

# PEPFAR

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



THE POWER OF PARTNERSHIPS

## Activities in Western Cape Province Fiscal Year 2009



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

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

The seven principles of the South African PEPFAR program are:

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

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

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

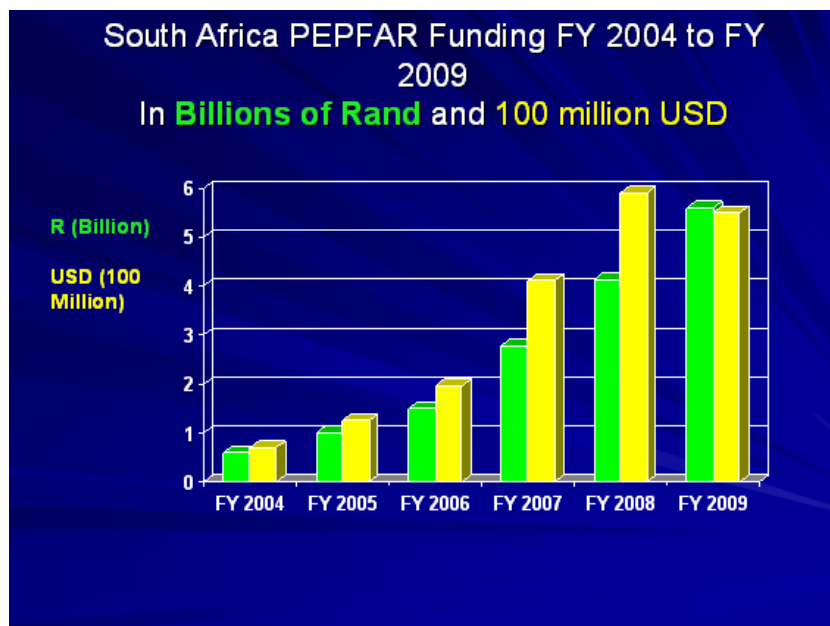
The South African PEPFAR Team works under the leadership of the U. S. Ambassador and consists of the following U.S. Government Agencies:

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

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

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

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



In Western Cape Province, PEPFAR is providing funding to 66 partners, which implement activities in facilities and communities throughout the province. The partners who carry out these activities represent NGOs, FBOs and SAG departments. Where the focus is listed as national, this refers to organizations that work at the national level (e.g. policy and advocacy), and support some or all provinces. These partners are listed in the Quick Reference – Partners by Program Activities, as well as in the PEPFAR tab of the US embassy website: <http://southafrica.usembassy.gov/>.

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

Currently, 39 partners have signed MOUs within the Western Cape Province to implement their activities. PEPFAR partners hope to increase the number of signed MOUs in FY 2009 to ensure all activities occur within agreed frameworks. Partners with signed MOUs are listed in the Quick Reference – Partners by Program Activities.

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

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

## Program Areas

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

Prevention	Care	Treatment	Other
Prevention of Mother to Child Transmission (PMTCT)	Adult & Pediatric Care & Support TB/HIV	ARV Drugs Adult & Pediatric Treatment	Strategic Information Health Systems
Prevention of Sexual Transmission Blood Safety Injection Safety Male Circumcision Counseling & Testing	Orphans & Vulnerable Children	Laboratory Infrastructure	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. Western Province Blood Transfusion Service (WPBTS) collects 120,000 units of blood per year serving the Western Cape Province. The National Health Act requires a single national blood transfusion service. South African National Blood Services (SANBS), WPBTS and the Department of Health are discussing how best to comply with legislation. SANBS, utilizing PEPFAR, has shared

educational material with WPBTS, standardized the self-exclusion donor questionnaire, supported the continuing professional development of staff and developed the PEPFAR indicator tool as a national measuring system. FY 2008 funding to SANBS will support the merger by strengthening the bonds between the two blood services in the fields of blood safety, staff training and donor education.

The merger activities will be implemented for a step-wise incorporation of WPBTS into the SANBS PEPFAR program focusing on training and personnel development, establishment of a training centre, and by developing appropriate information technology systems for the collection of national data as an indicator of the status of blood transfusion in South Africa. WPBTS will also utilize PEPFAR funding to expand their base of safe donors by establishing more mobile clinics. This will be facilitated by acquiring a specially fitted vehicle. WPBTS will play a key role in the development of the web-based training system and the WPBTS will be incorporated into the SANBS staff capacity building, on-site training and continuing professional development programs.

## **Counseling and Testing**

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

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

## **Adult Care and Treatment**

The vision for the PEPFAR South Africa Team for Adult Care and Treatment Team is to support the SAG policies and programs to provide comprehensive HIV care and treatment services to all those in need. The 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 NHLS. Support includes:

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

## Strategic Information

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


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

The SI team has worked with several provincial departments of health to provide technical assistance in M&E in the past year; this support will be continued in FY 2009. Coordination with the NDOH had been strained, but collaboration is expected to accelerate during FY 2009. This is partially because of the groundwork laid during FY 2008 and partially because of the new enthusiasm for public health and HIV activities engendered by the new direction and leadership within the NDOH.

## Health System Strengthening

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

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



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

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

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

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

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

## Summary of Partner Activities in Western Cape

### Ambassador's Community Grants Program

**Community Bible Society** - To provide 16 caregivers with training in OVC care, Trauma, HIV/AIDS and basic Counseling. To increase their self sufficiency with a sewing income generation project.

**Goedgedacht Trust** - The funds will be used to provide training and support to 20 farm workers in Home Based who will in return be required to provide the necessary support and appropriate health services to about 800 orphans and vulnerable children and youth living on farms in the Riebeeeksrivier Valley and surrounding areas. The carers will provide their voluntary services during the year and the R500 at the end of the year is a small thank you for their unselfishness and commitment.

**Helping Hands** - To support Helping Hands with stipends, administrative costs and training. To provide some funds for awareness workshops.

**Ibuyambo HIV & AIDS Forum** - The main purpose of the grant is to provide Home-based care training for 10 caregivers, and to purchase equipment to expand their income generation capacity with ovens for bread making and sewing machines. The group also want to increase the number of caregivers our grant pays for from four to five.

**Iteke o direle Sechaba** - To provide 12 volunteers with stipends and training in domestic violence, HIV/AIDS and home based care. To extend the capacity of the group with a transportation fund, money for phone cards and money for awareness campaigns. To support their drop-in centre, pre-school and income generation effort with a fence for their garden, tools and money for the water bill.

**Kwakhanya Community Home-Based Care** - This grant will provide advanced training for 8 carers, stipends to keep highly trained volunteers from leaving the project in search of work, transport for carers and patients to clinics and hospitals, nursing supplies to supplement inadequate clinic allocations, and awareness programs to increase disclosure and diminish stigma.

**Luvuyolwethu Home-Based Care** - To provide 10 caregivers with counseling training and stipends. To fund outreach programs targeting grandparents of orphans and HIVinfected people who haven't yet accepted their status.

**Masakhane Youth Centre** - Home based care givers would receive additional training and new lay counselors would be trained too so that patients will be able to get proper care and advice. 20 carers would each receive R250 a month and the transportation cost they incur to visit rural patients would be covered. The awareness campaigns (4 a year) with an audience of between 2000-3000 people would receive partial funding.

**Nelspoort Advice and Development / OVC and HBC** - To provided stipends, training, transportation and awareness campaign money for a group serving a huge area with 25 farms and a magnet school for very poor people. This group is not located in an area targeted for help by the Provincial Government and is likely to be forgotten for a few more years.

**New Life Rescue Mission** - To train 8 members of an HIV support group to act as peer counselors, care givers and trainers in their community with special focus on fellow HIV+ group members and their children. These new caregivers will free up the current staff to work in the office; building the capacity of NLRM by attending to administrative, planning and fund raising tasks. The caregivers will be supported with a stipend. The transportation fund will be used in conjunction with the 'awareness activities' fund in which NLRM hosts intensive workshops for community members, church leaders and families of PLWA.

**Nosakhele HIV/AIDS Project** - To provide training for 15 volunteers to be trained in HIV/AIDS counseling. Stipends will support the trainees immediately after the training and permit their attention to remain focused on their new skills. Nosakhele operates in a deprived Township, and the training is aimed at the young, unemployed women who have been volunteering at the Project. This will ensure Nosakhele reaches more people in more parts of society and more easily bridges the differences created by generation gaps. These younger members have proved themselves willing, able and capable. This training will reward their efforts and provide them much needed skills.

**Overberg Development and Empowerment Centre (ODEC)** - To provide Home Based Care to vulnerable people living on farms, to give workshops on HIV/AIDS to the local community and to assist in the provision of weekly soup kitchens to children, patients, and the HIV-infected and unemployed.

**Phambili Community Development** - To provide desperately needed training to volunteers so that they become qualified counsellors, better able to support the community and improve the lives of the deprived and abused. To further provide stipends to support the trainees through the training period in order that they will be able to concentrate on the demands of the training modules despite being unable to work during those times.

**Prosperity Youth Centre** - To increase the number of trained caregivers by 7, provide stipends for 10 of the most active caregivers, buy more medical supplies and provide a 'care for the carer' stress management workshop. This will enable Prosperity Youth to keep going and even increase its service capacity while applying to become a PEPFAR partner.

**Siyaphambili Orphan Village** - To support 10 volunteers with stipends and provide them with training. To help the organization with administrative costs. To provide the orphans with stationery to be used in the afterschool program and in their support groups, making memory boxes and other therapeutic art projects.

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

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

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

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

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

PEPFAR funds support BRHC initiatives that provide HIV and AIDS clinical management, care and support services to HIV-infected individuals in areas where the South African Government's (SAG) rollout has not yet been implemented and assists ART rollout in the public sector. The BRHC PEPFAR program began in May 2005 and now operates across five provinces. An additional province will be added in FY 2008. BRHC is supporting approximately 5,000 individuals directly with care and treatment and 15,000 indirectly. BRHC taps private sector health professionals to provide

comprehensive care and treatment, fostering capacity building initiatives within the public health system, and supporting community-based programs. BRHC leverages PLHIV support programs to identify and assist with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. BRHC also works to build capacity in public health facilities, focusing efforts on human capacity development (HCD) activities, including clinical didactic training, clinical mentorship's, patient training and operational assistance training. BRHC is expanding its provision of staff and infrastructure support to SAG facilities. Finally, BRHC is expanding its involvement in the design of scaleable down referral models in partnership with faith-based organizations (FBOs), community-based organizations (CBOs), and public-private partnerships (PPPs).

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

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

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

Columbia University International Center for AIDS Care and Treatment Program (ICAP) will use FY 2008 funding to apply its PMTCT capacity building activities in 30 sites located in Limpopo, North West, Gauteng, Mpumalanga, Northern Cape, and Western Cape provinces. ICAP's capacity building model is based on its support of the South-to-South Partnership for Comprehensive Pediatric HIV and AIDS Care and Treatment Training Initiative (S2S) in the Western Cape, which emphasizes site level training; namely, continuous and supportive onsite presence, onsite dynamic skills-building events such as on-the-job training, clinical mentoring, modeling and site implementation workshops and case-based learning. The core activity for FY 2008 involves designing and implementing PMTCT performance action plans and establishing long-term monitoring systems so that increased quality of service delivery can be sustained over the long term. This activity will be implemented in collaboration with the Foundation for Professional Development (FPD), BroadReach Healthcare and Right to Care. The South to South Partnership for Comprehensive Pediatric HIV Care and Treatment Initiative (S2S) will adopt a dynamic and contextualized strategy to support each implementing partner to implement programs with a family-centered approach at the site level. The site support will be dynamic and continuously customized to address site attributes and existing resources. While the support and program area emphasis will vary, all designated sites will benefit from the following activities:

- Systems will be implemented to ensure that all pregnant and post-partum women and those of child-bearing age that visit the antenatal care (ANC), maternity and maternal and child health (MCH) facilities will be routinely offered an HIV test with same day results (with routine CD4 testing, if positive).
- HIV testing and counseling will be reframed to ensure informed consent via group pre-test information sessions, and in-depth support and individual counseling post-test.
- Disclosure support and testing will also be offered to partners and other family members (including children).

### **CompreCare**

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

### **EngenderHealth**

EngenderHealth's Men as Partners (MAP) Program works to reduce the spread and impact of HIV and gender-based violence by challenging unhealthy gender-related beliefs and attitudes, such as equating masculinity with dominance over women, pursuing multiple sexual partners, and participating in other risk behaviors. The MAP program utilizes a range of strategies with focus on human and organizational capacity building through skills-building workshops, community mobilization, health



service provider training, media advocacy, and public policy advocacy. The target population includes men and boys, in- and out-of-school youth, university students, adults, people living with HIV, caregivers, immigrants/migrants, community and religious leaders, program managers, public healthcare providers, CBOs, FBOs and NGOs.

### **Family Health International**

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

### **Foundation for Professional Development**

The Foundation for Professional Development's (FPD) treatment activities focus on building public and private sector capacity to deliver safe, effective and affordable antiretroviral therapy (ART). PEPFAR funds will be used to procure ARVs and other drugs to support the expansion of faith-based organization treatment services in Pretoria (Gauteng province), one facility in the inner city and one in a nearby township. Services will be expanded at the Pretoria Inner-City Clinic (PICC) in collaboration with a faith-based coalition, the Tshwane Leadership Foundation and at Leratong Hospice. Both sites have been developed by the not-for-profit private sector, and antiretroviral drugs will only be provided to residents who cannot access public sector treatment for specific reasons. The Leratong Hospice will begin providing ART through PEPFAR funding in 2007. For all of the Gauteng Department of Health (GDOH) facilities assisted by FPD other than the PICC and Leratong Hospice, drugs are provided through the South African Government's (SAG) ART roll-out program. The emphasis areas are construction/renovation, gender, human capacity development (HCD) and local organization capacity building. Target populations for the activities include the general population and people living with HIV (PLHIV). FPD will consider using the Partnership for Supply Chain Management to assist with the procurement of drugs. A specific drive will be initiated to promote family-centered services through integration of services and by creating booking systems that allows a family group to gain access to services on the same day. The retention of family members in care services will be tracked through the EMR system and retention barriers will be identified.

### **Fresh Ministries**

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



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

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

### **Health Policy Initiative (HPI)**

The Health Policy Initiative (HPI) will carry out capacity building activities and provide technical support to ensure improved national and provincial level financial planning and effective resource allocation for HIV and AIDS. The target populations are host county government workers at national and provincial levels, with a specific focus on AIDS Control Program staff; and the emphasis area for this activity is other strategic information (SI) activities, to include healthcare financing and local organization capacity development.

### **Health Science Academy**

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

### **Heartbeat**

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

### **Hope Worldwide**

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

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

### **Hospice and Palliative Care Association of South Africa**

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

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

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

### **JHPIEGO SA CT Program**

The focus of this project is the implementation of confidential counseling and testing (CT) in the workplace and will link CT with other interventions such as prevention, treatment and support systems. Emphasis areas will be CT service delivery, development of HIV policies in the workplace, training, prevention messages, quality assurance and supportive supervision, and capacity building. Target groups will include women and men of reproductive age, management and trade union members in the work environment.

### **John Snow, Inc**

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

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

Johns Hopkins University Center for Communication Programs coordinates the work of 20 South African partners and provides technical assistance and capacity building to mobilize and educate communities and clinicians about ARV treatment. The focus is on pre-treatment literacy, adherence, counseling, and training clinicians through distance learning. Target populations for this activity are adult men and women (including pregnant women) living with HIV (PLHIV), discordant couples, volunteers, public health workers, and community-based, faith-based and non-governmental organizations. The emphasis areas for this activity are human capacity development, local organization capacity building and gender. Findings from the National HIV and AIDS Communication Survey, carried out in early 2006, help focus on community perceptions of treatment-related messages, their perceived needs for treatment literacy and the amount of social capital invested in providing assistance in better understanding treatment and its uptake. The survey provided a valuable baseline to further develop present communication interventions on treatment.

### **Khulisa**

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

### **Leonie Selvan Communications**

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

Leonie Selven Communication (LSC) will expand activities in FY 2009.

### **Living Hope**

Living Hope (LH) provides a comprehensive HIV and AIDS awareness and prevention education program with an emphasis on abstinence and fidelity in schools, churches, workplaces, and community centers. The program is values-based and targets vulnerable and impoverished groups residing in the Western Cape peninsula, including migrants from the Eastern Cape into the Ocean View, Masiphumelele, Capricorn and Red Hill areas of the Western Cape. The program's emphasis is

gender and human capacity development through life skills education for children and youth on HIV prevention. Living Hope (LH) has modified its AB prevention program to address the needs of impoverished children living in informal settlements and townships. LH aims to develop a formal referral network with other NGO and government OVC programs where OVC identified in the AB program will be referred into social and medical services to receive holistic services.

### **Management Sciences for Health**

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

### **Medical Research Council**

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

### **Montefiore Hospital**

ACTS (Advise, Consent, Test, and Support) is an innovative system for implementing routine HIV testing. It was developed by the is the Adolescent AIDS Program at the Children's Hospital at Montefiore Medical Center in New York and has been proven in both the US and South Africa to help providers more routinely offer HIV counseling and testing to their patients.

The Montefiore Medical Center aims to eliminate missed opportunities to test youth by building the capacity of youth-serving clinics and STI clinics to more routinely provide CT using the ACTS model. ACTS (Assess, Consent, Test and Support) is a program of rapid, simplified counseling and testing (CT) that effectively scales up provider-initiated counseling and testing (PICT).

### **Mothers 2 Mothers (M2M)**

Mothers2mothers will implement activities to improve the effectiveness of prevention of mother-to-child transmission 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.

### **Muslim AIDS Project**

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

### **National Association of Childcare Workers (NACCW)**

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

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

FY 2008 PEPFAR funds will be used by the Department of Correctional Services (DCS) to establish and accredit six more antiretroviral (ARV) treatment sites which will facilitate the comprehensive management of HIV and AIDS. These six new sites, in addition to the nine already accredited, will ensure that there is one accredited ARV treatment site per province. The major emphasis area for this program will be human capacity development. The target population will include men and women offenders, people living with HIV (PLHIV) and their caregivers, and several most at-risk populations (e.g., men who have sex with men, injection drug users and tattooing with contaminated instruments). The National Department of Correctional Services has decided to enhance its activities under Treatment Services by conducting training of offenders in Correctional Centre-Based Care. This will increase access to care, support, and treatment services for offenders and personnel living with HIV and AIDS and also reduce morbidity and mortality as well as other impacts of HIV and AIDS.

### **National Department of Education**

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

Support for orphans and vulnerable children (OVC) and training for their caregivers in targeted schools will be carried out by a local NGO to support the NDOE to improve the lives of the OVC. Activities will provide services to OVC in schools and will train caregivers to mentor and support OVC. Primary areas of emphasis will be gender, human capacity development, psychosocial support, education and training to support OVC. The program will support the NDOE strategy to use schools as full service centers for learning, teaching, prevention care and support. The target population will be OVC and children ages 5 - 17 in Grades 0 - 12, and caregivers servicing the focus schools.

### **National Health Laboratory Service**

In close collaboration with the NDOH and the National Health Laboratory System (NHLS), the CDC Laboratory Branch will provide HIV and TB laboratory programmatic support to the national and provincial departments of health. The aim of the "In Support of the NDOH Laboratory Infrastructure" project is to provide technical assistance to the NDOH and provincial health departments to ensure expansion and strengthening of existing laboratory services in all nine provinces. Activities will be carried out to address laboratory-specific unmet needs that impede full implementation of national laboratory programs, ensure uniform quality assurance measures and effective monitoring and evaluation among laboratories; strengthening of laboratory reporting systems; and promote efforts to synchronize infection control activities in collaboration with the National Institute of Occupational Health (NIOH); The major emphasis area is policy driven, with additional support in training, accreditation, establishing Public Private Partnerships (PPPs), Quality Assurance and Quality Control (QA/QC), strategic planning, technology development and establishing possible collaborations and coordination of training and other possible support networks for laboratories in South Africa.

### **PATH AIDSTAR/ Health & Development Africa**

In collaboration with the Department of Social Development, USAID is supporting a care for the caregivers intervention and child protection identification and training for community based, faith based and other organizations that provide support to vulnerable children. The project will be implemented by PATH in partnership with its USAID AIDSTAR Sector I Consortium partners, Health and Development Africa (HDA) and The International HIV and AIDS Alliance. The purpose of the project is to develop a training program and deliver "Orphans and Vulnerable Children Caregiver Support and Child Protection" training in the nine provinces of South Africa. The project started on 15 September 2008 and extends for a five year period. The activities of the program are aligned with the Country Operational Plan (COP) and the South Africa National Strategic Plan (2008-2011). Activities comprise:

1. Caregiver Training and Support. This activity focuses on developing and sharing a caregiver support training curriculum and model for South Africa. Mentoring and support will be provided to secondary caregivers to promote the sustainability of the training. Secondary caregivers are understood to be members of child care forums; members of CBO's / NGO's / FBO's working in health care or child care; field community health care workers; community volunteers or auxiliary social worker and their coordinators. This activity will also focus on the identification and dissemination of promising practice for caregiver support programs amongst OVC organizations.
2. Child Protection. Training will focus on the prevention, early identification and intervention in child protection violations. This activity will also focus on developing linkages and strong referral systems with the courts, health care system and South African Police Services. Role players to be included in the training include NGOs, CBOs, FBOs and trauma counselors. The intervention will build the capacity of OVC organizations to address child abuse issues in a sustainable manner.

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

The Perinatal HIV Research Unit (PHRU) will use PEPFAR funds to continue to provide quality holistic care for PLHIV comprising of elements in the preventive care package, medical care and psychosocial support categories in Gauteng, rural Limpopo, Mpumalanga and Western Cape provinces. Clients are monitored, prepared and referred for antiretroviral treatment (ART). Linkages to CT, the prevention of mother-to-child transmission (PMTCT) and referral to ARV services will be strengthened. The major emphasis area is human resources, minor emphasis areas are development of networks, local organization capacity development and training. A family-centered approach targets HIV-infected adults, children and infants. The Perinatal HIV Research Unit (PHRU) will continue improving on the care and support package described in the above activities. There is considerable drop-out from HIV-care programs and PHRU will explore innovative ways to improve retention. The



greater numbers attending care programs and the relatively longer time between appointments makes this task more difficult. People are extremely mobile and tend to move around seeking opportunities for employment. PHRU will attempt to increase retention rates in care through outreach, counseling and health promotion programs.

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

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

### **Right to Care**

Right to Care's PEPFAR program was recompeted through an Annual Program Statement (APS) in 2007 and was a successful applicant. RTC will continue to use PEPFAR funds to strengthen the capacity of healthcare providers to deliver Care and Support (C&S) services to HIV-infected individuals, and to improve the overall quality of clinical and community-based health care services in five provinces. Following the National Strategic Plan (NSP), Right to Care (RTC) will use FY 2009 funds to accelerate the scale up of family-centered approaches to adult and pediatric treatment, care and support. The specific aim is to increase the access to care support to 80% of individuals infected with HIV, in accordance with the NSP and the technical considerations for the FY 2009 COP. Focus for the adult care and support program will be to scale up TB and antiretroviral (ARV) activity at all Department of Health, Comprehensive HIV and AIDS Care, Management and Treatment (CCMT) sites, supported by RTC. At the request of the provincial DOH and implemented according to the memorandums of understanding (MOUs) with each province, RTC will continue to support the activity and budget for family centered treatment, care and support.

### **Salesian Mission**

Life Choices is one of the implementing organizations that run the Western Cape Peer Education Program for the Departments of Education and Health. Life Choices was the first organization integrated in this program that was not funded by the Global Fund or Conditional Grants. Life Choices is also a founding member of the Western Cape Youth Peer Education Association. This association aims to provide quality standards and ensure sustainability of the provincial peer education program. The Life Choices Program aims to reach young people with a powerful abstinence and be faithful (AB) message early in their lives, and to change social norms (gender roles, violence, discrimination, etc.). The intent of the program is to reach 56,000 young people in a period of four years. Life Choices believes in providing a quality Life Skills Program combined with a structured Peer Education Program to youth that will help them to maintain or change behaviors. In order to create a supportive environment around youth, Life Choices also run programs with the stakeholders in their lives - teachers and parents. Each year Life Choices chooses different themes in order to ensure that youth aged 10 -14 delay sexual debut, older youth 15 -24 practice secondary abstinence and those who are sexually active stay faithful to one partner, know their HIV status and are given full information on consistent and correct use of condoms. Some of the themes that Life Choices uses are - 'True Love Waits,' 'Spread Love not Gossip,' 'NO, I value LIFE,' 'I am the choices I make,' among others. The

emphasis area for this activity is gender and human capacity building. The target population is adolescents, teachers, religious leaders and most at risk population which will include the street youth, persons who engage in transactional sex, but who do not identify as persons in sex work and incarcerated populations.

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

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

The South African National Blood Service (SANBS) program aims to ensure an adequate supply of safe blood. This includes expanding the Safe Blood Donor Base by donor education and selection, training donor and technical staff, logistics management, and appropriate information systems. The major areas of activity are donor and blood user education and strengthening the technical and information systems infrastructure. The target population is potential blood donors. Taking into account that FY 2009 will be the last year of PEPFAR Track 1 funds, it is essential to ensure that programs implemented by the South African National Blood Services (SANBS) and the Western Province Blood Transfusion Service (WPBTS) are institutionalized and sustainable. The salaries of the personnel supported by PEPFAR comprise about 50% of the PEPFAR funds. It is therefore essential that these positions be taken over by SANBS at the end of the PEPFAR funding period.

### **South African National Defence Force**

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

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

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

### **Southern African Clothing and Textile Workers Union (SACTWU)**

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, but in FY 2007, SACTWU received 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.

### **Starfish**

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

### **TB Care Association**

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

### **University of Stellenbosh - Desmond Tutu TB Centre**

The Desmond Tutu TB Center has developed a project focused on improving the integration of TB and HIV services by expanding access to HIV-related services to large numbers of TB clients in the Western Cape (WC) and intensifying case finding for TB among HIV-infected clients. The major emphasis area is human capacity development through training of staff and managers, development of networks, linkages and appropriate referral systems. The target populations include policy makers, program managers and the general population with specific focus on HIV-infected and TB-infected and diseased adults and children. The project addresses the dual challenges of reducing HIV transmission in communities and minimizing the impact of HIV on individuals and of reducing the TB burden by increasing case-finding and ensuring appropriate TB care.

### **University of Western Cape**

The University of the Western Cape (UWC) program is part of the University Technical Assistance Program aimed at strengthening human capacity development and ensuring sustainability in multiple program areas. The PMTCT focus is on improving the outcomes of HIV-infected women and their

infants through multiple approaches, which address system strengthening and human resource development at the district and primary health-care levels. These activities center on monitoring and evaluation (M&E) and the integration of PMTCT services into routine maternal and child health (MCH) service delivery. The project focuses on improving the quality of Community Health Worker (CHW) programs, and increasing the capacity of nurse-midwives to implement integrated PMTCT and MCH in one district in the Western Cape. In addition, the program focuses on the development and implementation of a facility-based M&E system for integrated PMTCT/TB/HIV services in KwaZulu-Natal.

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


Through introduction of quality assurance (QA) tools and approaches and practical work, University Research Co., LLC/Quality Assurance Project (URC/QAP) will train 600 staff members of PEPFAR partners to gain a better understanding of quality improvement and quality assurance tools and approaches. Emphasis will be put on practical application of the quality assurance and improvement concepts in HIV/AIDS care, support and treatment settings. The training will also look at quality improvement and how its links with overall system strengthening activities. The training will seek to improve the quality of PEPFAR programs in general and HIV and AIDS programs in particular. The essential elements of QA include technical compliance with evidence-based norms and standards, interpersonal communication and counseling and increasing organizational efficiency. The major emphasis areas for this activity are QA and supportive supervision, with minor emphasis on development of networks, linkages, referral systems, training and needs assessment. The target populations include policy makers, public and private healthcare workers, community-based organizations (CBOs), and NGOs. As the Health Care Improvement (HCI) project is relatively new, it will continue to focus on the four key activities described in the FY 2008 COP narrative. The emphasis during FY 2009 will be on expanding these activities, maximizing on gains and consolidating lessons learned. One of the important activities through FY 2009 will be to start the process of acquiring South Africa Qualifications Authority (SAQA) accreditation for the Quality Assurance (QA) training modules, which is often a lengthy and daunting process.

#### **University Research Corp - Health Care Improvement (HCI)**

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

#### **Woord en Daad**

Mfesane has a responding teams at two sites providing a comprehensive package of support and care for households with OVC and the children themselves. This has been in partnership with the nationally recognized National Association of Child Care Workers (NACCW) Isibindi program, which is PEPFAR South Africa-supported. This operates as a social franchise - NACCW trains, supports and monitors the childcare workers to receive an accredited national qualification; while Mfesane provides local coordination and management. The child care workers each provide personal support to up to twenty specific children and their households, including counseling, life skills, guidance on household maintenance, assistance accessing social grants and acting as their advocate. The delivery package of comprehensive services includes parenting and psychosocial care and support to guardians through counseling and bereavement, the social security needs of the children will be address, regarding their basic rights to be safe, assist in the applications of identity books and birth certificates and addressing their educational needs. Mfesane is currently caring for 250 OVC through the existing teams. According to NACCW guidelines, these teams should be able to increase the number of OVC they support to about 500. Together with the local authorities, Mfesane will establish an additional



team in a different community at the start of the new programme. This will again be in partnership, with NACCW providing training, support and quality monitoring.

**Youth for Christ SA**

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

## PEPFAR Program Area Abbreviations

### Program Areas

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

### Sexual Prevention:

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

### Biomedical Prevention:

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

### Adult Care and Treatment:

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

### Pediatric Care and Treatment:

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

**CT** – Counseling and Testing

**HSS** – Health Systems Strengthening

**LAB** – Laboratory Infrastructure

**OVC** – Orphans and Vulnerable Children

**SI** – Strategic Information

**TB** – TB/HIV Care

**XD** – ARV Drugs

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

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



## Quick Reference – Partners by Program Activities

Partner	Program	Location	Contact Information	MOU	US Agency
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
Aurum Institute for Health Research	TB, BC, XD, CT, XS, OP, PC, PTX, PMTCT, AB	PO Box 61587, Marshalltown, Johannesburg	Dr. Salome Charalambous – Director: ART Program – (011) 638-2529 Email: scharalambous@auruminstitute.org	Yes	CDC
BroadReach Health Care	CT, XS, PTX, XD, OP, TB, PMTCT, PC, BC	The Park, 3rd Floor, Park Road, Pinelands	Dr Darkoh, Ernest, Director, (021) 514-1333 Email: edarkoh@brhc.com	Yes	USAID
Child Welfare South Africa	OVC	2 Cunningham Road, Johannesburg 2000	Ms Briede, Megan , Senior Manager , 011-492-2888 Email: megan@childwelfare.org.za	Yes	USAID
Columbia University Mailman School of Public Health	PMTCT, PC, PTX, TB	Office 210, 2nd Floor, Investec Building, Fairview Office Park, Ring Road, Greenacres, Port Elizabeth	Jagwer, Gregory - (041) 363-2291 Email: gj2154@columbia.edu		USAID
Community Bible Society	BC	Khayelitsha	Project Coordinator, 072 849 7195, 021 136 1210		State Dept.
CompreCare	AB	PO Box 12424, Queenswood, Pretoria	Govender, Elaine - 012-329-2094 Email: elaine@champs.co.za		USAID
EngenderHealth	AB, OP, CT, CIRC	Postnet Suite 209, Private Bag 30500, Johannesburg	Ntayiya, Sakumzi – Country Director - 011-833-0502 Email: sntayiya@engenderhealth.org	Yes	USAID
Family Health International - CTR	AB, BC, OP, PC, PMTCT	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Pilusa, Sonia - Country Director - 012-366 9310 Email: spilusa@fhi.org.za	Yes	USAID
Foundation for Professional Development	CT, SI, BC, XS, XD, PC, PTX, TB	Po Box 74789, Lynwood Ridge, Pretoria	Wolvaardt, Gustaaf - Executive Director - 012-481-2031 Email: gustaafw@foundation.co.za	Yes	USAID

Partner	Program	Location	Contact Information	MOU	US Agency
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
Goedgedacht Trust	BC	Malmesbury	Project Manager, 022 482-4369 082 596 6284, 022 482 1411/ 022 482 4466		State Dept.
GoLD Peer Education Development	AB, OP	20/22 Station Road, Rondebosch, Cape Town 7700	Mrs Farr, Susannah, , 021-685-5038 Email: Susannah@goldpe.org.za	Yes	USAID
Health Policy Initiative	HSS, CIRC, SI, AB	PO Box 720, Rondebosch , Cape Town 7701	Mr Mashiapata, Mogale, Project Manager , 021- 685-4894 Email: mogale@polproj.co.za	Yes	USAID
Health Science Academy	XS	284 Oak Avenue, Ferndale, Randburg, Johannesburg	Manentsa, Nthabiseng - Project Manager - 011- 509-2555 Email: nthabiseng.manentsa@healthscience.co.za	Yes	CDC
Heartbeat	OVC	Ground Floor Block B, Waterkloof Park, 469 Julius Jeppe Str, Waterkloof. Pretoria	Maryke Venter – General Manager – Tel: +27 (0) 12 460 2345/4295, 012-803-3970, Email: maryke@heartbeat.org.za		USAID
Helping Hands	OVC	Wellington	Project Coordinator, 073 428 7706, 021 873 0390		State Dept.
Hope Worldwide	BC, AB, CT, OVC	134 Pretorius Street, Pretoria	Selepe, Paul – Program Director - 011-794-2002 Email: paul.selepe@hwwafrica.org	Yes	USAID
Hospice and Palliative Care Assn. of South Africa	BC, CT, OVC, TB, PC	PO Box 38785, Pinelands, Cape Town	Henning, Kathy – PEPFAR Coordinator - 021- 531-0277 Email: khenning@hpca.co.za	Yes	USAID
Human Science Research Council	PMTCT, O, SI	134 Pretorius Street, Pretoria	Prof L. Simbayi , Project Manager , 012-302- 2005 Email: Lsimbayi@hsrc.ac.za		CDC
Ibuyambo HIV & AIDS Forum	OVC	Dunoon	project manager, 076 405 8658, 021 553 5212		State Dept.
Iteke o direle Sechaba	OVC	Kuruman	Project Manager, 083 587 9848, 082 405 6086		State Dept.

Partner	Program	Location	Contact Information	MOU	US Agency
JHPIEGO – Prevention	SI, PMTCT, CIRC, BC,	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Morris, Chester – Country Director - 012-366-9320 Email: cmorris@jhpiego.net	Yes	USAID
JHPIEGO SA – ARV	XS, HSS	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Morris, Chester – Country Director - 012-366-9320 Email: cmorris@jhpiego.net	Yes	USAID
John Snow, Inc – Enhance SI	OVC, SI	PO Box 35388, Menlo Park, 0102, Pretoria	Barkhuizen, Adelé – Project Officer - 012-362 7991 Email: abarkhuizen@jsi.org.za		USAID
John Snow, Inc – Injection Safety	IN	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria 0001	Dr Mulumba, Rose , Program Director, 012-362-7991 Email: rmulumba@jsimmis.org.za	Yes	CDC
Johns Hopkins University Center for Communication Programs	AB, BC, XS, CT, OP, TB, SI, HSS, PMTCT, CIRC, OVC	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Coleman, Patrick – Country Director - 012-366 9300 Email: patrick@jhuccp.co.za	Yes	USAID
Khulisa Mangement Services	HSS	PO Box 923, Parklands, Johannesburg 2121	Mr Ogawa, Michael, , 011-447-6464 Email: mogawa@khulisa.com		CDC
Khulisa Mangement Services	SI	PO Box 923, Parklands, Johannesburg 2121	Mr Ogawa, Michael, , 011-447-6464 Email: mogawa@khulisa.com		USAID
Kwakhanya Community Home-Based Care	BC	Cape Town	Project Manager, 083 686 9846, 021 364 6033		State Dept.
Leonie Selvan Communications	PMTCT	42 Bristol Road, Saxonworld, P.O. Box 3049, Houghton, Johannesburg 2041	Selvan, Leonie, Email: leonies@global.co.za		CDC
Living Hope	AB, CT, BC	PO Box 1700, Sunvalley , Cape Town 7985	Rev Thomas, John, Director , 021-785-5655 Email: john@kingofkings.org.za	Yes	USAID
Luvuyolwethu Home-Based Care	BC	Nyanga	project coordinator, 082 732 4490,		State Dept.

Partner	Program	Location	Contact Information	MOU	US Agency
Management Sciences for Health (SPS)	XS, XD, PMTCT, HSS, PTX, SI, TB	PO Box 1579, Masada Building, 4th Floor, Corner Proes & Paul Kruger, Pretoria	Sallet, Jean-Pierre - Regional Technical Advisor/M&E - 012-326-6825 Email: jpsallet@msh.org		USAID
Masakhane Youth Centre	OVC	Paarl	Nathan Ramailane, Project Manager, 021 872 8389 / 072 820 9893		State Dept.
Medical Research Council	BC, CT, OP, PMTCT, SI	Private Bag X385, Pretoria 0001	Mr Mbewu, Anthony, President, 012-339-8550 Email: anthony.mbewu@mrc.ac.za	Yes	USAID
Montefiore Medical Center		111 East 210th Street Bronx , New York 10467	Dr Futterman, Donna , Director , 718-882-0322 Email: Dfutterman@adolescentAIDS.org	Yes	CDC
Mothers 2 Mothers	PMTCT	PO Box 841, Cape Town 8000	Mr Falk, Gene, Program Director , 021-466-9160 Email: gene@m2mafrica.org	Yes	USAID
Muslim AIDS Project	AB	PO Box 42863, Fordsburg, Johannesburg	Nawab, Suraiya – Director - 011-273-8080 Email: careline@islamsa.org.za	Yes	CDC
National Association of Childcare Workers	BC, OVC	PO Box 47368, Greyville	Tumbaloo, Zeni - Isibindi Administor - 031-312-9484 Email: zeni@naccw.org.za	Yes	USAID
National Department of Correctional Services	CT	Ponyton East Block, 124 Church Street , Pretoria 0001	Ms Chaka-Ramela, Thabiso, 012-3072885 Email: Thabiso.Chaka-Ramela@dcs.gov.za		CDC
National Department of Education	AB, OP, OVC	Pretoria	Ndebele, Gugu - Deputy Director General - 012-312-5451 Email: Ndebele.g@doe.gov.za	Yes	USAID
National Health Laboratory Services	LAB, SI	Private Bag 4, Sandringham, Johannesburg	Marshall, Terry - 011-386-6450 Email: teresam@nicd.ac.za		CDC
Nelspoort Advice and Development / OVC and HBC	OVC	Beaufort West	Project Manager, 082 505 7448 or 023 416 1878 (office), 023 4161818		State Dept.
New Life Rescue Mission	OVC	Cape Town	Director, 021-552-7552 and 079 674 7416, 086 517 0201		State Dept.

Partner	Program	Location	Contact Information	MOU	US Agency
Nosakhele HIV/AIDS Project	BC	Cape Town	Ms Temperance Norton, Project Manager, 083 481 6327		State Dept.
Overberg Development and Empowerment Centre (ODEC)	OVC	Caloden	David Kroukamp, Coordinator, 082 5303 220		State Dept.
PATH AIDSTAR/Health & Development Africa	OVC	1st Floor, Milner Place, Sunnyside Ridge Office Park, 32 Princess of Wales Terrace, Parktown, 2183	Naomi Hill, PROJECT DIRECTOR, Tel: +27 11 484 8217 / 18; Fax: +27 11 484 8238; Mobile: 082 377 9439		USAID
Perinatal HIV Research Unit (PHRU)	BC, XS, XD, CT, OP, PC, PTX, TB, CIRC, PMTCT	PO Box 114, Diepkloof, Johannesburg	Dr. Gray, Glenda – Director - 011-989-9702 Email: gray@pixie.co.za	Yes	USAID
Phambili Community Development	OVC	Strand	Pastor Colin Van, Project Manager, 021 845 6574 / 0787435096		State Dept.
Population Services International	CT	PO Box 408, Oakland Park, Johannesburg	Mhazo, Miriam - Senior CT Program Manager - 011-484-5320 Email: miriam@sfh.co.za	Yes	CDC
Prosperity Youth Centre	OVC	Cape Town	Project Manager, 072 903 0938, 021 397 5833		State Dept.
Right to Care	BC, XS, XD, CT, TB, PC, PTX, PMTCT	Postnet Suite 212, Private Bag X2600, Houghton, Johannesburg	Firnhaber, Kurt – Deputy Director - 011-276-8880 Email: kurt.firnhaber@righttocare.org	Yes	USAID
Salesian Mission	AB	310 Lansdowne Road, 7780 Lansdowne, South Africa	Neves, Sofia – Program Director for Life Choices, (021) 696-4167, Email: sofia.lifechoices@gmail.com	Yes	USAID
Salesian Mission	CT	310 Lansdowne Road, 7780 Lansdowne, South Africa	Neves, Sofia – Program Director for Life Choices, (021) 696-4167, Email: sofia.lifechoices@gmail.com		CDC
Scripture Union	AB	PO Box 291, Rondebosch, Cape Town	Oscar Siwali - 021-686-8595 Email: oscar@su.org.za		CDC
Siyaphambili Orphan Village	OVC	Langa	project manager, 082 399 5028 or 021 695 2264, 021 695 2103		State Dept.

Partner	Program	Location	Contact Information	MOU	US Agency
Soul City	OP, AB, XS	PO Box 1290, Houghton , Johannesburg 2041	Dr Goldstein, Susan, Senior Manager: Research and Special Projects, 011-643-5852 Email: suegold@soulcity.org.za	Yes	CDC
South African National Blood Service	BL	Private Bag x14, Weltevreden Park, Johannesburg	Mpuntsha, Loyiso – CEO - 011-761-9111 Email: loyisom@inl.sanbs.org.za	Yes	CDC
South African National Defence Force	AB, BC, CT, XS, OP, PMTCT	Private Bag X102, Centurion, Pretoria	Brig. Gen. Siwisa, Lulu - Director: HIV/AIDS – (012-367-9168 – Senior Staff )		Dept. of Defense
Southern African Catholic Bishops Conference	BC, OVC	Khanya House, 399 Paul Kruger Street, Pretoria	Munro, Alison - AIDS Office Coordinator - 012-323-6458 Email: amunro@sacbc.org.za		CDC
Southern African Clothing & Textile Workers' Union	BC, XS, CT, OP, AB, TB	Industry and Housing, 350 Victoria Road, Salt River, Cape Town 7925	Ms Soboil, Nikki, National Director, 021-447-4570 Email: nikki@swtzn.co.za	Yes	CDC
Starfish	OVC	Block E, Metropolitan Office Park, 82 Wessel Road, Rivonia, Johannesburg	Smithson, Mrudula - 011-259-4379 Email: mrudula.smithson@starfishcharity.org	Yes	USAID
TB Care Association	TB, XS, CT, PTX, PMTCT	PO Box 2589, Cape Town 8000	Mr Hausler, Harry , Medical Director, 021-692-3027 Email: hhausler@uwc.ac.za	Yes	CDC
University of Stellenbosh, Desmond Tutu TB Centre	CT, PMTCT, TB	Desmond Tutu TB Centre, Stellenbosch University, Tygerberg, Cape Town 7505	Prof Beyers, Nulda, 021-938-9114 Email: nb@sun.ac.za	Yes	CDC
University of Western Cape	HSS, OP, PMTCT, TB			Yes	CDC
University Research Corp. – VCT	CT	Hatfield Gardens, 333 Grosvenor Street, Hatfield	Jacobs, Donna – Director - 012-342-1419 Ext 213 Email: donnaj@healthprojects.co.za		CDC



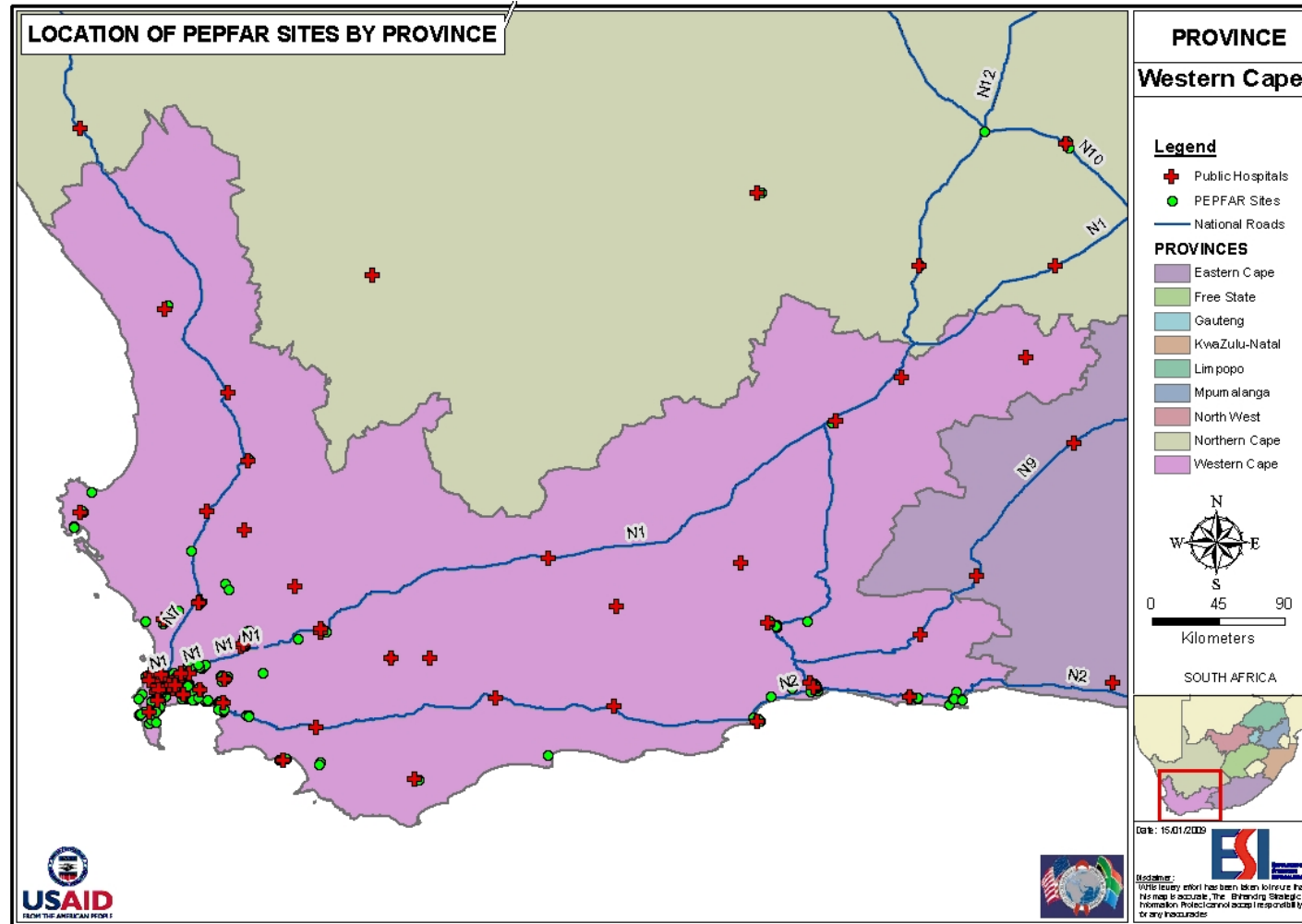
Partner	Program	Location	Contact Information	MOU	US Agency
University Research Corp. – HCI	PMTCT, BC, CT, XS, TB, HSS, PC, PTX	Hatfield Gardens, 333 Grosvenor Street, Hatfield	Jacobs, Donna – Director - 012-342-1419 Ext 213 Email: donnaj@healthprojects.co.za		USAID
University Research Corp. – TB Tasc	TB	PO Box 12058, Hatfield, Pretoria 0029	Dr Ntombi Mhlongo, Program Director, 012-342-1419 Email: NtombiM@tasc-tb.co.za		USAID
Woord en Daad	AB, VCT, OVC, Care	20 Teddington Street, BELLVILLE 7530	Nomvuyo Baba: Managing Director Cell: 082 4906 120 Fax: 021 945 3989	Yes	USAID
Youth for Christ	AB, OP	PO Box 75558, Gardenview, Johannesburg	Monare, Mpho – National Program Manager 011-615-8970 Email: mpho@yfcsa.org.za	Yes	CDC

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

Partner	Town/City	Facility	Type
PHRU	Citrusdal	Citrusdal Clinic	Government
	Cape Town	Crossroads Clinic	Government
	Cape Town	Delft CHC	Government
	Cape Town	Desmond Tutu HIV Foundation Clinical Trials Unit	Government
	Cape Town	Eerste Rivier Day Hospital	Government
	Cape Town	G F Jooste Hospital - Infectious Disease Referral Unit & Clinic	Government
	Cape Town	Grabouw Clinic	Government
	Cape Town	Groote Schuur Hospital - Adult HIV Clinic	Government
	Cape Town	Groote Schuur Hospital - Paediatric HIV Clinic	Government
	Cape Town	Gugulethu Clinic	Government
	Cape Town	Helderberg Day Hospital	Government

<b>Partner</b>	<b>Town/City</b>	<b>Facility</b>	<b>Type</b>
PHRU	Cape Town	Ikhewzi Community Health Centre	Government
	Cape Town	Karl Bremmer Day Hospital	Government
	Cape Town	Kraaifontein Clinic	Government
	Malmesburg	Malmesburg	Government
	Cape Town	Masiphumelele Clinic	Government
	Cape Town	Mitchell's Plain Clinic	Government
	Cape Town	Paarl Day Hospital	Government
	Cape Town	Red Cross Childrens Hospital - Paediatric Infectious Disease Unit	Government
	Stellenbosch	Stellenbosch Hospital	Government
	Paarl	TC Newman Hospital	Government
	Cape Town	Tygerberg Hospital - Adult Infectious Diseases Clinic	Government
	Cape Town	Tygerberg Hospital - Paediatric Infectious Diseases Clinic	Government
	Vredenburg	Vredenburg Clinic	Government
	Vredendal	Vredendal Clinic	Government
Right to Care	Cape Town	ThembaCare	NGO
SACTWU	Various	SACTWU Western Cape	Private
Tshepang Trust	Various	Tshepang Western Cape	Private

## Location of PEPFAR sites in Western Cape Province



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

## List of Acronyms

Acronym	Description
AABB	American Association of Blood Banks
AB	Abstinence and being faithful
ABC	Abstinence, 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	Multidrug 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

<b>NDOH</b>	National Department of Health
<b>NDSO</b>	National Department of Social Development
<b>NGO</b>	Non governmental organization
<b>NHLS</b>	National Health Laboratory Service
<b>NICD</b>	National Institute of Communicable Diseases
<b>NIOH</b>	National Institute of Occupational Health
<b>NSP</b>	South African National Strategic Plan for HIV & AIDS and STI, 2007-2011
<b>NTP</b>	National TB Control Programme
<b>OGAC</b>	Office of the US Global AIDS Coordinator
<b>OI</b>	opportunistic infection
<b>OVC</b>	Orphan and vulnerable children
<b>PCR</b>	polymerase chain reaction
<b>PEP</b>	Post exposure prophylactic
<b>PEPFAR</b>	U. S. President's Plan for AIDS Relief
<b>PHRU</b>	Perinatal HIV Research Unit
<b>PLHIV</b>	people living with HIV/AIDS
<b>PMTCT</b>	prevention of mother-to-child transmission
<b>PwP</b>	prevention with positives
<b>ROTC</b>	Routine Offer of Testing and Counselling
<b>SACBC</b>	Souther Africa Catholic Bishops Conference
<b>SACTWU</b>	Southern African Clothing and Textile Workers Union
<b>SADOD</b>	South Africa Department of Defence
<b>SAG</b>	South African Government
<b>SAMHS</b>	South African Military Health Service
<b>SANBS</b>	South African National Blood Service
<b>SASI</b>	South Africa Strategic Information
<b>STI</b>	Sexually Transmitted Infections
<b>Toga</b>	Toga Integrated HIV Solutions
<b>UGM</b>	Umbrella Grant Management
<b>UK</b>	United Kingdom
<b>UNICEF</b>	United Nations Children's Fund
<b>URC</b>	University Research Corp. LLC
<b>USAID</b>	United States Agency for International Development
<b>USD</b>	United States dollars
<b>USG</b>	United States government
<b>VCT</b>	voluntary counseling and testing
<b>WHO</b>	World Health Organization
<b>XDR</b>	extensively drug-resistant (TB)