
WHO	World Health Organization
XDR	extensively drug-resistant (TB)