

PEPFAR

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



THE POWER OF PARTNERSHIPS

Activities in Free State Province

Fiscal Year 2009



USAID
FROM THE AMERICAN PEOPLE





Table of Contents

The President's Emergency Plan for AIDS Relief; An Overview of FY 2009.....	3
Program Areas	5
Summary of Partner Activities in FreeState.....	11
PEPFAR Program Area Abbreviations	23
Quick Reference – Partners by Program Activities	24
Sites where PEPFAR-funded organizations support/provide antiretroviral treatment services.	28
Location of Partner Within Free State Province	29
List of Acronyms.....	31

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

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

The seven principles of the South African PEPFAR program are:

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

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

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

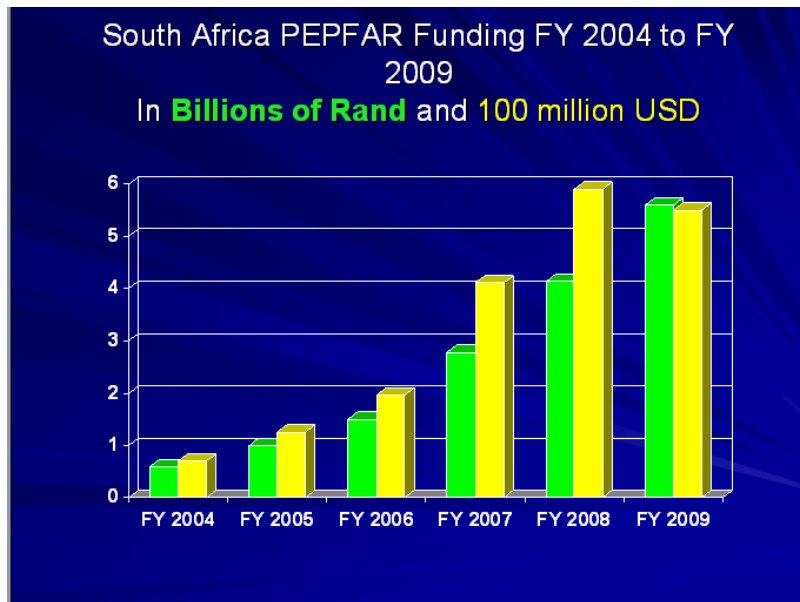
The South African PEPFAR Team works under the leadership of the U. S. Ambassador and consists of the following U.S. Government Agencies:

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

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

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

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



In Free State Province, PEPFAR is providing funding to **47 partners** that implement activities in facilities and communities throughout the province. The partners who carry out these activities represent NGOs, FBOs, and SAG agencies. The focus of many of these partners is national, this refers to organizations that work at the national level (e.g., policy and advocacy), and support some or all provinces. These partners are listed in the Quick Reference – Partners by Program Activities, as well as in the PEPFAR tab of the US embassy website: <http://southafrica.usembassy.gov/>.

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

Currently, **31 partners** have signed MOUs within the Free State 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 Free State provincial activities being carried out by PEPFAR-funded partners in support of the NSP. Additional information on PEPFAR can be found on following websites:

www.pepfar.gov
<http://southafrica.usembassy.gov>

Program Areas

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

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

Prevention of Mother to Child Transmission

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

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

In addition, in FY 2009, the PEPFAR PMTCT program will continue to support the national PMTCT program by addressing some of the inherent programmatic gaps in service delivery.

These include:

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

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

Sexual Prevention

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

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

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

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

Biomedical Prevention

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

Injection Safety and Injecting and non-injecting Drug Use

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

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

- improve injection safety practices through training and capacity building
- ensure the safe management of sharps and waste, and

- reduce unnecessary injections through the development and implementation of targeted advocacy and behavior change strategies.

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

Blood Safety

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

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

Counseling and Testing

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

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

Adult Care and Treatment

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

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

- developing human capacity, especially at primary healthcare level
- strengthening decentralization of HIV care and treatment, including building capacity for nurse-initiated ART
- improving pediatric HIV care and treatment

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

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

Pediatric Care and Treatment

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

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

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

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

Tuberculosis

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

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

TB/HIV programming will be prioritized in FY 2009.

Orphans and Vulnerable Children

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

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

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

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

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

Laboratory Infrastructure

The availability of significant technical and scientific resources within South Africa, NICD and NHLS are well placed to continue to provide regional laboratory support within Sub-Saharan Africa.

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

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

Strategic Information

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

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

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

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

Health System Strengthening

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

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

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

Human Capacity Development – Human Resource Capacity

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

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

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

Summary of Partner Activities in FreeState

American Association of Blood Banks

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

Anglican Church of Southern Africa

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

Ambassador's Community Grants Program

Best Man Foundation - This grant will allow Best Man Foundation to better serve the 45 teens that come to the centre for support and training. They will purchase tables and chairs for their new headquarters so that they can do onsite training. They will also be able to purchase a stove and refrigerator, enabling them to discard their hot plate to be able cook properly for their growing numbers. Their administrative costs and transportation will be covered for the first time, allowing them to focus on the community outreach they do so well. (Last year, 1600 people were reached). A photocopier/fax will be purchased, which will permit them to duplicate their own training and outreach materials, as well as assist with social grant documents.

Diakonia AIDS Ministry - This grant will supply medical supplies, training and transportation, benefiting 200 patients under the home-based caregiver program at Diakonia AIDS Ministry. It will provide an academic boost to 120 older OVCs by supporting the Academic Monitoring Program, slated to begin at four sites in July 2008. Modest stipends will be provided to 12 retired teachers who will support the teens in their school endeavors. Further training and transportation money will help this new program to start on a successful note.

Gethsemane Drop-in Centre - This grant will allow Gethsemane Health Care Centre to improve its fledgling drop-in program and outreach services to 300 OVCs. With these funds, Gethsemane will provide psychosocial training to 24 caregivers, purchase bicycles for caregivers' use, build an inviting playground, and purchase a gas stove to handle the extra cooking they now do. They will be able to pay a youth caregiver to coordinate their OVC offerings.

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

Aurum

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

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.

CARE

CARE International will continue its work in building HIV and AIDS competence of civil society organizations who deliver HIV-related care services in South Africa. CARE International will continue to support a number of community-based organizations (CBO) in the Free State province (Ladybrand, Bethlehem, Harrismith, and Ficksburgs areas) to scale up Care and Support service including palliative care to PLHIV and their family members. Care International provides and manages small grants and targeted technical assistance to identified grantees in these areas to scale up HIV-related palliative care services in organizations that are unable to receive direct funding due to limited capacity. Minor emphasis activities include community mobilization, training, and development of networks.

Columbia School of Public Health

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

CompreCare

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

Catholic Relief Services

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

Child Welfare of South Africa

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

Department of Education

AB activities will target students at different levels of the education system. Activities will support the Department of Education (DOE) in the prevention of HIV in schools, colleges, and universities. The focus of this activity will be on training, care and support for students, and in promoting 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. 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 OVC and training for their caregivers in targeted schools will be carried out by a local NGO to improve the lives of the OVC in support of the DOE. Activities will provide services to OVC in schools and will train caregivers to mentor and support OVC. Primary areas of emphasis will be gender, human capacity development, psychosocial support, education, and training to support OVC. The program will support the DOE strategy to use schools as full service centers for learning, teaching, prevention, care, and support. The target population will be OVC and children ages 5 - 17 in Grades 0 - 12, and caregivers servicing the focus schools.

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

The EGPAF supports HIV prevention, care, and treatment programs in four provinces: Free State, Gauteng, KwaZulu-Natal, and North West. EGPAF aims to improve the quality of life for PLHIV by strengthening HIV care, support, and treatment services at public facility as well as community level. The primary emphasis areas are human capacity development and expansion of services through training and task shifting, quality improvement, development of networks, linkages, referral systems, strengthening local organization, development of infrastructure, development of policies and guidelines, and health information systems strengthening. Primary populations to be targeted include PLHIV, pregnant women, OVC, and family members.

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

EngenderHealth

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

Family Health International Centre

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

Family Health International Umbrella Grants Management (UGM)

Currently, United States Agency for International Development (USAID)/South Africa supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including basic health care and support programs, through three competitively-selected UGM partners: Pact, the Academy for Educational Development, and Family Health International. The main purposes of these UGM projects are to facilitate further scale-up of HIV and AIDS care services and to develop indigenous capability, thus creating a more sustainable program. The emphasis area is

local organizational capacity development. Primary target populations are indigenous organizations, including non-governmental organizations (NGOs), FBOs, and CBOs. The current UGM with Family Health International will support five sub-partners who have transitioned over from Pact and five new sub-partners.

Foundation for Professional Development (FPD)

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

This FPD project focuses on promoting early diagnosis of HIV as an entry point to wellness programs and access to prophylactic treatment. FPD will expand CT activities through various models ranging from institutional based CT at ART sites to introduce new easily accessible CT at sites based in civil society e.g. pharmacies, FBOs, tertiary academic institutions, and private medical practices. FPD will focus on offering routine CT to all patients admitted to public sector hospitals where FPD supports ART services. All patients who test positive will be referred to wellness programs to reduce loss to treatment initiation. The emphasis areas are gender, human capacity development and local organization capacity development. The activities will directly and indirectly target PLHIV and most-at-risk populations.

Fresh Ministries

Siyafundisa is an Anglican-based AB HIV prevention program that focuses on providing information and education to young people and adults within the Anglican churches.

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

Harvard School of Public Health

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

Health Development Africa

This project is being initiated by the DOE in the Free State province, and is managed and supported by Health and Development Africa. The project will support OVC through a school-based intervention in 90 schools in the Free State province, and through the development of 18 Communities Child Care Forums. Community facilitators will work with structures at a school and district level to identify OVC and support them. The emphasis areas are human capacity development and local organizational capacity development. The specific target population is OVC, children, and adolescents.

Heartbeat

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

HIVCARE

HIVCare works with the Free State Department of Health to provide antiretroviral treatment and care in private health facilities to patients who do not have medical insurance, either through referrals from the public sector, or self-referrals. The Free State has mainly a rural population, with only two major metropolitan areas (Bloemfontein and Welkom). In addition, the government's rollout of HIV care and treatment has been geographically limited, with only one treatment initiating site in each of the five districts. The major emphasis area for this program will be the development of networks, linkages, and referral systems, with minor emphasis given to quality assurance and supportive supervision, food and nutrition support, and commodity procurement. The target population includes men and women, families (including infants and children) of those infected and affected, factory workers and other employed persons, and government employees - specifically teachers, nurses, and other health workers (without medical insurance). The most significant target groups are those persons in the economically active age group of the population that cannot access services in the public health system due to the high demand for services. Additional attention is to be given to the screening and treatment of TB among the patients attending the program. The linkage with the youth centre will ensure that the program will have a larger proportion of younger persons being attended to, specifically adolescents aged 10-14 and 15-24. This focus on the youth should further encourage some involvement with the street youth and it is anticipated that the program will be marketed among those NGOs working with the street youth as a testing and treatment site.

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

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

Health Science Academy (HSA)

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

Human Science Research Council of South Africa (HSRC)

PEPFAR funds will be used to support monitoring and evaluation of OVC interventions at two sites: Kopanang in the southern Free State Province and Kanana near Orkney in the North West Province. The HSRC has been involved in promoting and evaluating OVC interventions at these sites since 2002, but has not received PEPFAR support for these activities previously. The emphasis area for this

project is monitoring and evaluation and building capacity of local indigenous organizations to deliver quality OVC

I-Tech – University of Washington

I-TECH carries out activities to support the expansion of HIV and AIDS, TB, and STI care and treatment in the South Africa through support to the provincial Regional Training Centers (RTC). The primary emphasis area for this activity is human capacity development by building the capacity of the RTCs to plan, coordinate, and provide in-service training to health care providers at district level. Support to the RTCs is mainly in the form of technical assistance streamlined to the needs of each province.

JHPIEGO Prevention Program

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

Johns Hopkins University Center for Communication Programs (JHUCCP)

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

John Snow, Inc

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

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

Management Sciences for Health –

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

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

National Association of Childcare Workers

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

National Department of Correctional Services (NDCS)

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

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

National Department of Health

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

In close collaboration with the NDOH, CDC will provide overall HIV and AIDS programmatic support to the national and provincial Departments of Health. In addition, NDOH relies on CDC to implement

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

National Health Laboratory Service (NHLS)

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

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

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

Perinatal HIV Research Unit (PHRU)

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

Population Council

In FY 2009 the Population Council (PC) will continue to provide technical assistance on the implementation and scale-up of a comprehensive post-rape care and HIV post exposure prophylaxis

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

Population Services International

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

Right to Care

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

Southern African Catholic Bishops Conference (SACBC)

The SACBC provides comprehensive care for OVC to help them grow to be healthy, educated, and socially well-adjusted adults. SACBC supports community programs and projects, linking them to

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

Southern African Clothing and Textile Workers Union (SACTWU)

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

South African National Blood Service

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

South African Department of Defence (SADOD)

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

Save the Children UK

Save the Children UK in partnership with The Center for Positive Care supports the South African local government Departments of Social Development, Education, and Health and other NGOs in the Free State and Limpopo provinces to provide comprehensive care for OVC. Activities include building community capacity by establishing, training and mentoring Child Care Forums (CCFs), training home-based care givers, helping schools to plan and implement care for OVC and improving local, district, provincial and national coordination of OVC programming.

Soul City

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

Soul City is implementing a media and community-driven program to strengthen prevention, and increase awareness of and demand for HIV care and treatment services, including treatment literacy. There are two activities which target adults and children through training and community mobilization

nationally. The emphasis areas are gender, education, human capacity development, and local organization capacity building.

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

Starfish

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

University Research Corporation (TB Tasc)

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

Toga Laboratories

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

University Research Corp. LLC(URC)

URC works with the national and provincial Departments of Health in South Africa to expand access to and uptake of HIV testing and counseling. URC's major strategy is to assist the NDOH and the provincial Department of Health in implementing provider-initiated HIV testing to reduce missed opportunities for HIV identification and further spread of HIV in the country. URC will use a collaborative approach for rapidly expanding the HIV testing services. The approach will include integrating HIV testing with antenatal care, STI, TB, family planning, and general clinical service areas. Training of program managers and healthcare providers in strategies to expand uptake of HIV testing and counseling rapidly will be a focus. URC will place temporary clinical staff to provide HIV testing in high volume facilities where current staff are unable to meet the demand for testing, thus ensuring that HIV clients are referred for onward treatment and support services. Finally URC will strength supervision and monitoring systems to ensure provision of high quality HIV testing. Support will also be provided to improve recording and reporting systems for HIV testing at all levels. The major emphasis area is local organization capacity development, with minor emphasis on quality assurance and supportive supervision, network/linkages/referral systems, and training.

World Vision

World Vision is expanding OVC care activities by increasing the coverage, scope, and quality of services to family members of HIV-infected individuals and older OVC. Emphasis areas are



community mobilization, training, and development of linkages and referral systems. The target populations are people living with HIV and AIDS

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

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
American Association of Blood Banks	HMBL	National	Konstenius, Terri - Director, Intl Program Operations - 301-215-6562 – email: tkonstenius@aabb.org	
Anglican Church of Southern Africa	HKID	National No. 1 Braehead Rd, Kenilworth, Western Cape	Jeptha, Rozette - OVC Program Director - 021-762-4220 Email: rjeptha@anglicanaids.org	
Aurum Health Research	HVTB, HBHC, HTXD, HVCT, HTXS, HVOP	PO Box 61587, Marshalltown, Johannesburg	Appiah, Kuku – SME Program Director - 011-638-2619 Email: kappiah@auruminstitute.org	
Care International	HBHC	PO Box 221, Wits, Johannesburg	Naidoo, Kalie - Acting Letsema Programme Manager 011-403-3288 Email: knaidoo@care.org.za	
Columbia University Mailman School of Public Health	HVTB	Office 210, 2nd Floor, Investec Building, Fairview Office Park, Ring Road, Greenacres, Port Elizabeth	Jagwer, Gregory - (041) 363-2291 Email: gj2154@columbia.edu	
CompreCare	HVAB	PO Box 12424, Queenswood, Pretoria	Govender, Elaine - 012-329-2094 Email: gen.sec@elrc.co.za	
Catholic Relief Services	HBHC, HTXS, HTXD, HVCT, HVTB	Postnet Suite 751 Private Bag x9, Benmore, Johannesburg	Stark, Ruth – Director Country Representative - 011-884 1535 Email: nairy3@ukzn.ac.za	
Child Welfare South Africa	HKID	2 Cunningham Road, Johannesburg	Briede, Megan, Senior Manager - 011-492-2888 Email: megan@childwelfare.org.za	
Community Grants Program (See grantees below)				
Gethsemane Drop-in Centre	HKID	Ficksburg	Mrs. Sebolelo Machogo - 078 653 9249	
Itekeng Disabled and OVC Centre	HKID	Ficksburg	Mrs. Mary Raletsoane – Director - 051 938 0482, 073 179 8549	
Lesedi Hospice	HKID	Hertzogville	Mr. Sarel Bornman –Administrator - 082 570 3062	

Maluti Child Care Project [Harrismith]	HKID	Harrismith	Barbara Nouwens – CEO - 072 153 8199, 058 623 0701	
National Department of Education	HVAB, HKID	Pretoria	Ndebele, Gugu - Deputy Director General - 012-312-5451 Email: Ndebele.g@doe.gov.za	
Elizabeth Glaser Pediatric AIDS Foundation	HBHC, HTXD, HVTB	196 Oxford Road, Oxford Manor, Block 1, Illovo, Johannesburg	Mangochi, Marriam - 011-268-6837 Email: mmangochi@pedaids.org	
EngenderHealth	HVAB, HVOP	Postnet Suite 209, Private Bag 30500, Johannesburg	Ntayiya, Sakumzi – Country Director - 011-833-0502 Email: sntayiya@engenderhealth.org	
Family Health International CTR	HVOP	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Pilusa, Sonia - Country Director - 012-366 9310 Email: spilusa@fhi.org.za	
Family Health International UGM	HBHC, HKID	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Pilusa, Sonia - Country Director - 012-366 9310 Email: spilusa@fhi.org.za	
Foundation for Professional Development	HVCT, HVSI	Po Box 74789, Lynwood Ridge, Pretoria	Wolvaardt, Gustaaf - Executive Director - 012-481-2031 Email: elsabek@samedical.org	
Fresh Ministries	HVAB	4 Keurboom Avenue, Brakpan	Beetge, David - Liaison Bishop - Anglican AIDS - 011-740-1154 Email: Tanya@hst.org.za	
Association of Schools of Public Health	HVAB, OHSS, HKID, HVOP			
Health and Development Africa	HKID		Coulson, Nancy - 011-484-8217/18 Email: ncoulson@hda.co.za	
Heartbeat	HKID		Maryke Venter – General Manager - 012-803-3970 Email: maryke@heartbeat.org.za	
HIVCARE	HBHC, HTXS, HTXD, HVCT	Private Bag X141, Centurion	Gregory, James – Manager - (012) 665-8500 Email: james.gregory@primecure.co.za	
Hospice and Palliative Care Assn. of South Africa	HBHC, HVCT, HKID, HVTB	PO Box 38785, Pinelands, Cape Town	Henning, Kathy – PEPFAR Coordinator - 021-531-0277 Email: khenning@hpca.co.za	

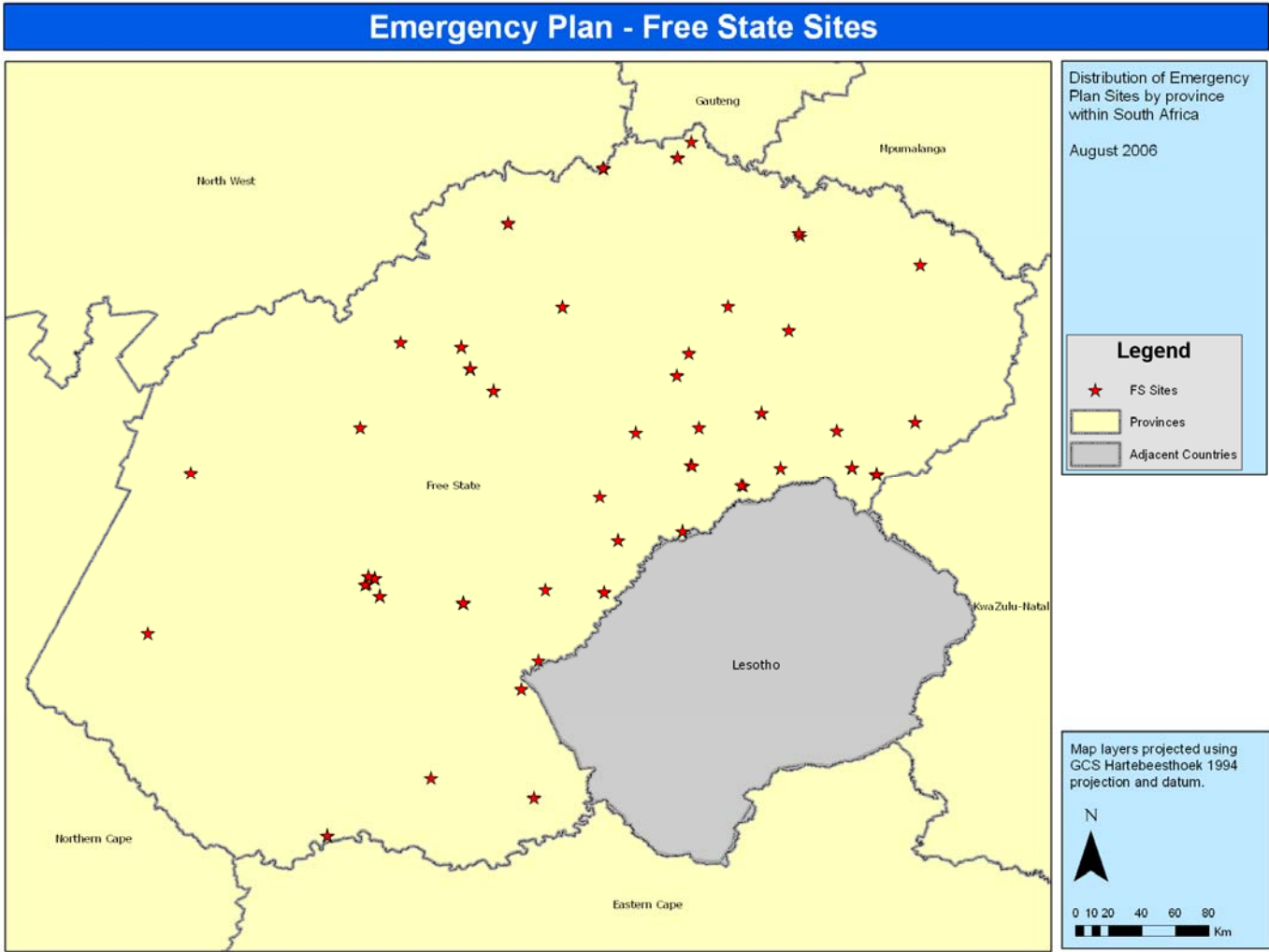
Health Science Academy	HTXS	284 Oak Avenue, Ferndale, Randburg, Johannesburg	Manentsa, Nthabiseng - Project Manager - 011-509-2555 Email: nthabiseng.manentsa@healthscience.co.za	
Human Science Research Council of South Africa	HKID	134 Pretorius Street, Pretoria	L. Simbayi - Project Manager - 012-302-2005 Email: Lsimbayi@hsrc.ac.za	
University of Washington (I-Tech)	HTXS		White, Brian – Technical Advisor Eastern Cape 043-748-6823 Email: bpwhite@u.washington.edu	
JHPIEGO	HVSI	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Morris, Chester – Country Director - 012-366-9320 Email: cmorris@jhpiego.net	
Johns Hopkins University Center for Communication Programs	HVAB, HBHC, HTXS, HVCT, HVOP, HVTB, HVSI	Equity Park Block D, 257 Brooklyn Street, Brooklyn, Pretoria	Coleman, Patrick – Country Director - 012-366 9300 Email: rnunes@ndohlogistics.co.za	
John Snow, Inc	HMIN	PO Box 35388, Menlo Park, 0102, Pretoria	Barkhuizen, Adelé – Project Officer - 012-362 7991 Email: abarkhuizen@jsi.org.za	
Management Sciences for Health (SPS)	HTXS, HTXD, PMTCT	PO Box 1579, Masada Building, 4th Floor, Corner Proes & Paul Kruger, Pretoria	Sallet, Jean-Pierre - Regional Technical Advisor/M&E - 012-326-6825 Email: natasha.naidoo@mrc.ac.za	
National Association of Childcare Workers	HBHC, HKID	PO Box 47368, Greyville	Tumbaloo, Zeni - Isibindi Administor - 031-312-9484 Email: makubl@health.gov.za	
National Department of Health	HVAB, HVOP, HVTB	Private Bag X828, Pretoria	Kalombo, David - Director: Comprehensive Plan – 012-312-0128 Email: teresam@nicd.ac.za	
National Health Laboratory Services	HLAB	Private Bag 4, Sandringham, Johannesburg	Marshall, Terry - 011-386-6450 Email: moodleyd1@ukzn.ac.za	
Perinatal HIV Research Unit (PHRU)	PMTCT	PO Box 114, Diepkloof, Johannesburg	Gray, Glenda – Director - 011-989-9702 Email: nnkumbi-ndopu@polproj.co.za	
Population Council	HVOP	PO Box 411744, Craighall, Johannesburg	Mullick, Saiqa – Director - 011-438-4400 Email: smullick@popcouncil.org	

Population Services International	HVCT	PO Box 408, Oakland Park, Johannesburg	Mhazo, Miriam - Senior CT Program Manager - 011-484-5320 Email: miriam@sfh.co.za	
Right to Care	HBHC, HTXS, HTXD, HVCT, HVTB	Postnet Suite 212, Private Bag X2600, Houghton, Johannesburg	Firnhaber, Kurt – Deputy Director - 011-276-8880 Email: kurt.firnhaber@righttocare.org	
Right to Care UGM	HTXS, HTXD	Postnet Suite 212, Private Bag X2600, Houghton, Johannesburg	Firnhaber, Kurt – Deputy Director - 011-276-8880 Email: kurt.firnhaber@righttocare.org	
South African Catholic Bishops Conference AIDS Office	HBHC, HKID	Khanya House, 399 Paul Kruger Street, Pretoria	Munro, Alison - AIDS Office Coordinator - 012-323-6458 Email: esharrison@absamail.co.za	
South African Clothing & Textile Workers' Union	HBHC, HTXS, HVCT, HVOP		Soboil, Nikki – National Director -	
South African National Blood Service	HMBL	Private Bag x14, Weltevreden Park, Johannesburg 2000	Prof Heyns, Anthon, Project Manager, 011-761-9111 Email: aheyns@inl.sanbs.org.za	
South African Department of Defence	HVAB, HBHC, HVCT, HTXS, HVOP, PMTCT			
Save the Children UK	HKID	PO Box 14038, Hatfield , Pretoria 0028	Ms Mudekunye, Lynette , Senior OVC Advisor , 012-430-7775 Email: lmudekunye@savethechildren.org.za	
University Research Corporation (TB Tasc)	HVTB	PO Box 12058, Hatfield , Pretoria 0028	Dr Ntombi Mhlongo, Program Director, 012-342-1419 Email: NtombiM@tasc-tb.co.za	
Toga Laboratories	HTXS, HLAB	Unit 7A Meadowvale Office Park, cnr Dick Kemp & Herman Streets, Meadowvale, Johannesburg 1610	Ms Terlouw, Ingrid, Program Manager, 011-663-6503 Email: ingrid@togalab.co.za	
University Research Corp. LLC	HVCT	PO Box 12058, Hatfield , Pretoria 0028	Dr Matji, Refiloe, , 012-342-1419 Email: RefiloeM@urc-sa.com	
World Vision	HKID, HBHC	#5 Main Ave. Florida Extension, Johannesburg 1710	Mr Chabeli, Lehlohonolo, , 011-671-1300 Email: lehlohonolo_chabeli@wvi.org	

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

Partner	Town/City	Facility	Type
Aurum	Various	Free State-Aurum	Private
CRS	Parys	Father Lewis Balink Therapy and Counselling Centre	NGO
	Botshabelo	Siyathokoza HBC ART Project	NGO
Elizabeth Glaser	Bloemfontein	Batho Clinic	Government
	Botshabelo	Botshabelo Hospital	Government
	Bloemfontein	Heidedal Clinic	Government
	Jagersfontein	Itumeleng Clinic	Government
	Welkom	Matjhabeng Clinic	Government
	Qwa Qwa	Mofumahadi Manapo Mopeli Hospital	Government
	Bloemfontein	National Hospital	Government
	Edenburg	Nelson Mandela Clinic	Government
	Welkom	Phomolong Clinic	Government
	Welkom	Welkom Clinic	Government
HIVCare	Bloemfontein	Bloemfontein Townships	Private
	Bloemfontein	HIVCare	Private
	Botshabelo	Prime Cure Botshabelo	Private
	Harrismith	Prime Cure Harrismith	Private
	Kroonstad	Prime Cure Kroonstad	Private
	Phuthaditjhaba	Prime Cure Phuthaditjhaba	Private
	Viljoenskroon	Prime Cure Viljoenskroon	Private
	Welkom	Prime Cure Welkom	Private
Phidisa	Bloemfontein	3 Military Hospital	Government
SACTWU	Various	SACTWU Central	Private
SPS	Petrusburg	Bophelong CHC Petrusburg	Government
	Botshabelo	Botshabelo Hospital	Government
	Bloemfontein	Heidedal Clinic	Government
	Marquard	Mamello CHC Marquard	Government
	Phuthaditjhaba	Manapo Regional Hospital	Government
	Ladybrand	Mantsopa	Government
	Hoopstad	Mohau	Government
	Bloemfontein	National Hospital	Government
	Bethlehem	Phekolong Hospital	Government
Tshepang Trust	Various	Tshepang Free State	Private

Location of Partners Within Free State Province



US President's Emergency Plan for AIDS Relief
Activities in Free State Province, FY 2009



List of Acronyms

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

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