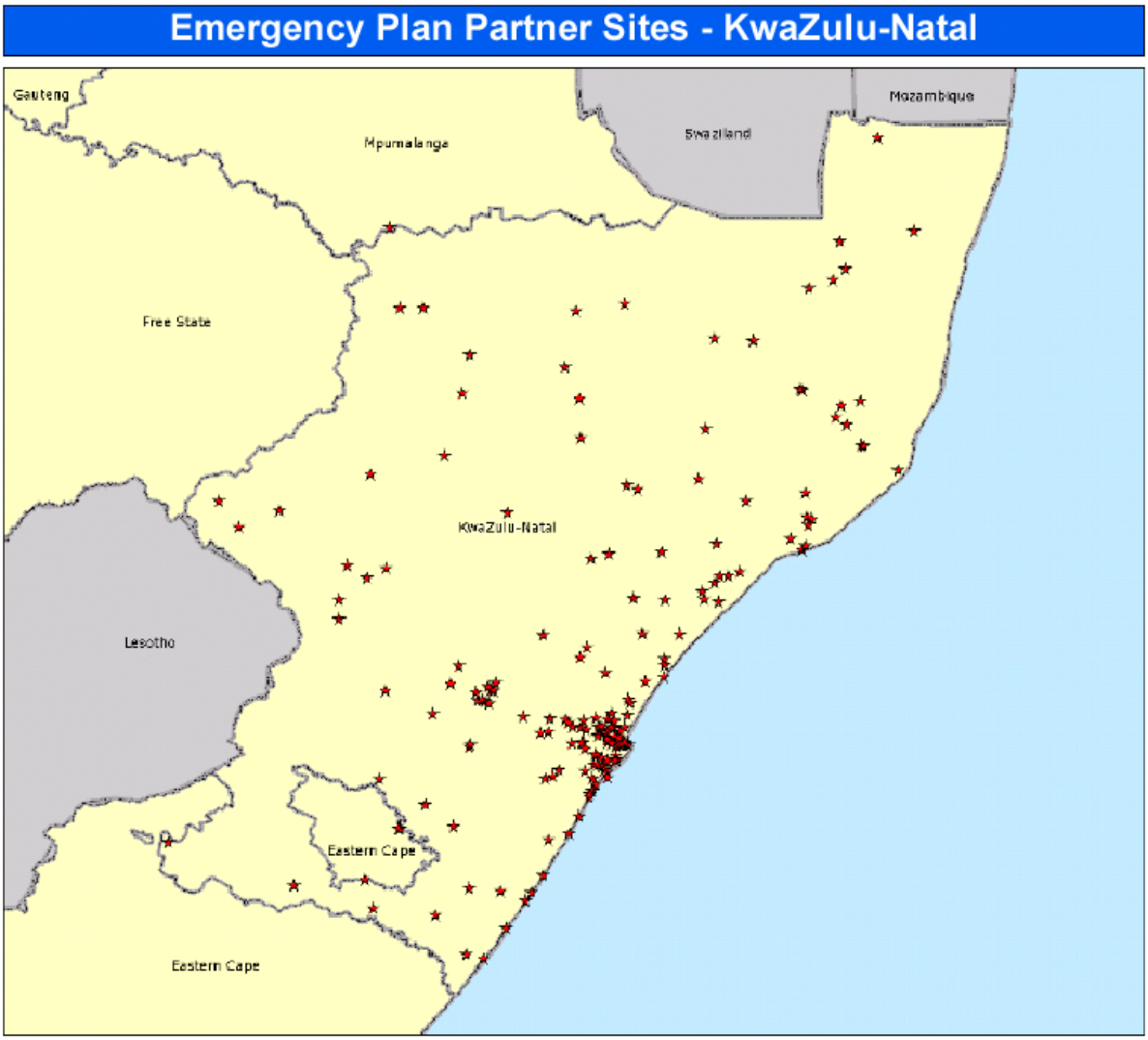
SOUTH AFRICA AND THE UNITED STATES

WORKING IN PARTNERSHIP

The President's Emergency Plan for AIDS Relief Funded Activities in KwaZulu-Natal Province



March 2006

For additional information on The President's Emergency Plan for AIDS Relief, please visit our website at http://pepfar.pretoria.usembassy.gov

President's Emergency Plan for AIDS Relief Funded Activities in KwaZulu-Natal

March, 2006

Contents:

I. List of Acronyms 2

II. The President's Emergency Plan for AIDS Relief 6

III. Summary of Funded Projects in 2006: KwaZulu-Natal 8

A. Partners Implementing Projects in KwaZulu-Natal 8
B. Partners Implementing Projects with Nation-wide Scope 12

IV. Description of Partner Activities 14

A. Partners Implementing Projects in KwaZulu-Natal 16
B. Partners Implementing Projects with Nation-wide Scope 98

V. KwaZulu-Natal Implementation Sites by Program Areas 125

I. List of Acronyms

AB	Abstinence/ Be Faithful
ABC	A for abstinence (or delayed sexual initiation among youth), B for being faithful (or reduction in number of sexual partners), and C for correct and consistent condom use, especially for casual sexual activity and other high-risk situations
AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
AIDS Relief	Consortium led by Catholic Relief Services
AIHA	American International Health Alliance
ANC	Antenatal Clinic
ARK	Absolute Return for Kids
ART	Antiretroviral treatment
ARV	Antiretroviral
BCC	Behavior Change Communication
BED	The laboratory assay that measures the concentration of HIV-specific antibody present in the leftover diagnostic serum.
BFHI	Baby Friendly Hospital Initiative
BU	Boston University
CADRE	Centre for AIDS Development, Research and Evaluation
CAPRISA	Centre for the AIDS Programme of Research in South Africa
CARE	Community AIDS Response
CAT	CAPRISA AIDS Treatment
CBO	Community Based Organization
CCFs	Child Care Forums
CD4	A large glycoprotein molecule found on the surface of T lymphocytes that serves as the receptor for HIV.
CDC	Centers for Disease Control and Prevention
CHBH	Chris Hani Baragwanath Hospital
CHMT	Community Health Media Trust
CHPIP	Child Health Care Problem Identification Program
CPLs	Centers for Palliative Learning
CRISP	Child Responsive Integrated Support Project
CRS	Catholic Relief Services
CT	HIV Counseling and Testing
CTR	Contraceptive Technology Research Project
CU	Columbia University
CWSA	Child Welfare South Africa
DAC	District AIDS Council
DAI	Direct AIDS Intervention
DCS	Department of Correctional Services
DENOSA	Democratic Nurses Organization of South Africa
DFID	UK Department for International Development
DOD	Department of Defense
DOE	Department of Education
DOH	Department of Health
DOT	Directly Observed Treatment
DOTS	Directly Observed Treatment Short Course
DPSA	The Department of Public Service and Administration
DramAidE	Drama Aid Education
DSD	Department of Social Development
EC	Eastern Cape Province

ECCC	Eastern Cape Council of Churches
ECDOH	Eastern Cape Department of Health
ECRTC	Eastern Cape Regional Training Center
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
ETP	Expert Treatment Programme
ETR.Net	The Electronic TB Register
FBO	Faith Based Organization
FHI	Family Health International
FOSA	Friends of the Sick Association
FP	Family Planning
FPD	Foundation for Professional Development
FSDOH	Free State Department of Health
GBV	Gender Based Violence
GIS	Geographic Information System
GoLD	Generation of Leaders Discovered
GP	General Practitioner
HAART	Highly Active Antiretroviral Therapy
HAW	Hands at Work in Africa
HBC	Home-Based Care
HCW	Health Care Workers
HEAIDS	Higher Education HIV and AIDS Programme
HERU	Health Economics Research Unit – Wits Health Consortium
HFEU	Health Financing and Economic Unit
HIV	Human Immunodeficiency Virus
HIVAN	Center for HIV/AIDS Networking
HIVSA	HIV South Africa
HMIS	Health Management Information System
HPCA	Hospice and Palliative Care Association
HSPH	Harvard School of Public Health
HSRC	Human Sciences Research Council
HWSA	Hope Worldwide South Africa
IEC	Information, Education and Communication
INH	Isoniazid
IPHC	Integrated Primary Health Care
IT	Information Technology
I-TECH	International Training and Education Center for HIV
IYCF	Infant and Young Children Feeding
IYD	Institute for Youth Development
IYD-SA	Institute for Youth Development South Africa
JEAPP	Joint Economics, AIDS and Poverty Program
JHPIEGO	A non-profit organization affiliated with Johns Hopkins University
JHUCCP	John Hopkins University Center for Communications Program
JSI	John Snow Inc
KAP	Knowledge/Attitudes/Practice
KZN	KwaZulu-Natal
KZNDOH	KwaZulu-Natal Department of Health
LP	Limpopo Province
LSA	Local Service Area
M&E	Monitoring and Evaluation
MAP	Men as Partners
MARPs	Most At Risk Populations
MCWH	Maternal, Child and Women's Health
MMIS	Making Medical Injections Safer

MP	Mpumalanga Province
MRC	Medical Research Council
MSH	Management Science for Health
MSPH	Mailman School of Public Health
MSU	Mobile Service Unit
NAPWA	National Association of People Living with HIV/AIDS
NASTAD	National Alliance of State and Territorial AIDS Directors
NCDOH	Northern Cape Department of Health
NDCS	National Department of Correctional Services
NDOE	National Department of Education
NDOH	National Department of Health
NGO	Non-Governmental Organization
NHIS	National Health Interview Survey
NHLS	National Health Laboratory Service
NICD	National Institute for Communicable Diseases
NMCF	Nelson Mandela Children's Fund
NMMU	Nelson Mandela Metropole University
NMSM	Nelson Mandela School of Medicine
NOAH	Nurturing Orphans of AIDS for Humanity
NTBRL	National TB Reference Laboratory
NTCP	National Tuberculosis Control Program
NVP	Nevirapine
NWP	North West Province
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PACCA	Provincial Action Committee for Children Affected by HIV & AIDS
PCR	Polymerase Chain Reaction
PDOH	Provincial Departments of Health
PEP	Post-Exposure HIV Prophylaxis
PHC	Primary Health Care
PHEs	Peer Health Educators
PHRU	Perinatal HIV Research Unit
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PPIP	Perinatal Problem Identification Programme
PSA-SA	Project Support Association South Africa
PSI	Population Services International
QA	Quality Assurance
QAP	Quality Assurance Project
RADAR	Rural AIDS and Development Action Research Program
RAPCAN	Resources for the Prevention of Child Abuse and Neglect
REP	CDC's Replication Project
RFI	Road Freight Industry
RH	Reproductive Health
RHRU	Reproductive Health Research Unit
RPMPlus	Rational Pharmaceutical Management Plus
RTC	Regional Training Center
SA	South Africa
SABC	South African Broadcasting Corporation
SACBC	South African Catholic Bishops Conference
SACC	South African Council of Churches
SACTWU	South African Clothing and Textile Workers' Union
SAG	South African Government
SAHA	Social Aspects of HIV/AIDS

SAMA	South African Medical Association
SAMHS	South African Military Health Service
SANAC	South African National AIDS Council
SANBS	South African National Blood Service
SANCCW	South African National Council of Child and Family Welfare
SANDF	South African National Defense Force
SAPESI	South African Peer Education Support Institute
SAPS	South African Police Services
SAQA	South African Qualifications Authority
SCUK	Save The Children – UK
SCV	Service Corps Volunteer (Africare)
SMEs	Small to Medium Enterprises
STAT	Secure Technology Advancing Treatment
STGs	Standard Treatment Guidelines
STI	Sexually Transmitted Infection
STIRC	Sexually Transmitted Infection Reference Centre
TA	Technical Assistance
TASC	Technical Assistance Service Contract
TB	Tuberculosis
TCC	Thuthuzela Care Centers
TCE	Total Control of the Epidemic
TIMS	Training Information Management Software
UCSD	University of California – San Diego
UKZN	University of KwaZulu-Natal
UNISA	University of South Africa
UNAIDS	United Nations AIDS Program
UNICEF	United Nations Children Fund
URC	University Research Corporation
USAID	United States Agency for International Development
USG	United States Government
VSL	Voluntary Savings and Loan Model
WAHR	Women at High Risk
WCP	Western Cape Province
WHO	World Health Organization
YFS	Youth Friendly Services
YWC	Young Workers' Campaign

II. The President's Emergency Plan for AIDS Relief

In close coordination with the South African Government (SAG), the President's Emergency Plan for AIDS Relief (Emergency Plan) has been initiated in South Africa with more than 300 partners including many South African Government agencies. This joint effort was endorsed at a meeting between President Mbeki and President Bush in July 2003, and confirmed at their meeting in 2005. The collaborative framework was established at a meeting in October 2003 between Minister of Health Manto Tshabalala-Msimang and Ambassador Randall Tobias, the U.S. Global AIDS Coordinator. The Minister asked that the Emergency Plan support efforts in all the provinces within both the public and private sector, and that there be regular consultation with the National Government. The Minister also suggested that the program work with various national government departments and provincial health departments.

A cardinal principle of this effort is that all Emergency Plan supported activities must be implemented in accord with the policies and guidelines of the SAG. Therefore, all Emergency Plan activities in South Africa support implementation of the SAG's *Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment, April 2003-March 2008 (Comprehensive Plan)*. In addition, private sector partners work with governmental health authorities at all levels.

Within this context, the Emergency Plan provided $89 million in 2004 and $148 million in 2005 for programs in South Africa. In 2006, approximately $221 million is expected to be obligated to support programs in South Africa. Of this amount, two-thirds will be provided to SAG and local private sector organizations and the remainder will be awarded to international organizations with local partners engaged in program implementation. The SAG agencies that will receive funding or program support in 2006 include the Department of Health, the Department of Defense, the Department of Correctional Services, the Department of Education, the Department of Justice, the Department of Social Development, and the Department of Provincial and Local Government. The National Institute for Communicable Diseases (NICD), the South African National Blood Service (SANBS), and several Provincial Health Departments also receive support from the program. Emergency Plan projects are located in all nine provinces and target activities that address South African priorities in HIV prevention, care and treatment.

In implementing the program, new partners have been solicited, reviewed and approved in South Africa through a transparent competitive process involving expert review panels, which have included representatives of the USG, the SAG and the South African academic community. Simultaneously, competitive solicitations for programs that operate in multiple countries have been conducted in the United States. When these involve potential efforts in South Africa, a separate review is conducted in South Africa involving the South Africa-U.S. Joint Consultation Group, and projects jointly approved are endorsed for implementation in South Africa.

The Emergency Plan strongly supports the development and enhancement of the South African public health system. All Emergency Plan partners are encouraged to build public health service delivery capacity, to assure the improvement of quality of care and to plan for program sustainability. The Emergency Plan contributes to service delivery in partnership with the SAG and a broad range of implementing organizations. In most cases, the SAG, the private sector and other donors contribute directly to projects that also receive Emergency Plan support. Therefore, the achievements of Emergency Plan-supported projects also can and should be attributed to the efforts of the SAG and many other program supporters.

In KwaZulu-Natal Province, the Emergency Plan provides funding to 45 partners that implement activities in facilities and communities throughout the province. These partners and USG officials engaged in the Emergency Plan have assured coordination with local and provincial health officials to support effective implementation. In addition to projects directly implemented in the province, KwaZulu-Natal Province benefits from the work of 20 Emergency Plan partners implementing projects that function at the national level to provide benefits throughout the country.

The information provided in this report is a summary of activities being carried out by Emergency Plan partners during 2006 in support of the SAG's Comprehensive Plan. Additional information about the Comprehensive Plan can be found on http://www.doh.gov.za/aids/index.html. Further information about the President's Emergency Plan for AIDS Relief is provided on the following U.S. Government web sites: http://www.state.gov/s/gac (Global AIDS activities) or http://pepfar.pretoria.usembassy.gov (South Africa activities).

III. Summary of Funded Projects in 2006: KwaZulu-Natal

A. Partners Implementing Projects in KwaZulu-Natal

Implementing Partners	Programmatic Area	Initiation of USG Funding	Government Linkages
Absolute Return for Kids	• HIV Treatment	2005	• KwaZulu-Natal Provincial Department of Health • KZN Provincial Government
Academy for Educational Development: Community-Based VCT	• CT	2004	• National Department of Health • Provincial Departments of Health (all Provinces)
Academy for Educational Development: Linkages	• PMTCT • Strategic Information	2004	• National Department of Health • Provincial Departments of Health (all Provinces)
Africa Centre for Health & Population Studies	• HIV Care • HIV Treatment	2005	• KwaZulu-Natal Provincial Department of Health
American Center for International Labor Solidarity (Solidarity Center)	• HIV Prevention • CT • HIV Treatment • Systems Strengthening	2002	• National Departments of Health and Education
Aurum Institute for Health Research	• CT • HIV Care • TB/HIV • HIV Treatment	2004	• Provincial Departments of Health in Eastern Cape and Gauteng • North West Province Southern District Health Office
BroadReach Health Care	• CT • HIV Care • HIV Treatment	2005	• Provincial Departments of Health in KwaZulu-Natal and North West
Catholic Relief Services	• HIV Care • Treatment	2004	• Provincial Departments of Health in Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, North West and Northern Cape
Centre for HIV/AIDS Networking	• HIV Prevention	2005	• KwaZulu-Natal Provincial Departments of Health and Social Development • Local Government (Community Services in Umlalazi Municipality)
Child Welfare South Africa	• OVC	2005	• National Department of Social Development
Columbia University Mailman School of Public Health	• CT • HIV Care • TB/HIV • HIV Treatment	2004	• Eastern Cape Provincial Department of Health • Umzimkulu District Health Office, KwaZulu-Natal
Elizabeth Glaser Pediatric AIDS Foundation	• PMTCT • HIV Care • HIV Treatment	2003	• National Department of Health • Provincial Departments of Health in Free State, KwaZulu-Natal and Mpumalanga
Family Health International: CTR	• PMTCT • CT • HIV Care • HIV Treatment	2003	• National Department of Health • Provincial Departments of Health and Social Development in Free State, Mpumalanga, North West, KwaZulu-Natal and Limpopo

Implementing Partners	Programmatic Area	Initiation of USG Funding	Government Linkages
Family Health International: Impact	• OVC	2006	• National Department of Social Development
Foundation for Professional Development (FPD)	• HIV Treatment • Strategic Information	2005	• National Departments of Health and Correctional Services • Provincial Departments of Health in Gauteng and North West
Fresh Ministries	• Prevention	2005	• Provincial Departments of Education (all Provinces)
Higher Education HIV/AIDS Program	• CT	2004	• National Department of Health
Hope Worldwide South Africa	• HIV Prevention • OVC • CT • HIV Care	2004	• National Departments of Health and Social Development
Hospice & Palliative Care Assn of SA	• HIV Care	2004	• National Department of Health
John Snow, Inc, (JSI)	• HIV Prevention • HIV Treatment	2000	• National Department of Health • Provincial Departments of Health (all provinces)
Johns Hopkins University Health Communication Partnership	• HIV Prevention • OVC • CT • HIV Treatment • Strategic Information	2002	• National Department of Health
Management Sciences for Health: Integrated Primary Health Care Project	• PMTCT • OVC • CT • HIV Care • HIV Treatment	2004	• National Department of Health • Provincial Departments of Health (all provinces) • Local Government
Management Sciences for Health: RPMPlus	• HIV Treatment	2004	• National Department of Health • Provincial Departments of Health (all provinces)
Medical Research Council (MRC): Best Practices	• TB/HIV • HIV Treatment	2004	• Provincial Departments of Health in Gauteng, KwaZulu-Natal and Mpumalanga
Medical Research Council (MRC): Monitoring PMTCT	• PMTCT	2005	• National Department of Health • Provincial Departments of Health in Eastern Cape, KwaZulu-Natal and Western Cape
National Association of Child Care Workers	• OVC	2004	• National Department of Social Development
National Department of Correctional Services	• HIV Prevention • CT • HIV Care • HIV Treatment • Strategic Information	2005	• National Department of Correctional Services • National Department of Health
National Department of Education	• HIV Prevention	2006	• National Department of Education
National Department of Justice	• HIV Prevention • CT	2006	• National Department of Justice

Implementing Partners	Programmatic Area	Initiation of USG Funding	Government Linkages
Nelson Mandela Children's Fund	• OVC	2004	• National Department of Social Development • National Department of Health
Nelson Mandela School of Medicine/UKZN	• HIV Prevention • CT • OVC • HIV Care	2005	• KwaZulu-Natal Provincial Department of Health • Local Government
Nurturing Orphans of AIDS for Humanity (NOAH)	• OVC	2004	• National Department of Social Development
Population Council / Frontiers: PMTCT Guidelines	• PMTCT	2004	• KwaZulu-Natal Provincial Department of Health
Population Council / Horizons: AB Promotion in FBOs	• HIV Prevention	2004	• National Department of Health • Provincial Departments of Health in Eastern Cape, Gauteng, Limpopo and KwaZulu-Natal
Population Council / Horizons: Promotion of Pediatric HIV/AIDS Treatment	• HIV Treatment	2006	• National Department of Health
Reproductive Health and HIV Research Unit	• HIV Prevention • CT • TB/HIV • HIV Care • HIV Treatment	2004	• Provincial Departments of Health in Gauteng, KwaZulu-Natal and North West
Salvation Army World Service	• HIV Prevention • OVC • HIV Care	2004	• National Departments of Health and Social Development
South African National Blood Service	• HIV Prevention	2004	• National Departments of Health and Education
South African National Defence Force: Masibambisane	• HIV Prevention • CT • OVC • HIV Care • HIV Treatment • Strategic Information	2004	• South African National Defence Force
University of KwaZulu-Natal: CAPRISA	• CT • HIV Care • HIV Treatment • Strategic Information	2002	• KwaZulu-Natal Provincial Department of Health
University of KZN / Natal University for Health: PMTCT Strategic Information	• Strategic Information	2006	• KwaZulu-Natal Provincial Department of Health
University of KwaZulu-Natal / Natal University for Health: Support for KZN DOH	• PMTCT	2003	• KwaZulu-Natal Provincial Department of Health
University of Western Cape	• PMTCT	2005	• National Department of Health • Provincial Departments of Health in Eastern Cape, KwaZulu-Natal and Western Cape

Implementing Partners	Programmatic Area	Initiation of USG Funding	Government Linkages
University Research Corporation: Quality Assurance Project	• PMTCT • CT • HIV Care • HIV Treatment	2004	• National Department of Health • Provincial Departments of Health in Eastern Cape, KwaZulu-Natal, Limpopo and Mpumalanga
University Research Corporation: TB Technical Assistance Support Contract (TB II TASC)	• TB/HIV	2004	• National Department of Health • Provincial Departments of Health in Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and North West
US Dept State: Small Grants Fund	• HIV Prevention • OVC • HIV Care	2005	• Each Small Grant recipient works with local government authorities, as appropriate.
US Peace Corps	• HIV Prevention • CT • OVC • HIV Care	2004	• National Department of Education; Department of Foreign Affairs

B. Partners Implementing Projects with Nation-wide Scope

Implementing Partners	Programmatic Area	Initiation of USG Funding	Government Linkages
Association of Schools of Public Health / Harvard School of Public Health	• HIV Prevention • Systems Strengthening	2000	• National and Provincial Departments of Health and Education • National Departments of Social Development and Correctional Services • South African Police Services
Boston University Center for International Health and Development	• HIV Treatment	2003	• National Department of Health
Cinema Corporate Creations	• PMTCT	2004	• National Department of Health
Dira Sengwe	• Systems Strengthening	2005	• Not Applicable (Conference Organizer)
IBM/Joint Economic AIDS and Poverty Program	• OVC	2005	• National Department of Social Development
JHPIEGO	• TB/HIV • HIV Treatment • Strategic Information	2003	• National Department of Health
Kagiso	• PMTCT	2003	• National Department of Health
Leonie Selven Communications	• PMTCT	2006	• National Department of Health
Medical Research Council (MRC): HIV Prevention in Shebeens	• HIV Prevention	2006	• New Project: Government linkages to be determined.
National Department of Health: CDC Support	• PMTCT • HIV Prevention • CT • TB/HIV • HIV Treatment • Strategic Information	1999	• National Department of Health • Provincial Departments of Health in all provinces
National Department of Health: Cooperative Agreement	• HIV Prevention • Strategic Information	2003	• National Department of Health • Provincial Departments of Health in all provinces
National Institute for Communicable Diseases (NICD)	• Laboratory Infrastructure • Strategic Information	2003	• National Department of Health
Population Council / Frontiers: Post-Rape Care	• HIV Prevention	2004	• Limpopo Provincial Department of Health
Population Council / Horizons: OVC and TB/HIV Assessments	• OVC • TB/HIV	2004	• National Departments of Health and Social Development
Soul City	• HIV Prevention • HIV Treatment	2005	• National Departments of Health and Education • Department of Public Service Administration

Implementing Partners	Programmatic Area	Initiation of USG Funding	Government Linkages
The Futures Group: Policy Project	• HIV Prevention • HIV Care • Strategic Information • Systems Strengthening	2002	• National Department of Health
University of North Carolina: Measure Evaluation	• OVC • Strategic Information	2004	• National Departments of Health and Social Development
University of Pretoria: MRC Unit	• Strategic Information	2005	• National Department of Health
University Research Corporation: Increasing Access to CT	• CT	2006	• National Department of Health
US Agency for International Development: Support for the National Department of Social Development	• OVC	2006	• National Department of Social Development
US Centers for Disease Control: HIV Services for STI Patients	• PMTCT • HIV Prevention • CT	2006	• National Department of Health

IV. Description of Partner Activities

A. Partners Implementing Projects in KwaZulu-Natal 16
Absolute Return for Kids (ARK) 16
Academy for Educational Development: Community-Based VCT 17
Academy for Educational Development: Linkages 18
Africa Centre for Health and Population Studies 19
American Center for International Labor Solidarity (Solidarity Center) 20
Aurum Institute for Health Research 22
BroadReach Health Care 25
Catholic Relief Services: AIDSRelief 26
Centre for HIV/AIDS Networking (HIVAN): Community Responses to HIV/AIDS 28
Child Welfare South Africa 29
Columbia University Mailman School of Public Health 30
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) 34
Family Health International: CTR 36
Family Health International: Impact 39
Foundation for Professional Development 41
Fresh Ministries: SIYAFUNDISA 42
Higher Education HIV/AIDS Program (HEAIDS) 43
Hope Worldwide 44
Hospice and Palliative Care Association of South Africa 46
John Snow, Inc. 47
Johns Hopkins University Health Communication Partnership 49
Management Sciences for Health: Integrated Primary Health Care Project 53
Management Sciences for Health: Rational Pharmaceutical Management Plus 56
Medical Research Council of South Africa (MRC) / Best Practices 58
Medical Research Council of South Africa (MRC) / Monitoring PMTCT 60
National Association of Childcare Workers 61
National Department of Correctional Services 62
National Department of Education 64
National Department of Justice 66
Nelson Mandela Children's Fund 67
Nelson Mandela School of Medicine/UKZN: Traditional Healers Project 68
Nurturing Orphans of AIDS for Humanity (NOAH) 70
Population Council / Frontiers: PMTCT Guidelines 71
Population Council / Horizons: AB Promotion in FBOs 72
Population Council / Horizons: Promotion of Pediatric HIV/AIDS Treatment 74
Reproductive Health and HIV Research Unit (RHRU) 75
Salvation Army World Service 77
South African National Blood Service 79
South African National Defence Force: Masibambisane 80
University of KwaZulu-Natal: CAPRISA 83
University of KwaZulu-Natal/Natal University for Health: PMTCT Strategic Information 85
University of KwaZulu-Natal/Natal University for Health: Support for KZN DOH 86
University of Western Cape 88
University Research Corporation: Quality Assurance Project (QAP) 89
University Research Corporation: TB TASC 91

US Department of State: Small Grants Fund 93
US Peace Corps 95

B. Partners Implementing Projects with Nation-wide Scope 98
Association of Schools of Public Health / Harvard School of Public Health 98
Boston University: AIDS Economic Impact Surveys 99
Cinema Corporate Creations 100
Dira Sengwe: Support for 3rd South African National HIV/AIDS Conference 101
IBM/Joint Economic AIDS and Poverty Program (JEAPP) 102
JHPIEGO 103
Kagiso 104
Leonie Selven 105
Medical Research Council of South Africa (MRC) / HIV Prevention in Shebeens 106
National Department of Health / CDC Support 106
National Department of Health / Cooperative Agreement 109
National Institute for Communicable Diseases 110
Population Council / Frontiers: Post-Rape Care 111
Population Council / Horizons: OVC and TB/HIV Assessments 112
Soul City 113
The Futures Group: Policy Project 116
University of North Carolina: MEASURE Evaluation 119
University of Pretoria: MRC Unit 120
University Research Corporation: Increasing Access to CT 121
US Agency for International Development: Support for Department of Social Development 121
US Centers for Disease Control and Prevention: HIV Services for STI Patients 122

A. Partners Implementing Projects in KwaZulu-Natal

Absolute Return for Kids (ARK)

Program Areas:

- HIV Treatment

Project Initiation:

- 2005

Government Linkages:

- KZN Provincial Department of Health
- KZN Provincial Government

Provinces:

- KwaZulu-Natal

SUMMARY:

Absolute Return for Kids (ARK) provides ART and accompanying support to primary HIV-infected caregivers. Although mothers are the primary focus, ARK supports antiretroviral treatment (ART) in all of their assisted facilities for all people (adults and children) who are eligible. ARK implements activities in six sites in KwaZulu-Natal (KZN) with Emergency Plan funds, in collaboration with the KZN Department of Health and Provincial Government. In 2006, ARK will provide services in at least in five new sites in KZN.

BACKGROUND:

To date, in partnership with the Western Cape Provincial Government, City of Cape Town and a number of other NGOs, ARK has established the largest NGO-led antiretroviral HIV/AIDS treatment program in the Western Cape Province, where it has assisted in the creation of treatment sites within government primary health centers and hospitals through non-Emergency Plan funds. More recently, with the financial assistance from the Emergency Plan, ARK has rolled out into seven facilities in KwaZulu-Natal (KZN). Antiretroviral (ARV) drugs are supplied by the South African Government for ARK's activities in public sector facilities.

HIV TREATMENT:

In addition to targeting mothers, ARK supports ARV treatment for all who are eligible at all of their assisted facilities. Maximizing treatment depends on effective testing, counseling and screening by a comprehensive health team. Emergency Plan funds will be used to support and improve infrastructure (minor renovations), to support and develop the required human resources, as well as to develop improved systems utilized in performance and adherence monitoring. Specific activities include:

- Provision of additional temporary medical human resources to work within the government treatment sites to support the rapid enrolment of patients to receive ARVs. This includes doctors, nurses, pharmacists, counselors and administrative support.
- Working with government authorities to develop the necessary processes and systems to manage the program, to ensure that the model created is scaleable, sustainable and replicable elsewhere.
- Providing a comprehensive adherence program for ARVs, including client and community education, production of adherence educational materials to distribute to patients and their families, involvement of family members as 'treatment buddies', and

provision of community-based patient advocates to work in partnership with the health professional teams.
- Supporting and improving infrastructure at the treatment sites, including construction of six modest structures at six sites.

Academy for Educational Development: Community-Based VCT

Program Areas:
- HIV Counseling and Testing

Project Initiation:
- 2004

Government Linkages:
- National Department of Health
- Provincial Departments of Health

Provinces:
- All Provinces

SUMMARY:
Through the Community Based Voluntary Counseling and Testing (CT) Program, Academy for Educational Development (AED) will work in all nine provinces of South Africa to increase the availability, access and utilization of CT; develop the capacity of NGOs in CT provision; support NGO staff to improve delivery of CT; implement national level systems; and roll out national programmatic procedural recommendations for use by NGOs providing non-medical testing. AED implements activities in 15 communities in KwaZulu-Natal, in close collaboration with the National and Provincial Departments of Health. *Note that due to a funding delay, these activities will take place in 2006 using 2005 funding.*

HIV COUNSELING AND TESTING:
AED's program includes five components: Rapid Assessments; NGO Training; Programmatic Recommendations; Rapid Test Kit Procurement; and the development of a Comprehensive Referral Network.
- Rapid Assessments: This activity provides a rapid assessment of NGOs providing CT to evaluate services and identify capacity building needs. The project has completed the assessment of 80 NGOs and is using this data to develop the training, capacity building and technical assistance AED is providing. This activity is close to completion. Very few assessments are anticipated in 2006 unless new NGOs join the program and require full assessments prior to involvement.
- NGO Training: This activity provides training to NGO personnel providing CT services in: risk reduction, CT, rapid test procedures, data collection, monitoring and evaluation, quality assurance, commodity procurement, and logistics management. The training component of this activity is close to completion; in 2006 AED will emphasize training follow up – specifically technical assistance to each NGO.
- Programmatic Recommendations: The Project is reviewing current toolkits and procedural recommendations and consulting with stakeholders as to the appropriate options which would be most useful and applicable to NGOs with whom AED works.

- Rapid Test Kit Procurement: The Project has developed a procurement plan and tools, and analyzed the needs of the NGOs for supplemental rapid test kits.
- Referral Network: Funding of this activity will support the development of linkages between service providers offering various complementary services in order to increase efficiency and coverage of prevention, care and treatment of people affected by HIV/AIDS. Referrals will include coordination between reproductive health services, microcredit and nutrition programs.

Academy for Educational Development: Linkages

Program Areas:

- PMTCT
- Strategic Information

Project Initiation:

- 2004

Government Linkages:

- National Department of Health (Nutrition, Maternal Child and Women's Health, and HIV Directorates)
- Provincial Departments of Health

Provinces:

- All Provinces

SUMMARY:

Academy for Educational Development (AED)/LINKAGES will use Emergency Plan funding to support integration of maternal nutrition and Infant and Young Child Feeding (IYCF) in the context of HIV into health care and community services through three components: training of health care providers and community health workers from all nine provinces; assistance for implementation of integrated model in two districts of KwaZulu-Natal and one district in North West, Mpumalanga and Eastern Cape; and provision of support to enhance public awareness on the importance of maternal nutrition and IYCF in PMTCT. These activities have been requested by the National Department of Health. In KwaZulu-Natal, AED/Linkages implements activities in 13 sites in close collaboration with the National and Provincial Departments of Health. *Note that due to a funding delay, these activities will take place in 2006 using 2005 funding.*

BACKGROUND:

This is an ongoing AED/LINKAGES project initiated in 2004 with Emergency Plan funding. The first activity was the development of guidelines on nutrition for pregnant and lactating women and IYCF in the context of HIV and AIDS. AED/LINKAGES has been working in collaboration with the NDOH and local NGOs to build health workers' capacity to integrate these nutrition guidelines into existing health care and community services and enhance public awareness of the importance of improved nutrition for HIV-positive women in general and pregnant and lactating women in particular and IYCF counseling as an important aspect in PMTCT.

PMTCT:
AED will provide technical assistance to National, Provincial and District Departments of Health and selected NGOs and FBOs to increase capacity to integrate counseling on maternal nutrition and IYCF and safe practices in PMTCT into existing health care and community services. In addition, AED/LINKAGES will provide technical assistance to develop capacity to include the integrated program into existing professional development curricula of nurses and dieticians, training trainers from these institutions from nine provinces.

STRATEGIC INFORMATION:
Emergency Plan funds allocated to Strategic Information are for the provision of technical assistance to DOH at the national and provincial levels to harmonize existing guidelines and indicators on maternal nutrition, PMTCT and IYCF. The project will assist partner NGOs to develop monitoring and evaluation plans that reflect the national guidelines.

Africa Centre for Health and Population Studies

Program Areas:
- HIV Care and Support
- HIV Treatment

Project Initiation:
- 2005

Government Linkages:
- KZN Provincial Department of Health

Provinces:
- KwaZulu-Natal

SUMMARY:
Emergency Plan funds will be used to support the DOH antiretroviral treatment (ART) rollout at Hlabisa Hospital and 13 peripheral primary health care clinics. In particular, care will be provided to those individuals in the most remote areas of Hlabisa Health District who cannot afford the transportation costs to come to the hospital. Africa Centre implements activities in collaboration with the KZN Provincial Department of Health.

BACKGROUND:
The Africa Centre for Health and Population Studies (Hlabisa ART Programme) is a partnership between the KZN Department of Health (DOH) and the Africa Centre. The Programme is based in Hlabisa sub-district, a rural health district in northern KZN that provides health care to 220,000 people at one district hospital and 13 fixed peripheral clinics. The ART Programme is embedded in the DOH ART rollout so all drugs and laboratory tests are funded by the DOH. In addition, much of the clinical space and clinical staff are provided by the DOH. Emergency Plan funds are used to provide additional clinical staff, training for DOH staff (one nurse, one HIV counselor trainer, and five HIV counselors as well as support from the program manager, a doctor, a social worker, the monitoring and evaluation officer and data capturers) and management support.

HIV CARE AND SUPPORT:
Emergency Plan-funded staff will provide clinical care alongside existing DOH staff. Some staff also will form a mobile training and support team for the peripheral clinics. They will visit clinics biweekly to provide on-site training, assess more difficult patients, perform quality assurance checks, and provide community-based ART follow-up and adherence support. Because the peripheral clinics are only visited by doctors every two weeks, the training and support team is also developing care algorithms and guidelines to help the nurses in these clinics manage the more common opportunistic infections. In addition, the program will use Emergency Plan funds to purchase park homes to expand space in the smaller and busier clinics, renovate some of the DOH clinics, and purchase a vehicle to help support the communication and transportation network between the hospital and the clinics.

HIV TREATMENT:
Emergency Plan-funded staff will provide clinical care alongside existing DOH staff. Some staff also will form a mobile training and support team for the peripheral clinics. They will visit clinics biweekly to provide on-site training, assess more difficult patients, and perform quality assurance checks. A key component of the program is the continued development of strategies to allow HIV counselors to play a greater role in providing care to patients who are stable on ART. HIV counselors in the program clinics, in addition to providing education and counseling, are already assessing patients with backup from nurses and doctors. Africa Centre is currently refining assessment algorithms to increase the counselor's ability to work independently. After these refinements, the algorithms will be programmed into handheld computers and Africa Centre will move the counselors into the community for monthly follow-up visits. Patients will then continue to be seen in clinics every three months for nurse assessment and to pick up their prescriptions, vastly increasing the efficiency of the program which is working in an area where 40% of nurse positions are unfilled.

American Center for International Labor Solidarity (Solidarity Center)

Program Areas:
- HIV Prevention
- HIV Counseling and Testing
- HIV Treatment
- Systems Strengthening

Project Initiation:
- 2002

Government Linkages:
- National Department of Health
- National Department of Education

Provinces:

- Eastern Cape
- Free State
- Gauteng
- KwaZulu-Natal
- Mpumalanga
- Western Cape

SUMMARY:

Solidarity Center will continue its work in support of union- and workplace-based programs in HIV prevention, care and treatment, and to enhance programs to strengthen HIV-related policy-making. Solidarity implements activities in more than 30 sites and is linked with nearly 100 private physicians through partner organizations. Solidarity implements Emergency Plan-funded activities in six provinces (Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Western Cape and Mpumalanga) in collaboration with the National Departments of Health and Education.

HIV PREVENTION:

For the past three years, Solidarity Center has provided financial and technical assistance to the HIV/AIDS prevention education efforts of trade unions as they work to reduce the level of HIV transmission among their members, respond effectively to HIV-related issues in the workplace and public areas, and contribute to HIV prevention and care efforts in workers' communities. Emergency Plan funds will provide continued support to the prevention education programs of the Southern African Clothing and Textile Workers' Union (SACTWU), the four South African teachers union, and the Young Workers' Campaign, a lifeskills based education and leadership development program for young workers aged 20-34. Specific activities include:

- SACTWU Workplace Program: With funding from the Emergency Plan, SACTWU's workplace program has conducted training sessions for senior union leadership and employers on HIV/AIDS transmission, prevention and the impact of HIV/AIDS on the industry, with an emphasis on Abstinence/Being Faithful (AB). Shop stewards and workers in the clothing and textile factories will receive on-going training on peer counseling, peer education and home based care in the five geographical areas.
- Young Workers' Campaign: Solidarity Center will reach young workers within union structures and at the workplace (small and medium enterprises) through a year-long life skills based education and leadership development program with an emphasis on AB.
- Prevention, Care and Treatment Access (PCTA) for SA Educators:
  This program activity will be carried out in collaboration with four teacher's unions whose 7,500 trained school representatives will be trained to facilitate weekly discussion groups among teachers in the school workplace over a six-12 month period.
- Emergency Plan funds will be used to increase access to condoms among SACTWU workers. SACTWU will continue to distribute male and female condoms provided by the National Department of Health and the KwaZulu-Natal Provincial Department of Health, respectively, to SACTWU workers.

HIV COUNSELING AND TESTING:

Emergency Plan funds will provide continued support to the CT promotion and training activities of the Solidarity Center and provide access to five non-medical CT sites operated by the AIDS Project of SACTWU. In cooperation with the four South Africa teacher unions, funds will be used to train 7,500 teachers who will facilitate CT peer education for an additional 35,000 colleagues in a workplace program.

HIV TREATMENT:
Emergency Plan funds will be used in three targeted provinces (KwaZulu-Natal, Eastern Cape and Mpumalanga) to provide antiretroviral treatment (ART) and home-based adherence counseling to teachers and their spouses as part of the Prevention, Care and Treatment Access (PCTA) program for South African Educators. Specifically:

- Treatment will be provided through Tshepang Trust according to SAG treatment protocols, and will include pre-treatment counseling and the assignment of an adherence counselor. All physicians will have access to Specialist Provider backup, a centralized, specialist HIV and AIDS knowledge pool, structured through an efficient remote-medicine infrastructure network and administered through a contracted chronic disease management program.
- Tshepang Trust doctors will recruit 75 adherence counselors from community-based organizations that provide care and counseling, former nurses, PLWHA, church groups and others. Solidarity will provide the adherence counselors with a comprehensive four-day training course held in each of the three provinces. The training curriculum will include knowledge about the drug protocols and potential patient reactions, skills to use in negotiating adherence to the drug protocol, psychosocial counseling methods, as well as information on healthy living and stigma reduction.

SYSTEMS STRENGTHENING:
Solidarity Center will use Emergency Plan funds to work with labor unions and labor service organizations to strengthen the capacity of the labor movement to develop HIV/AIDS policies and implement effective HIV/AIDS prevention education, care and treatment programs. Solidarity will continue to provide technical and financial support to strengthen the capacity of the three trade union federations to participate in the development of public policies and policies within the union structures and at the workplace. Technical support and training will be provided via workshops on ways senior union leadership can mainstream HIV/AIDS issues into routine union activities. The Center also will provide support to the leadership of the three union federations as they develop workplace policies on HIV/AIDS.
Emergency Plan funds will be used to train and establish a mentorship program for Master Trainers from among seven major public and private health sector unions in South Africa. Master Trainers from these unions will be provided with technical and financial assistance to conduct HIV and AIDS prevention education programs for union members, senior union leadership and workplaces in the Eastern Cape, Western Cape, KwaZulu-Natal, Gauteng and Northern Cape provinces.

Aurum Institute for Health Research

Program Areas:

- HIV Counseling and Testing
- HIV Care and Support
- TB/HIV
- HIV Treatment

Project Initiation:

- 2004

Government Linkages:

- Eastern Cape Provincial Department of Health
- Gauteng Provincial Department of Health
- North West Province Southern District Health Office

Provinces:

- Eastern Cape
- Free State
- Gauteng
- KwaZulu-Natal
- Limpopo
- Mpumalanga
- Northern Cape
- North West

SUMMARY:

Aurum Institute for Health Research (Aurum) will use 2006 Emergency Plan funding to continue an ongoing clinical program in HIV care and treatment, working through general practitioners and community clinics throughout the country, and to expand the program to three public hospitals in the Eastern Cape, North West and Gauteng provinces. The program is linked to workplace programs in eight provinces and provides HIV-related clinical care to dependents and partners of Anglo Group employees and Anglo Group contractors. The program is integrated with Aurum's longstanding workplace programs providing care to mining employees, and with ongoing patient education and awareness programs at Aurum clinical research sites. In KwaZulu-Natal, Aurum implements activities in Medical Research Council sites.

BACKGROUND:

Aurum is a mining industry-founded health organization affiliated with Anglo American. Through this innovative public-private partnership, Aurum uses Emergency Plan funds to expand services to dependents and partners of Anglo Group employees and Anglo Group contractors, and to strengthen service delivery for the broader general population through partnerships with general practitioners and public facilities. Aurum has significant experience in the field of HIV/TB, operating at delivery sites throughout South Africa, and provides management support for a number of Anglo-funded workplace programs that provide health services to Anglo employees. Aurum's Emergency Plan-funded program started with training of staff in November 2004. Patient recruitment started in March 2005.

- General Practitioners: Aurum will use 2006 Emergency Plan funding to continue an ongoing clinical program that includes prevention and diagnosis of opportunistic infections, patient referrals for treatment, and assessment of patient eligibility for antiretroviral treatment (ART). This program works through general practitioners in each targeted community to provide HIV counseling and testing, HIV care and ART. With the current shortage of medical professionals in the country, general practitioners are an important means to provision of HIV services to the large numbers that require it, and are a promising avenue for delivery of quality care to HIV-infected populations. Aurum provides significant clinical training that benefits the entire community. Practitioners will be monitored and supported by telephone and through site visits. The practitioners also will have access to a 24-hour helpline for clinical support and quarterly training sessions.
- Community Clinics: Aurum is also developing community clinics in resource-poor areas. This aspect of the program currently targets areas where health education and awareness

activities are already in place through Aurum's clinical research activities, including the Medical Research Council's (MRC) clinical trial sites in KwaZulu-Natal and an HIV vaccine trial site in the North West Province.

- Public Facilities: In a new activity that will begin in 2006, Aurum will work with managers at three public facilities to provide training, data management support and additional human resources to enhance the national ARV rollout program. Sites will include Tshepong Hospital in the North West Province, Madwaleni Hospital in the Eastern Cape, and Chris Hani Baragwanath Hospital in Soweto (Gauteng Province). In the three sites in the public sector program, Aurum will train nurses in HIV counseling and testing, HIV care and treatment. This training will continue as needed. At Tshepong Hospital, Aurum will provide human resources and data management, as well as training support. At Madwaleni Hospital, Aurum plans to provide patient transport for poor and underserved patients, data management, human resources and training support. At Baragwanath Hospital, Aurum support will take the form of staff training and data management.

HIV COUNSELING AND TESTING:
Counseling and Testing (CT) is the entry point to a package of HIV care services that includes medicines to prevent opportunistic infections and the provision of antiretroviral treatment (ART). The program is integrated with Aurum workplace programs and with patient education and awareness programs for HIV microbicide and vaccine trials. In Hillbrow the program is integrated with a palliative care, housing and education program. The CT activity has three main components: (1) To supply enrolled sites with CT kits when supplies of kits provided by the SAG run out; (2) to provide CT services in stand-alone sites providing CT services on their own or providing the services as part of the package of HIV care; and (3) to provide training to all staff members providing CT at enrolled sites. In the Caritas Care site, for example, the CT program started in 2004 and is mainly a community outreach program that has been funded by the SAG. Emergency Plan funds have been used at this site since July 2005 to expand the SAG project and to continue services when the SAG supply runs out. In four other General Practitioner sites the program started in July 2005 and is wholly funded by the Emergency Plan. Training of staff at other sites has started and is expected to continue in all 90 anticipated sites.

HIV CARE AND SUPPORT:
HIV Care and Support activities are implemented through the innovative program with general practitioners and Community Clinics, as described above. Emergency Plan funds will be used for staffing and staff training, and to purchase, procure, store and distribute pharmaceuticals, diagnostic and medical equipment, medical commodities and supplies.

TB/HIV:
TB/HIV activities are implemented through the innovative program with general practitioners and the Community Clinics. Specific areas in which Emergency Plan funding will be used include the purchase, procurement, storage and distribution of pharmaceuticals; the review and dissemination of guidelines and protocols for the program; site visits for monitoring for adherence to the standards; and reporting on the progress and training of staff involved in the care of people infected with HIV.

HIV TREATMENT:
HIV treatment activities have been implemented primarily through the innovative program with general practitioners, described above. In the three sites in the public sector program, Aurum will train at least 12 nurses, with continued training as needed. At Tshepong Hospital, Aurum will provide human resources and data management, as well as training support. At Madwaleni

Hospital, Aurum plans to provide patient transport for poor and underserved patients, data management, human resources and training support. At Baragwanath Hospital, Aurum support will take the form of staff training and data management.

BroadReach Health Care

Program Areas:

- HIV Counseling and Testing
- HIV Care and Support
- HIV Treatment

Project Initiation:

- 2005

Government Linkages:

- KwaZulu-Natal Provincial Department of Health
- North West Provincial Department of Health

Provinces:

- Gauteng
- KwaZulu-Natal
- Limpopo
- Mpumalanga
- North West
- Western Cape

SUMMARY:
Emergency Plan funds support BroadReach to enroll and provide ongoing HIV/AIDS clinical management, care and support services to HIV-positive uninsured individuals. BroadReach utilizes a basic capitation model tapping private sector health providers to provide HIV counseling and testing, and comprehensive palliative care and treatment to poor uninsured HIV-positive clients. BroadReach collaborates with the largest private sector treatment firm, Aid for AIDS, and with community- and church-based support groups for people living with HIV/AIDS (PLWHA). BroadReach's comprehensive Treatment, Care and Support began in late-May 2005 with Emergency Plan funding. During the first three months of the BroadReach program 23 treatment sites were activated in eight communities in KwaZulu-Natal and Mpumalanga provinces, serving over 350 patients. In 2006 BroadReach plans to expand its model to Western Cape, North West, Limpopo and Gauteng. BroadReach works in close collaboration with the National Association of Persons Living with HIV/AIDS South Africa (NAPWA-SA) and Provincial Departments of Health.

ACTIVITIES:
The program is an emergency response that will allow patients to get immediate access to antiretroviral treatment (ART) while the SAG ART program is scaling up. The program matches an existing network of community-based treatment sites composed of healthcare providers from civil society with community-based PLWHA support programs (e.g. support groups, home-based carer networks, etc.) Through this program, HIV-positive, uninsured and indigent patients, who otherwise would not have access to life-saving ART, are given free care using a

network that has extensive expertise to treat these patients. The comprehensive and integrated program includes patient uptake and counseling and testing (CT), doctor consultations, drug procurement and distribution, lab testing, doctor training, support group and home-based carer program capacity building, patient education, adherence support, patient counseling, treatment management, telemedicine, remote decision support through the Aid for AIDS system, quality assurance monitoring, and provider claims management. As the SAG scales up their program over the next four years, patients from the BroadReach program will be transferred to SAG rollout sites.

HIV COUNSELING AND TESTING:
BroadReach's HIV CT activities are carried out through the integrated program implemented through private sector health care providers described above.

HIV CARE AND SUPPORT:
BroadReach's HIV Care and Support activities are carried out through the integrated program implemented through private sector health care providers described above. Additional support for these activities is provided by community-based PLWHA support programs, which are integral to identifying and assisting with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives.

HIV TREATMENT:
BroadReach's HIV Treatment activities are carried out through the integrated program implemented through private sector health care providers described above. Additional support to HIV treatment activities is provided by community-based PLWHA support programs, which are integral to identifying and assisting with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. In a new activity to be implemented in 2006, BroadReach will provide treatment services to women who are ineligible for USG sponsored microbicide trials and who are not able to access services. Currently, the HIV-positive women who are ineligible for the microbicide trials are simply referred to the nearest treatment site. This new activity will ensure that these women do not "fall through the cracks" and instead get access to treatment services on a timely basis. All efforts will be made to expeditiously make referrals to government services for these women. BroadReach will target and train an estimated 12 doctors to provide services to these women in the proximity of the Guguletu (Western Cape), Shoshanguve (Gauteng), and district 27 and 28 (KwaZulu-Natal) microbicide trial sites.

Catholic Relief Services: AIDSRelief

Program Areas:
- HIV Care and Support
- HIV Treatment

Project Initiation:
- 2004

Government Linkages:
- Provincial Departments of Health of Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, North West and Northern Cape

Provinces:

- Eastern Cape
- Free State
- Gauteng
- KwaZulu-Natal
- Limpopo
- Mpumalanga
- Northern Cape
- North West

SUMMARY:

Catholic Relief Services (CRS) implements an integrated service delivery program using a strong home-based care model to provide HIV Care and Support and ARV Treatment in seven provinces. CRS implements activities in 24 sites in Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga and North West Provinces, in close collaboration with the Provincial Departments of Health, and in 2006 will expand to two new sites in Northern Cape.

BACKGROUND:

AIDSRelief (the Consortium led by CRS) received an Emergency Plan central funding in 2004 to rapidly scale up antiretroviral therapy in nine countries, including South Africa. In 2005, local USG Mission funding was received to support an expansion of service delivery. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and the Institute for Youth Development South Africa (IYD-SA), that provide care and treatment services; and the Futures Group, which provides support for Strategic Information (SI) activities -- reporting to the US Government at the central level and assisting selected sites with their IT infrastructure.

ACTIVITIES:

With funding provided in 2006 AIDSRelief will continue implementing the activities in support of the South African national ARV rollout. All activities will continue to be implemented in close collaboration with the NDOH HIV/AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, and successful integration of AIDSRelief activities into those implemented by the SAG.

Utilizing technical assistance from AIDSRelief staff members and South African experts, CRS will provide ongoing support and guidance to existing sites in the form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support. In addition, CRS will initiate two new sites in Northern Cape, providing all necessary training to medical and support staff and improving infrastructure and monitoring and evaluation systems as necessary.

HIV CARE AND SUPPORT:

Activities are implemented to support provision of palliative care under the comprehensive antiretroviral treatment (ART) program carried out by CRS in 24 field sites. Basic palliative care services will be provided to patients through clinic-based and home-/community-based activities aimed at optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness, by means of symptom diagnosis and relief; psychological and spiritual support; clinical monitoring, related laboratory services and management of opportunistic

infections (including TB) and other HIV/AIDS-related complications (including pharmaceuticals); and culturally-suitable and religiously-appropriate end-of-life care. Basic health care and support also includes social and material support and training and support of caregivers (who in most cases are volunteers). Field sites managed by SACBC provide a vast range of services, from basic (home-based care) palliative support, to in-house, facility-based beds and full palliative care services, depending on the specifics of each site. IYD-SA also provides a range of palliative care services, from referral to other SA Government clinics in the area, to home-based carers who provide compassionate and valuable services to palliative care patients.

HIV TREATMENT:
Antiretroviral treatment (ART) will be provided through CRS's 24 field sites to patients through clinic-based and home/community-based activities aimed at optimizing quality of life for HIV-infected clients and their families. All the relevant health care providers and administrative support staff at the sites will be trained to implement the ART program, using government-approved training curricula. Staff who have already received initial training will undergo refresher courses (either in-house or external), coupled with exchange of training courses and materials between sites with active support from the local training provider, Kimera training center. Treatment adherence training is provided to all patients who are enrolled on the ART program. In most sites home-based care networks will follow-up and support patients. Capacity-building activities carried out as part of the support for the treatment programs are designed to improve the point of service's capacity to implement the ART program in the long-term, including strengthening clinical, administrative, financial and strategic information systems. Each site also will develop its own community mobilization plan for the ART program and implement it in collaboration with relevant community organizations and leaders.

Centre for HIV/AIDS Networking (HIVAN): Community Responses to HIV/AIDS

Program Areas:
- HIV Prevention

Project Initiation:
- 2005

Government Linkages:
- KwaZulu-Natal Provincial Department of Health
- KwaZulu-Natal Provincial Department of Social Development
- Local Government (Community Services in Umlalazi Municipality)

Provinces:
- KwaZulu-Natal

SUMMARY:
The Centre for HIV/AIDS Networking (HIVAN) will use 2006 Emergency Plan funds to implement 'Community Responses to HIV/AIDS Project' to strengthen grassroots responses to HIV/AIDS in a marginalized rural area where 43% of pregnant women are HIV-positive. Activities will include (1) building local skills (relating to HIV-prevention, AIDS-care, accessing grants, leadership and poverty alleviation) and (2) facilitating partnerships linking local residents

of this isolated community to potential support networks in the public and private sectors and in civil society. The integrated approach will reach adult caregivers, traditional leaders, and mentors who are able to guide both youth and adults and provide supportive environments to reduce high-risk behaviors. HIVAN implements activities in rural KwaZulu-Natal communities, in collaboration with the Provincial Departments of Health and Social Development and with local government.

BACKGROUND:
HIVAN is based at the University of KwaZulu-Natal in Durban. This project builds on three years of preparatory work in this community. The first two years were funded by Atlantic Philanthropies. The third year, funded by 2005 Emergency Plan funds (mid-2005-2006), has involved preliminary HIV/AIDS skills-building activities with targeted populations (community health volunteers, men and youth) as well as partnership building activities with a range of government and civil society bodies.

HIV PREVENTION:
In 2006, HIVAN will deepen and consolidate these emerging partnerships; extend HIV/AIDS training to a wider range of community residents; and use HIV/AIDS as a springboard for working with HIV/AIDS-affected households and HIV-vulnerable groups to develop the leadership and income generation skills that will enable them to respond more effectively to the challenges of HIV prevention and AIDS care. Specifically, HIVAN will carry out the following:

- Training and supporting volunteer health workers to lead accelerated local community response to HIV/AIDS.
- Training and supporting existing traditional and religious leaders, as well as identifying, training and supporting new women and youth leaders in the skills required to: build supportive social environments for HIV/AIDS and health work; and exercise stronger and more effective leadership of local development projects, especially relating to agriculture.
- Deepening and institutionalizing emerging partnerships between local community and outside support agencies in public sector, private sector and civil society – locally and regionally.

Child Welfare South Africa

Program Areas:

- Support for Orphans and Vulnerable Children

Project Initiation:

- 2005

Government Linkages:

- National Department of Social Development

Provinces:

- All Provinces

SUMMARY:
This project is being implemented at the request of the National Department of Social Development (DSD). Child Welfare South Africa (CWSA) will use Emergency Plan funds to facilitate the recruitment and training of community volunteers who work together in teams to identify and meet the needs of orphans, vulnerable children and HIV/AIDS affected households, and to uphold children's rights. CWSA currently implements Emergency Plan-funded activities in 21 communities across South Africa, in close collaboration with the National Department of Social Development.

BACKGROUND:
HIV/AIDS and the Care of Children is a nationally driven and nationally co-coordinated program that facilitates community-based care and support to orphans and vulnerable children in under-serviced and disadvantaged communities via the comprehensive infrastructure and collective action of Child Welfare South Africa, its member organizations and trained groups of volunteers. Since 1992 the South African National Council for Child & Family Welfare (SANCCFW) now called Child Welfare South Africa (CWSA) has been exploring ways to manage the effects of HIV/AIDS on children, and to guide the response of Child Welfare to the pandemic. Program implementation began in August 2005, focusing predominantly on orphans and children aged 0-18 years made vulnerable due to HIV and AIDS.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:
Key aspects of the program are that it is HIV/AIDS specific, consistent with CWSA policy on community-based care, aimed at prevention and early intervention, child-centered in approach and targets children and enforcing access for children, their caregivers and community volunteers through legal means. Through its project volunteers, this program gets community involvement in the identification and care of OVC, sensitizes communities to the rights of children and establishes foster care and safe homes. Volunteers are the foundation of the program, who through the support of Project Teams provide a comprehensive support system to OVC, their caretakers and families through regular home visits, assistance with access to education, grants, identity documents, food, housing, psychosocial support and alternate care placements when needed.

Columbia University Mailman School of Public Health

Program Areas:
- HIV Counseling and Testing
- HIV Care and Support
- TB/HIV
- HIV Treatment

Project Initiation:
- 2004

Government Linkages:
- Eastern Cape Provincial Department of Health
- Umzimkulu District Health Office, KwaZulu-Natal

Provinces:

- Eastern Cape
- KwaZulu-Natal

SUMMARY:

Columbia University (Columbia) will use Emergency Plan funds to enhance and implement comprehensive HIV treatment and care in healthcare facilities in the Eastern Cape Province primarily through human resources and infrastructure development, technical assistance and training, and community education and support. The project is implemented through an ongoing collaboration between Eastern Cape Department of Health (ECDOH) and the Mailman School of Public Health (MSPH) at Columbia. Columbia implements activities in 10 facilities in the Eastern Cape. In 2006 Columbia will expand activities to provide support to four new adult and pediatric treatment sites in KwaZulu-Natal.

HIV COUNSELING AND TESTING:

In 2006, Columbia and the ECDOH will strengthen HIV counseling and testing for TB patients in two TB treatment facilities (Fort Grey and Nkqumbela hospitals). Since neither hospital currently has effective links with ART programs, Emergency Plan funds also will be used to develop a system to refer TB patients who are found to be co-infected with HIV to appropriate care and treatment services. The following specific activities will be undertaken:

- Implement on-site HIV counseling and testing at Fort Grey and Nkqumbela hospitals. Staff nurses at each hospital will be responsible for performing the HIV tests and counseling. Additional counselors may be recruited, as necessary.
- Provide HIV prevention education at these two TB hospitals.
- Explore and develop mechanisms to refer TB patients who are co-infected with HIV to appropriate care and treatment services.
- Explore mechanisms for engaging families into care when HIV is found in TB patients. This may include home visits to screen for HIV infection and disease in the household.

HIV CARE AND SUPPORT:

Emergency Plan funds will continue to support palliative care services provided at five public health facilities and their associated 19 primary care clinics in the OR Tambo, Alfred Nzo and Amatole districts of the Eastern Cape Province, and at the Ikhwezi Lokusa Wellness Center, an NGO-run health center in East London. In 2006, Columbia will provide technical and financial assistance for pediatric HIV care to two additional sites in Port Elizabeth - Dora Nginza and Livingstone Hospitals. All activities will be undertaken to create sustainable programs that offer comprehensive HIV care to people living with HIV/AIDS (PLWHA). Columbia will strengthen referral linkages by assisting in the down-referral of patients to primary health care clinics. Primary health care clinics that provide HIV care and support services will receive support from Columbia in three areas:

- Clinical monitoring: Patients accessing HIV related services in all the supported health facilities will receive relevant HIV laboratory monitoring such as CD4, viral loads, full blood counts, liver and renal function tests in preparation to initiating antiretroviral treatment (ART). Management of HIV opportunistic infections (OIs) including prompt diagnosis and treatment of OIs is an ongoing supported activity. In 2006, more focus will be given to the care of infants and children affected and/or infected with HIV, by improving and increasing enrollment of eligible infants and children to HIV care services.

- Development of community-based support networks: Focus will be given to creating a supportive network for all HIV/AIDS patients through community mobilization efforts and the creation of wellness centers aimed at enhancing community involvement in HIV care services. These wellness centers will serve as additional entry points to care and hubs for prevention activities.
- Training for primary care staff: Columbia will continue to support the training of community health care workers and peer educators to offer psychosocial and HIV adherence counseling and support. Training of health care providers is didactic and also has a preceptorship/mentorship component.

These activities will help de-congest the referral hospital and improve access to services. Columbia's level of involvement with each site will vary, depending on need.

TB/HIV:

In 2006 Columbia will expand the Medical Research Council of South Africa's "Best Practices" project to the Eastern Cape Province, strengthen systems to monitor and evaluate collaborative TB/HIV activities through technical assistance, decrease the burden of TB in HIV-infected children, increase prevention and early detection of TB in HIV-infected children and support provincial TB/HIV training activities. Specifically, the following activities will be implemented:

- Best Practices Model: Columbia will work with its partners to establish the 'best practices' model in Nkqubela TB hospital. Activities will include: (1) Determine barriers to HIV Counseling & Testing uptake among TB patients through targeted evaluation; (2) Educate and train staff at both hospitals on the TB/HIV best practice model including early WHO staging of TB patients found to be HIV- infected and evaluation for commencement of ART; (3) Develop and implement protocols for referral of HIV-infected TB patients to HIV care & treatment services; and (4) Determine operational barriers to referral of TB/HIV co-infected patients into HIV care & treatment and methods to overcome these barriers.
- Monitoring and Evaluation: Columbia will provide technical support to improve M&E of TB/HIV co-infection activities in East London at three ART sites (Cecilia Makiwane and Frere Hospitals, and Ikhwezi Lokusa Wellness Center) and the two TB Hospitals (Fort Grey and Nkqubela hospitals). Activities include: (1) Evaluate existing HIV and TB M&E systems and patient medical records at three ART sites and two TB hospitals; (2) Develop a system to track/monitor referrals and patients between HIV and TB programs. Columbia also will collaborate with the US Centers for Disease Control (CDC) and the provincial health department to implement HIV surveillance among TB patients at these sites through implementation of the HIV module of the ETR.Net, an electronic TB and HIV register already in use, thereby linking HIV testing and service data to the routine TB recording and reporting system.
- TB screening and case finding: Columbia will implement routine TB screening and intensified case finding in HIV-infected patients at all six Columbia supported facilities (St. Patrick's, Holy Cross, Rietvlei, Frere, Cecilia Makiwane hospitals, and the Ikhwezi Lokusa Wellness Center) and expand to services to TB patients at two TB hospitals in Port Elizabeth. Activities will include: (1) Develop and implement a screening tool for active TB in HIV-infected patients; (2) Develop methods to capture, monitor and report TB screening in HIV care and treatment settings; (3) Establish and implement protocols for referral and treatment of HIV-infected patients with active TB; and (4) Establish and implement protocols for engaging families into care when TB is found in HIV-infected patients.
- Support for TB/HIV training activities: Columbia will train 10 nurses in TB/HIV clinical and program management at each of eight Columbia supported ART sites (St Patrick's,

Holy Cross, Rietvlei, Frere, Cecilia Makiwane, Dora Nginza and Livingstone Hospitals, and Ikhwezi Lokusa Wellness Center) and at the two TB hospitals. This training will use South African and Columbia training curricula and include classroom instruction and on-the-job mentoring. An assessment of training activities will be completed to inform future interventions and follow-up needs.

HIV TREATMENT:

Columbia has been directly supporting HIV treatment services in the districts of OR Tambo, Amatole and Alfred Nzo. The current participating facilities are composed of five hospitals: St Patrick's, Holy Cross, Rietvlei, Frere and Cecilia Makiwane hospitals and their 19 primary care clinics, and the Ikhwezi Lokusa Wellness Center. In 2006, Columbia plans to begin supporting pediatric ART services in Port Elizabeth, specifically in Dora Nginza and Livingstone Hospitals. In addition, Columbia will support antiretroviral (ARV) supply chain training, logistics and purchase of treatment-related commodities for two current ART service delivery points (Dora Nginza and Livingstone hospitals) and two new ART sites (where ART services will also be supported by Columbia) in Eastern Cape (Kouga Partnership Hospital) and Cato Manor, located in Durban, KwaZulu-Natal. The following activities will be implemented:

- Clinical Monitoring: Columbia will continue to support the management of patients on antiretroviral treatment (ART) by providing technical assistance in HIV clinical care to health care providers. In 2006 more focus will be given to providing ART to eligible infants and children at all supported sites. Activities in this area will include: (1) Recruiting two additional clinical advisors to support clinical mentoring activities at the new sites (all recruitment is through the Eastern Cape Regional Training Center); (2) Recruiting additional staff at the sites to provide clinical care (four doctors and eight nurses); and (3) Establishing referral linkages with identified entry points into HIV treatment: CT, PMTCT, TB and STI services.
- Community Based support: A supportive network will be created for patients on ART through community mobilization efforts and the creation of wellness centers aimed at enhancing community involvement in HIV treatment services. Lay counselors/community health workers and peer educators will be hired to implement community mobilization activities.
- Training and on-site clinical mentoring: Currently, healthcare providers rendering services at the ART sites participate in ongoing training events and are supported with regular clinical and supportive supervision. Columbia will continue to support the training of community health care workers and peer educators to offer ART adherence counseling and support. Columbia also will support didactic training and onsite clinical mentoring in ART services for medical doctors and nurses. This training will ensure that clinics adhere to national and international standards of care.
- Information systems: Columbia will continue to support the implementation of a provincial information system that captures information on HIV palliative care and ART. Activities will include implementation of facility-based non-ART and ART registers that capture both adult and pediatric ART and non-ART indicators and provision of site support.

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

Program Areas:

- PMTCT
- HIV Care and Support
- HIV Treatment

Project Initiation:

- 2004

Government Linkages:

- National Department of Health
- KwaZulu-Natal Provincial Department of Health
- Mpumalanga Provincial Department of Health
- Free State Provincial Department of Health

Provinces:

- Free State
- KwaZulu-Natal
- Mpumalanga

SUMMARY:

In 2006, EGPAF will use Emergency Plan funds to continue PMTCT support for its existing partners and to increase its geographic coverage to include direct support to provincial and district health departments. The key objective is to expand the coverage and increase the uptake of quality PMTCT services. EGPAF implements programs in KwaZulu-Natal (KZN) and Mpumalanga, and works on the national level with the National Department of Health to support its work in provincial PMTCT training and technical assistance. In 2006, EGPAF will begin working directly with the Free State Provincial Department of Health. EGPAF implements activities in 13 sites in KwaZulu-Natal, in collaboration with the National and Provincial Department of Health.

BACKGROUND:

The long-term goal of EGPAF's Call to Action (CTA) program in South Africa is to decrease transmission of HIV from mother to child. USG support for the program was initiated in 2003, and support through the Emergency Plan continued in 2005 sustaining the public-private partnership with McCord Hospital in Durban.

PMTCT: (McCord Hospital, Durban)

McCord PMTCT program uses a family-centered model encouraging couple counseling, providing partner testing and testing of other siblings, and uses the "Opt out" approach in the CT program. PCR testing is provided at six weeks for early infant diagnosis and thus improves HIV exposed infant testing and follow-up. The referral system between PMTCT and the wellness clinic or care and treatment services will be strengthened by offering routine CD4 testing to HIV-positive pregnant women and HIV-infected infants to identify those eligible for HAART. In addition, TB screening for HIV-positive pregnant women will be provided; complex ARV regimens depending on the clinical and immunological (CD4) staging will be offered; HIV/AIDS training will be given to local community groups (churches, youth organizations) to raise community awareness; and cotrimoxazole prophylaxis will be given to mothers and children.

PMTCT: (Mothers To Mothers To Be, KwaZulu-Natal and Mpumalanga)
A cadre of mentor mothers (HIV-positive mothers) will be created to support the program activities and support pregnant women who have just learned their status with issues of stigma and disclosure. These mentor mothers will provide PMTCT-related group education and will assist in increasing uptake of testing and Nevirapine or referral for antiretroviral treatment (ART) for eligible pregnant women and HIV infected infants. Mentor mothers also will educate and encourage mothers to select the most appropriate feeding method and family planning methods. The mentor mothers will assist and support women in their choice to disclose their status, and they will assist in the post partum follow-up care of mothers and babies. Mentor mothers will ensure that patients are followed up at six weeks post delivery to receive PCR testing, cotrimoxazole prophylaxis and nutritional education. Lastly, mentor mothers will provide supplemental training as required to health care staff.

PMTCT: (Free State Provincial Department of Health)
Activities in Free State are still under discussion, but will focus on training and mentoring health care workers in advanced antiretroviral treatment (ART) service delivery. Needs and site assessments will be carried out to identify gaps and address needs such as human resources, infrastructure, training of health care workers, technical support, Monitoring and Evaluation and commodities, and to strengthen PMTCT services. Training in early infant diagnosis (PCR) will be given to improve follow-up of HIV exposed infants. CD4 testing of HIV-positive pregnant women and HIV-infected infants in the PMTCT program will be done, thus fast-tracking those eligible to care and treatment sites or wellness clinics. Lastly, comprehensive referral systems to care and treatment sites will be developed and mobile clinical teams will be established to provide ongoing clinical support and training at primary health care facilities providing PMTCT services.

HIV CARE AND SUPPORT: (KwaZulu-Natal and Free State)
EGPAF's HIV Care and Support program is comprised of three primary components:

- In 2006, EGPAF will continue its successful palliative care programs through the AIDS Healthcare Foundation's (AHF) Ithembalabantu Clinic Care and Treatment program in Durban, and expand its palliative care services by expanding the efforts of existing programs, enrolling new sub-partners, and supporting the efforts of government departments of health at the provincial and district levels (KZN and Free State). The major emphasis is on training.
- A second focus area is the development of an up or down referral system (outreach program), the main objective of which is to provide sustained comprehensive management of HIV-positive children and adults at the primary health care (PHC) level, with ongoing support from Ithembalabantu Clinic.
- EGPAF together with sub-partners will identify gaps/needs in the program at the individual site level and implement activities to address the needs through technical assistance, financial and in-kind support, and establishment of evaluation and monitoring of programs. EGPAF's intent is to facilitate the National/Provincial plans and work together to ultimately transition programs and patients to South Africa government support.

HIV TREATMENT: (KwaZulu-Natal and Free State)
EGPAF's HIV Treatment program is comprised of three primary components:

- EGPAF will continue to provide comprehensive HIV services by enhancing the capacity of the Ithembalabantu Clinic in Umlazi Township, Durban. Through the AHF Ithembalabantu Clinic family-centered model of care, EGPAF provides comprehensive

antiretroviral treatment (ART) services by funding infrastructure improvements, and training clinicians and other health care providers. Examinations, clinical monitoring and related laboratory services are offered to all HIV-infected adults and children. Ithembalabantu Clinic has a highly effective treatment and adherence program that has resulted in outstanding sustained rates of therapy success. Integration of ART with other services occurs at the PHC level of service delivery including TB services.

- In 2006, EGPAF will focus on the development of an up or down referral system (outreach program) planned for Ithembalabantu and the surrounding primary health care (PHC) clinics. The main objective of the system is to provide sustained comprehensive management of HIV-positive children and adults at the PHC level, with ongoing support from Ithembalabantu. This will ensure increased uptake and accessibility for new patients to be enrolled/ initiated at the Ithembalabantu while the stable patients are cared for at the PHC level. It also will support systems to improve the access to pediatric care and treatment. EGPAF's intent is to facilitate the National/Provincial plans and work together to ultimately transition programs and patients to South Africa government support.
- New activities in 2006 will expand partnerships to the Free State and KZN Provincial Departments of Health. The program has maintained a focus on integrating PMTCT services so as to provide a family-centered model of care that includes access to treatment of pregnant mothers, partner testing and screening for TB. McCord Hospital, an FBO, and the Africa Centre, an NGO, are ongoing partnerships that will continue with 2006 funds. New partners include (1) two government Departments of Health (Free State and KwaZulu-Natal), and (2) the AIDS Healthcare Foundation's care and treatment program in Umlazi township in Durban, a high prevalence community.

Family Health International: CTR

Program Areas:

- PMTCT
- HIV Counseling and Testing
- HIV Care and Support
- HIV Treatment

Project Initiation:

- 2003

Government Linkages:

- National Department of Health
- Provincial Departments of Health in Free State, Mpumalanga, North West, KwaZulu-Natal and Limpopo
- Provincial Departments of Social Development in Free State, Mpumalanga, North West, KwaZulu-Natal and Limpopo

Provinces:

- Free State
- KwaZulu-Natal
- Limpopo
- Mpumalanga
- North West

SUMMARY:

This project has two primary components. The first component is PMTCT, in which FHI, in collaboration with the Provincial Departments of Health in Mpumalanga, KwaZulu-Natal, Free State and North West provinces, will provide technical assistance to 30 PMTCT sites to apply lessons learned and best practices in PMTCT service delivery, with a specific focus on the integration of family planning (FP) services/referrals.

The second component is implemented primarily in Mpumalanga Province. FHI will expand access to integrated FP and HIV services for HIV-infected/affected individuals by enhancing home-based care (HBC) and palliative care (PC) programs and strengthening the linkages between HBC, PC, antiretroviral treatment (ART), FP and other essential services for comprehensive treatment, care and support. Some HIV Care and Support components also include activities in Limpopo province.

In KwaZulu-Natal, FHI implements PMTCT activities in Embaleni Hospital, in collaboration with the Provincial Departments of Health and Social Development.

PMTCT: (Free State, KwaZulu-Natal, Mpumalanga, North West)

In 2004, FHI in partnership with the National Department of Health undertook a targeted evaluation of the factors contributing to successful PMTCT services. The assessment revealed that even in high-performing sites, family planning was not adequately addressed. These findings are used to design site-specific technical assistance to apply lessons learned from integrating family planning services into PMTCT, and to strengthen the quality of PMTCT services at 30 sites in the four provinces.

FHI will design and implement the technical assistance in close collaboration with the provincial Departments of Health. The emphasis of the technical assistance will be on ensuring that family planning is integrated into the minimum package of PMTCT services. Advisors will work with program managers in developing key messages about family planning to be incorporated into pre- and post-test counseling, infant feeding counseling, and counseling offered during infant testing. It also will focus on strengthening linkages between PMTCT and family planning service delivery to increase the likelihood of successful follow-up when referrals are made.

Other areas of technical assistance will include: (1) Providing trainings or refresher trainings to strengthen lay counselors' and nurses' skills in PMTCT pre-/post-test counseling, including the provision of family planning (FP) services or information and referrals; (2) Identifying and strengthening data collection/health information systems necessary for monitoring PMTCT components at 30 sites; (3) Ensuring appropriate access to FP services for post-partum HIV-positive women on antiretroviral treatment (ART) by conducting six trainings for 60 nurses and doctors in PMTCT setting to counsel on safe and effective FP methods; (4) Providing supervision skills trainings to PMTCT doctors, administrators, and district and nursing supervisors to help support the minimal package of services; (5) Developing job aids and counselor tools for 30 PMTCT sites as needed; and (6) Informing PMTCT policy development within the four provinces.

HIV COUNSELING AND TESTING: (Mpumalanga Province)
Family Health International (FHI) will expand access to integrated family planning (FP) and HIV services for infected/affected individuals in home-based care (HBC) programs by a) continuing to strengthen the linkages between HBC, antiretroviral treatment (ART) and FP services, b) expanding counseling and testing to HBC settings, and c) using a mobile support unit to provide HIV/FP services, including counseling and testing (CT), in underserved areas in Mpumalanga province. FHI and its partners also will utilize family planning clients and services as an entry point for HIV/AIDS related basic care, CT, and treatment referral.

With 2005 funds, FHI is creating functional referral mechanisms between 30 HBC, 40 FP and 20 ARV service programs in Mpumalanga to holistically meet the health care and treatment needs of over 40,000 HBC caregivers, clients and their families. This is being done through stakeholders meetings and referral skills workshops for all parties; TA on identifying FP, ARV, CT and HBC referral needs; the provision of CT in HBC settings; and provider tools to facilitate referrals.

In close collaboration with the Mpumalanga DOH, FHI will work with Project Support Association – South Africa (PSA-SA), South Africa Council of Churches (SACC), Right To Care (RTC) and other local partners to expand access to quality integrated FP and HIV services (including CT) for infected/affected individuals in Home Based Care programs by building on the 2005 project and by establishing a mobile service unit (MSU) to provide FP/HIV/CT services in underserved areas. Activities include: (1) Training and supervising one nurse and six HBC volunteers to conduct HIV testing in the households where HBC clients reside; (2) Training and equipping six MSU staff to serve three remote communities; and (3) Developing a Management Information System to collect service and referral data relating to the project. The data will be used to analyze the uptake and overall costs of integrated services and referrals from the HBC programs. All activities and ownership of the mobile service unit will eventually be transferred to local partners.

HIV CARE AND SUPPORT: (Mpumalanga and Limpopo)
Since 2003 FHI has partnered with the Project Support Association South Africa (PSA-SA) home-based care (HBC) program to integrate family planning (FP) and their basic package of HIV/AIDS support services provided by volunteers in Mpumalanga province. With 2005 Emergency Plan funds, FHI is creating functional referral mechanisms between 30 HBC, 40 FP and 20 antiretroviral treatment (ART) service programs in Mpumalanga to holistically meet the health care and treatment needs of HBC caregivers, clients and their families. With 2006 funding, FHI will extend support to 30 PSA-SA and the South African Council of Churches (SACC) HBC sites to enhance their care program and tighten the linkages to and between FP and ART services. In close collaboration with local partners and government, FHI will expand access to integrated FP and HIV services for infected/affected individuals in HBC and palliative care (PC) programs through a continuation of select 2005 activities in Mpumalanga and Limpopo provinces. Specific activities will include:

- In Mpumalanga province: FHI will implement a holistic program to identify needs, build and strengthen referral networks, and train health care professionals and community HBC volunteers. In addition, as access to essential FP/HIV services is limited in remote areas of the province, FHI also will set up a mobile clinic to provide FP, sexually transmitted infection (STI) diagnosis/treatment, counseling and testing (CT), and ART services for HBC caregivers, clients and their families, and the surrounding communities.
- In Limpopo province: Based on needs assessments and specific requests from the provincial DOH, FHI will provide technical assistance, training and financial support to

district and community level services, including (1) support for two district-level PC services at one outpatient Specialist PC Clinic and one Wellness & Rehabilitation Center (pain and symptom assessment and management; psychosocial and spiritual needs of people living with HIV/AIDS (PLWHA) and affected families; and FP/Reproductive Health (RH) counseling and commodities); (2) TA, training and salary support for four health care workers, 10 volunteers, eight CBOs, and 440 families and carers of PLWHA and OVC at the district level (one district); (3) development of standard operating procedures and guidelines in clinical care, and implement mechanisms for quality assurance in two PC sites.

HIV TREATMENT: (Mpumalanga)
In close collaboration with the Mpumalanga DOH, Project Support Association-South Africa (PSA-SA), South African Council of Churches (SACC), Right to Care (RTC) and other local partners, FHI will expand access to quality integrated family planning (FP) and HIV services for infected and affected individuals in home-based care (HBC) programs through a continuation of current activities creating functional referral mechanisms between HBC, FP and antiretroviral treatment (ART) programs, and through the establishment of a mobile service unit (MSU) to provide FP, ART, counseling and testing (CT) and sexually transmitted infection (STI) services in rural, underserved areas. HIV Treatment activities include a significant training component, and focus on long-term sustainability through supportive supervision of newly trained staff. Activities include: (1) Training and supervising two professional nurses and four counselors to provide FP/ART/CT/STI for three remote communities; (2) Training HBC volunteers and conducting community outreach to improve referral mechanisms; (3) Strengthening referral networks between 40 DOH FP clinics, 20 DOH and NGO clinic ART providers, and 30 HBC programs sites through stakeholders meetings, referral workshops, provider tools and ongoing monitoring; and (4) Developing a Management Information System to collect service and referral data relating to the project. The data will be used to analyze the uptake and overall costs of integrated FP/CT/ART/STI services and referrals from the HBC programs. All activities and ownership of the mobile service unit will eventually be transferred to local partners.

Family Health International: Impact

Program Areas:
- Support for Orphans and Vulnerable Children

Project Initiation:
- 2006

Government Linkages:
- National Department of Social Development

Provinces:
- Free State
- Gauteng
- KwaZulu-Natal
- Limpopo
- Mpumalanga

SUMMARY:
In collaboration with local FBOs and CBOs, Family Health International (FHI) will continue to rapidly scale-up and strengthen the South African Government's efforts to support and care for Orphans and Vulnerable Children (OVC) in 2006 by building local capacity and implementing innovative activities aimed at increasing coverage, improving quality of services, and filling gaps. FHI implements activities in 15 sites in Free State, Gauteng, KwaZulu-Natal, Limpopo and Mpumalanga, in collaboration with the National Department of Social Development.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:
FHI's main sub partner is the South African Catholic Bishop's Conference (SACBC). A significant portion of SACBC's funding under this project will be distributed to local CBOs and FBOs who will provide direct care and support services to 27,000 OVC over the next four years. The major components of the program are: 1) capacity building – both of SACBC and their rapid grant recipients; 2) collaboration and coordination with government and existing government programs for the provision of quality support to OVC; and 3) effective monitoring and evaluation (M&E).

- Capacity Building: FHI will build the capacity of SACBC by providing technical assistance to help strengthen their grant disbursement mechanism, to improve their overall technical knowledge and skills in OVC programming, and to increase their ability to effectively coordinate and sustain OVC programs of their member organizations. FHI also will work with SACBC to strengthen the capacity of their sub-grantees in project and financial management, OVC technical areas, and M&E to support quality OVC activities. This support will include training, supportive supervision and mentoring/twinning, and will provide the local partners with skills to set priorities/target services, expand coverage and improve quality of programs.
- Collaboration and Coordination: During 2006, SACBC and 15 partners will expand and strengthen current OVC services. Through community mobilization, training of caregivers and community leaders, and coordination and advocacy with local government authorities and community leaders, these sub-grantees will provide OVC with psychosocial support, access to educational programs, food security and nutrition support (nutritional supplements and education on nutrition, and referrals and linkages to programs that distribute food), basic health care, life skills, and critical linkages to livelihood opportunities (e.g., income-generating activities and access to entitlements and grants). Current home community and home-based care (CHBC) programs will be expanded to include OVC as recipients of support. These local partners also will define and target the most vulnerable populations, identify local resources, and advocate with local authorities and communities to develop linkages with other services over the life of the project. FHI, SACBC and local partners will work closely with government partners, including the district and provincial authorities to ensure they are supportive of project activities and are linking the projects to appropriate services.
- Monitoring and Evaluation: An additional critical component to the success of the OVC program is effective and reliable data collection systems for monitoring and planning. This project will create an M&E project database that will be used to monitor and report on the programs, and inform current and future programming. Project staff will work closely with government counterparts to ensure that data collected are in line with SAG strategies and expectations as well as compatible and able to feed into existing systems. FHI will train key program and implementing partner staff to manage the project M&E system and to use the information to assess priorities/opportunities, and target interventions for the program's future fiscal years.

Foundation for Professional Development

Program Areas:

- HIV Treatment
- Strategic Information

Project Initiation:

- 2005

Government Linkages:

- National Department of Health
- Gauteng Provincial Department of Health
- North West Provincial Department of Health
- National Department of Correctional Services

Provinces:

- All Provinces

SUMMARY:

The Foundation for Professional Development (FPD) is a South African Private Institution of Higher Education working exclusively in the health sector in Southern Africa. Since 2001 FPD has trained approximately 10,000 health care professionals on AIDS-related subjects in nine countries. In South Africa, the project supports the expansion of access to comprehensive HIV/AIDS care by: (1) Providing training to health care workers involved in HIV/AIDS care in all nine provinces, including a new program that partners graduate students with Emergency Plan implementing partners; (2) Providing management training to managers working in AIDS; (3) Supporting public sector antiretroviral treatment (ART) clinics with staff, equipment, technical assistance and refurbishment of facilities; and (4) Establishing an NGO ART clinic in the Pretoria inner city to provide ART to vulnerable groups in association with an established FBO serving the people living with HIV/AIDS (PLWHA) community. In addition to its national training programs, FPD implements activities in nine facilities in Gauteng and at the Dr. George Mukhari Hospital in North West Province, in close collaboration with the National and Provincial Departments of Health.

HIV TREATMENT:

FPD's HIV Treatment program consists of individual capacity-development components:

- Clinical Training Programs: The objective of the clinical training programs is to ensure a cadre of skilled health care practitioners able to provide care to PLWHA. 5,000 health care workers will be trained on various courses (clinical management of AIDS and TB, CT, Palliative care, Adherence and Workplace AIDS Programs) using a proven short course training methodology that provides training close to participants' work. PLWHA form part of the faculty to help with stigma reduction among participants and to articulate the needs of PLWHA. To maintain knowledge, an alumni program (regular continuing medical education meetings, journals, newsletters and mentorship) has been developed. This program provides alumni with membership of two relevant professional associations (Southern African HIV Clinicians Society and International Association of Physicians in AIDS Care).

- Management Training: FPD will train 300 managers working in AIDS within the public, NGO and FBO sector on a management training program to develop local organizational capacity. In 2006, FPD will respond to requests for this program in provinces. Alumni will be enrolled with the SA Institute of Health Care Managers to provide them access to alumni services.
- Support to public sector ARV clinics: Emergency Plan funds will be used to respond to requests from provincial government to support public sector ARV sites by providing consultant clinical and administrative staff, equipment, refurbishment and technical assistance. All sites supported provide an integrated system of treatment and prevention, including counseling and testing (CT) services. This service also emphasizes high levels of adherence and promotes ARV services among referral clinics, especially TB, sexually transmitted infection (STI) and Family Planning clinics.

STRATEGIC INFORMATION:
There is a growing need for rapid expansion of the development of human capacity to support Emergency Plan partners and programs. The Foundation for Professional Development (FPD) will support expanded access to comprehensive HIV/AIDS care by developing an expanded Human Capacity Development Program that will partner graduate students with Emergency Plan implementing partners. FPD will coordinate with universities (such as the University of Pretoria and University of Cape Town) and other institutions to provide monitoring and evaluation, and strategic information assistance and support to Emergency Plan partners and sub-partners.

Fresh Ministries: SIYAFUNDISA

Program Areas:
- HIV Prevention

Project Initiation:
- 2005

Government Linkages:
- Provincial Departments of Education

Provinces:
- All Provinces

SUMMARY:
SIYAFUNDISA is a five-year program to reduce HIV/AIDS by promoting abstinence and being faithful. This centrally-funded project targets children, youth (ages 10-24), families and communities throughout the nine provinces of South Africa. Specific implementation sites will be determined in collaboration with the Anglican Church in South Africa and the Provincial Departments of Education.

BACKGROUND:
The Anglican Church in South Africa is already providing a range of services related to HIV/AIDS including prevention education, care of the sick, care and education of orphans, counseling and testing, education, and vocational training for those impacted by the disease. The

Church adopted a five-fold strategy for risk reduction that the proposed SIYAFUNDISA abstinence program builds upon. The SIYAFUNDISA program will be managed by the Anglican Church's AIDS Office and implemented through the local parishes in all nine provinces. Each parish will target children, youth and families with messages promoting positive and healthy lifestyles for young people. The goal of this program is to decrease the incidence of HIV/AIDS through increasing abstinence until marriage, increasing fidelity within marriage, and the avoidance of unhealthy behaviors affecting youth. Prevention strategies will promote age-appropriate, culturally sensitive educational programming for comprehensive HIV/AIDS, reproductive and sexual health and life skills in churches and the communities they serve.

HIV PREVENTION:
With 2006 Emergency Plan funding, individuals will be trained as peer educators to promote within their communities abstinence and fidelity messages, the importance of knowing one's HIV status, and the importance of reducing stigma and discrimination associated with HIV/AIDS. Through these peer educators and other local church leaders, the program will reach youth and adults, empowering them with information and skills on HIV/AIDS prevention through abstinence and being faithful.

Higher Education HIV/AIDS Program (HEAIDS)

Program Areas:
- HIV Counseling and Testing

Project Initiation:
- 2004

Government Linkages:
- National Department of Health

Provinces:
- Eastern Cape
- Free State
- Gauteng
- KwaZulu-Natal
- Limpopo
- North West
- Western Cape

HIV Counseling and Testing:
This project continues a collaboration between the Higher Education HIV/AIDS Program (HEAIDS) and the U.S. Centers for Disease Control to promote the uptake of counseling and testing (CT) services at 21 CT sites in higher education facilities. HEAIDS implements professional development and education interventions for campus health staff at the sites; capacity development includes improving networking and linkages with other services and adding trainers to the expertise currently available. Efforts will focus on gender, stigma and discrimination and promoting activities that relate to care, support and treatment. Peer education and the development of a strategy on the use of peer education to contribute to the uptake of

CT will also be included. HEAIDS implements activities in close collaboration with the National Department of Health.

Hope Worldwide

Program Areas:

- HIV Prevention
- Support for Orphans and Vulnerable Children
- HIV Counseling and Testing
- HIV Care and Support

Project Initiation:

- 2004

Government Linkages:

- National Department of Health
- National Department of Social Development

Provinces:

- Eastern Cape
- Gauteng
- KwaZulu-Natal
- Western Cape

SUMMARY:
Hope Worldwide South Africa (HWSA) activities include an abstinence-based HIV prevention program, support for orphans and vulnerable children, HIV counseling and testing and HIV care and support. HWSA programs are implemented in the Eastern Cape, Gauteng, KwaZulu-Natal and Western Cape provinces. Programs are implemented in eight sites in KwaZulu-Natal, in collaboration with the National Departments of Health and Social Development.

HIV PREVENTION:
HWSA will continue its programs in Soweto, Cato Manor, Mthatha and Khayalitsha (Gauteng, KwaZulu-Natal, Eastern Cape and Western Cape provinces, respectively) to promote and strengthen abstinence and faithfulness prevention messages within its community outreach efforts that include communities of faith, school programs, youth clubs (to reach out-of-school youth), faith-based organizations, recreational activities, parents, health care services, and the workplace. The proposed activities will address the prevention needs of girls and young women, promote social norms supporting mutual faithfulness and partner reduction among sexually active adults, and attempt to change social norms related to coercive sex, cross-generational sex, and/or transactional sex. The Men As Partners component of the prevention program aims to create community commitment and involvement in reduction of Violence against Women and Children, supporting counseling, peer education and community interventions with messages to challenge norms about masculinity, acceptance of early sexual activity and multiple sexual partners for boys and men, and transactional sex. The activity also will support school-based violence prevention programs, skills training for peer educators to promote PMTCT and counseling and testing (CT), as well as support activities and policies to strengthen sanctions against sexual and physical violence.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:
The program's main objective is to strengthen and scale up community-based interventions to provide comprehensive care and to improve the quality of life of OVC in areas where HWSA operates. The project has three primary components:

- Support Groups and Kids Clubs: HWSA will expand its work establishing OVC support groups, which function within local clinics or community centers and meet on a weekly basis. Support group sites will be equipped with educational and play therapy materials. The new sub-partners, VUKA, LAMLA, Emthonjeni and CHAIN, will be actively engaged in providing these and other forms of community support, including identification of other resources (nutritional, educational, recreational and life skills). Partners also will help establish links with vocational training sites to support older OVC with skills training and apprenticeships.
- Community Child Care Forums: Where possible, Community Child Care Forums (CCCF) will be established. These forums will consist of key stakeholders in local communities, including health workers, the police, government departments, and CBOs, FBOs, caregivers and child/youth representatives. In addition, educators will be represented on each CCCF to assure that children's educational issues are being addressed. The functions of the CCCF will be to ensure that OVC needs are met and that there is sustainable care and support for OVC.

HIV COUNSELING AND TESTING:
Hope Worldwide SA will use 2006 Emergency Plan funds to continue its work in partnership with local government to increase access to quality counseling and testing (CT) services in 29 public sites in Eastern Cape, Gauteng, KwaZulu-Natal and Western Cape provinces.

All HWSA CT is implemented as part of integrated health care services, directly linked to existing HIV care and treatment services. To increase uptake of CT services, Emergency Plan funding will support educating and sensitizing communities on CT services through campaigns and workshops that address stigma reduction. HWSA activities over the next year will include: further training of existing and new CT counselors, with an emphasis on couples counseling; training of existing and newly identified partners on CT protocol; and CT training and technical support of other CT organizations. Five organizations will receive training in organizational capacity development.

HIV CARE AND SUPPORT:
HWSA will continue to provide and strengthen comprehensive care and support to people living with HIV/AIDS (PLWHA) and their families through two components: community-based support groups for PLWHA and home-based care (HBC) programs. HWSA will facilitate 30 support groups covering five national sites located in Gauteng, Mthatha, Port Elizabeth, Durban and Cape Town. Support groups are integrated primarily into local health centers. New PLWHA referred to the support groups will attend an eight-week basic HIV/AIDS education course encouraging PLWHA participation. Activities will focus on stigma reduction and provide both prevention and treatment information. Ongoing psychosocial support will be provided to all clients. HWSA at all its 60 sites will provide a range of HBC services to clients, including psychosocial support, nutritional support, spiritual support, referrals, and medical support for PLWHA. Clinical support will be offered only at sites with trained HBC medical personnel. HBC staff will work closely with government HBC efforts as well as HWSA's OVC program.

Hospice and Palliative Care Association of South Africa

Program Areas:

- HIV Care and Support

Project Initiation:

- 2004

Government Linkages:

- National Department of Health

Provinces:

- Eastern Cape
- Free State
- Gauteng
- KwaZulu-Natal
- Mpumalanga
- Northern Cape
- North West
- Western Cape

SUMMARY:

The Hospice Palliative Care Association of South Africa (HPCA) will use Emergency Plan funds to strengthen the capacities of member hospices and other governmental and non-governmental organizations to provide a high standard of palliative care and to provide direct funding for patient care through identified sub-partners. HPCA currently implements Emergency Plan-funded activities in 14 facilities in KwaZulu-Natal, in collaboration with the National Department of Health.

BACKGROUND:

This is an ongoing activity funded by the Emergency Plan in 2004 and 2005. 2005 funding facilitated the development of Standards of Palliative Care, Hospice Management and Good Governance and an accreditation and quality improvement program based on these standards. Direct support to HPCA hospices was provided to established training centers and has promoted the development of 10 Centers for Palliative Learning (CPLs), with further CPLs planned with 2005 funding for Limpopo, North West Province, Northern KwaZulu-Natal and in Eastern Cape. Ultimately the goal is to have national coverage, with at least one CPL per province. HPCA personnel at national and provincial level will continue to provide the infrastructure and coordination for the development and strengthening of palliative care programs within member hospices, and government, non-government (i.e. community-based and faith-based organizations) and private health care partners.

HIV CARE AND SUPPORT:

The major focus of Emergency Plan funding to HPCA in 2006 will be to provide direct palliative care to patients and their families, to assess quality of palliative care, provide support to the care providers, and provide training in palliative care. Through direct funding to established member hospices, HPCA will continue strengthening existing services and developing new services in order to achieve the goal of accessibility and availability of palliative care to all patients in need in all regions of South Africa.

- Provision of palliative care: HPCA funds sub-partners to provide quality palliative care to patients with stages 3 & 4 HIV and their families. The range of patient services provided by member hospices includes the provision of services via: home-based care; day care centers; in-patient palliative care units for terminal patients; and bereavement support for families and friends. These services include: management of opportunistic infection, pain and symptom management, psychosocial and spiritual care, as well as clinical prophylaxis and/or treatment for tuberculosis. Family care includes training in all aspects of patient care, infection control and nutrition, as well as individual and family counseling and reduction of stigma. Bereavement care is integral to the provision of palliative care and is applicable throughout the course of the illness as well as after the death of the patient. Ten new service delivery sites are expected to be developed in 2006.
- Accreditation and quality improvement: Using the HPCA Standards of Care developed with Emergency Plan funding in 2005, HPCA will continue the accreditation and quality improvement of existing member hospices with reference to these standards in 2006. The hospices that are accredited through this process will be used as mentor hospices to facilitate and support the strengthening of existing and the development of new palliative care services.
- Training in palliative care: Using the HPCA Centers for Palliative Learning established with Emergency Plan funding, palliative care training will be provided and will promote awareness of palliative care in communities. In partnership with higher education institutions (e.g. universities; technical colleges and nursing colleges), professional associations (e.g. South African Nursing Council; Health Professions Council) and the national and provincial Departments of Health, Social Development and Education, a wide range of accredited palliative care training programs will be offered for volunteers, community health workers, nurses and medical practitioners.

John Snow, Inc.

Program Areas:

- HIV Prevention
- HIV Treatment

Project Initiation:

- 2000

Government Linkages:

- National Department of Health (Chief Directorate HIV/AIDS & TB)
- Provincial Departments of Health in all nine provinces

Provinces:

- All Provinces

SUMMARY:

JSI has collaborated closely with the National Department of Health (NDOH) since 2000. Based on this strong relationship, NDOH has requested JSI assistance with multiple projects in HIV prevention and treatment. JSI works at the central level, with project results and outcomes benefiting services at the provincial, district and local levels. JSI implements activities in nearly

200 sites in all nine provinces, in close collaboration with the National and Provincial Departments of Health.

HIV PREVENTION:
JSI's HIV Prevention activities include programs covering Abstinence/Be Faithful (AB) messaging, condom logistics management, and Medical Injection Safety.

- Abstinence/Be Faithful: JSI will continue to work closely with the Chief Directorate: HIV/AIDS & TB of the NDOH to develop and implement a national Abstinence and Being Faithful campaign. JSI works collaboratively with the SAG "Khomanani" (Caring Together) information, education and communication (IEC) campaign to ensure the SAG has a balanced AB and consistent and correct condom use (ABC) prevention program not only for youth 15 and above and/or sexually active youth, but also for youth aged 14 and younger focusing on abstinence messaging that is appropriate for their age. This Emergency Plan funding will leverage district level reach in all nine provinces (a total 27 districts), thus maximizing the effectiveness of these modest resources within the national prevention program. All activities are planned in the context of moving beyond HIV/AIDS awareness by focusing on specific perceptions that hamper effective behavior change to reduce risk. Specifically, JSI has been requested by the NDOH to assist in the establishment and training of Community Action Teams in three rural and difficult to reach districts per province. The core district teams of four to five members will receive intensive training on how to develop effective AB messaging in the local context.
- Condom Logistics Management: JSI will continue to support the STI & HIV/AIDS Prevention Unit within the NDOH and Provincial Departments of Health (PDOH) by providing logistics management technical assistance in the procurement, quality assurance, warehousing, distribution and tracking of the national male and female condom programs, targeting underserved, vulnerable and most at risk populations. JSI will implement an intensified focus in logistics management capacity building within the NDOH, to enable the NDOH to sustain the national condom distribution program without JSI/USG support by September 2007.
- Medical Injection Safety: As part of PEPFAR'S Making Medical Injections Safer (MMIS) project, John Snow Research and Training Inc. over the past year began piloting interventions aimed at reducing the risk of medical transmission of HIV through unsafe injections in three of the nine provinces. The project will now expand its current base to form part of a national campaign aimed at improving injection practices as well as strengthening institutional capacity through the development of injection safety policy norms and guidelines. Campaign elements include a sustained national Behaviour Change Communication targeting clinical health care workers as well as support personnel; print material on Injection Safety targeting health care workers as part of the Government's National HIV and AIDS Information, Communication and Education Campaign; provision of content material on Injection Safety to the Democratic Nurses Organisation of South Africa (DENOSA); and support for policy formulation and review in the area of human resources planning, development and management as well as overall health policy processes that promote and support safe injection practices.

HIV TREATMENT:
JSI, in collaboration with NDOH and Emergency Plan HIV treatment partners, will continue the development of a patient information and program reporting system for HIV-positive children and adults based on a combination biometrics (fingerprinting) and smart card technology, called "STAT" (Secure Technology Advancing Treatment). Specifically JSI will sustain the STAT system in 20 Catholic Relief Services (CRS)/ South African Catholic Bishops Council sites,

sustain a minimum of four Foundation for Professional Development (FPD) sites, implement new STAT modules for TB, Pharmacy, Logistics, and Palliative Care, and implement the STAT system in at least five public sector sites in four provinces.

Johns Hopkins University Health Communication Partnership

Program Areas:

- HIV Prevention
- Support for Orphans and Vulnerable Children
- HIV Counseling and Testing
- HIV Treatment
- Strategic Information

Project Initiation:

- 2002

Government Linkages:

- National Department of Health

Provinces:

- All Provinces

SUMMARY:

The Johns Hopkins University Health Communication Partnership (HCP) implements programs in collaboration with local partners and the National Department of Health. Through innovative media approaches, HCP addresses HIV Prevention, Orphans and Vulnerable Children, HIV Counseling and Testing and ARV Services. In 2006, HCP also will undertake strategic information activities to evaluate program success.

BACKGROUND:

The HCP prevention initiatives enter the third year of activity in 2006 with Mindset Health, South African Broadcast Corporation (SABC) Education, Valley Trust, Centre for AIDS Development Research and Evaluation (CADRE), DramAidE, and ABC Ulwazi as long-standing partners. Partnerships with Community Health and Media Trust (CHMT), Wits University and University of KwaZulu-Natal (UKZN) were established in 2005 and with the Department of Correctional Services (DCS) in 2006.

HIV PREVENTION:

HCP's HIV Prevention projects include Abstinence/Be Faithful (AB), as well as support for an integrated AB and consistent and correct condom use (ABC) approach.

<u>Abstinence/Be Faithful:</u>

HCP and South African partners will implement AB prevention programs through capacity building, innovative use of communication technology and community mobilization.

- The Mindset Health Channel provides direct broadcast information to health clinics, targeting both patient populations in waiting rooms with general information and Health Care Workers (HCW) with technical and training information. Mindset offers a unique opportunity to use modern communication technologies to reach HCWs on site with on-

demand capabilities. Mindset Health will strengthen and develop new prevention messages to be aired on its two satellite channels, particularly AB messages. HCW will reinforce prevention messages that clients will be exposed to while viewing the patient channel in waiting rooms.

- Prevention messages will be broadcast in public health facilities through the South African Broadcasting Corporation (SABC) funded and produced "Siyanqoba: Beat It" TV series. The series highlights the experiences of HIV-positive people and will include episodes with specific AB messages.
- Community Health Media Trust will work with community volunteers at the Mindset clinic sites and train them on how to facilitate group and individual discussions on the series' topics with patients in the waiting rooms. This activity will utilize the synergy of video materials, primarily produced and funded with SABC funds, with active facilitation by members of the local communities.
- 78 episodes of the popular Tsha Tsha drama series will have been produced by SABC with PEPFAR support. Mindset has an agreement with SABC to use these materials on the patient channel. In addition through HCP and its partner CADRE, individual storylines on AB, stigma and discrimination, Counseling and Testing, and gender violence that have been broadcast will be summarized into 15-20 minute programs that are both educational and dramatic. The community facilitators also will be trained to use these materials and be given facilitator's guides specifically made for each condensed program.
- A new TV series will be produced with SABC Education to focus on local responses to HIV/AIDS and other development challenges. The show will focus on South African success stories, and highlight individuals and organizations that can serve as models for replication in other communities. The show will provide special emphasis on AB programs for young people. It will be broadcast free by SABC and SABC will contribute to production and development. The program will be used in the community mobilization activities of other HCP partners as a stimulus for discussion and action.
- Several other community mobilization interventions will utilize the Beat It and Tsha Tsha materials, including DramAidE Health Promoters (HPs), The Department of Correctional Services, The Valley Trust youth interventions and Peer Africa.

Integrated ABC Messaging:

HCP will implement HIV prevention programs using static and distance learning, including entertainment-education; the innovative use of communication technology; and community mobilization.

- The Mindset Health Channel provides direct broadcast information to health clinics, targeting both patient populations in waiting rooms with general information and health care providers with technical and training information. Building on last year's 10 hours of video produced in five languages plus print and web-based support materials, Mindset will use 2006 funds to develop and produce another 10 hours of material and translate those materials produced into six more national languages. HCW will reinforce prevention messages that clients will be exposed to while viewing the patient channel in waiting rooms. Through Emergency Plan funding (and South African Government and private sector support) at the beginning of 2006 Mindset Health will be in more than 250 sites. It is planned that this will increase in 2006 to 750 sites.
- Prevention messages will be broadcast in public health facilities through the SABC funded and produced "Siyanqoba: Beat It" TV series, which highlights the experiences of HIV-positive people and will include episodes with specific prevention messages.

- Community Health Media Trust will work with community volunteers at the Mindset clinic sites and train them on how to facilitate group and individual discussions on the series topics with patients in the waiting rooms. This activity will use the synergy of video materials, primarily produced and funded with SABC funds, with active facilitation by members of the local communities.
- 78 episodes of the popular Tsha Tsha drama series will have been produced by SABC with PEPFAR support. Mindset has an agreement with SABC to use these materials on the patient channel. In addition through HCP and its partner CADRE, individual storylines on condom use, stigma and discrimination, Counseling and Testing, and gender violence that have been broadcast will be summarized into 15-20 minute programs that are both educational and dramatic. The community facilitators also will be trained to use these materials and be given facilitator's guides specifically made for each condensed program.
- A new TV series will be produced with SABC Education to focus on local responses to HIV/AIDS and other development challenges. The show will focus on South African success stories, and highlight individuals and organizations that can serve as models for replication in other communities. The show will provide special emphasis on ABC programs promoting the importance of delaying sex, counseling and testing, AB and secondary abstinence for young people. It will be broadcast free by SABC and SABC will contribute to production and development. The program will be used in the community mobilization activities of other HCP partners as a stimulus for discussion and action.
- Several other community mobilization interventions will utilize the Beat It and Tsha Tsha materials, including DramAidE Health Promoters (HPs), The Department of Correctional Services, The Valley Trust youth interventions and Peer Africa.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:
The HCP OVC intervention will build networks of support around OVC and their caregivers and educators. OVC, caregivers and educators will be supported in accessing basic needs and psychosocial support. This program, now entering its second year, focuses on using new tools developed in year one to work with communities, caregivers and OVC. Through the Caring Communities project (CCP) organized by DramAidE and the Valley Trust's OVC program and working with schools, FBOs and CBOs, OVC will be identified and assisted in receiving needed services. These services include access to food, proper sanitation in the house, adult supervision, assisting in proper documentation for identification documents, grant applications and school fees exemption. A new partnership with the Anglican Church of the Province of Southern Africa (CPSA) will increase the project's reach into the Western Cape, Northern Cape and Eastern Cape while still serving OVC in KwaZulu-Natal (KZN). HCP will work with the church's networks of mothers and other caregivers to identify and support OVC.

HIV COUNSELING AND TESTING:
HCP will provide Counseling and Testing (CT) using both mobile and fixed services through local NGOs and in tertiary institutions, and promote these services through the Mindset Health channel to both health care workers and patients. These activities are implemented through three ongoing and successful partnerships with DramAidE, Valley Trust and Mindset Health channel. Activities include:

- Mobilizing Communities To Action And Support: Through its partnerships with DramAidE and Valley Trust, HCP will support and promote services at 33 clinics. Both projects target youth for CT while at the same time providing services to the community at large.

- Innovative Use Of Communication Technology: The Mindset Health channel provides direct broadcast information to health clinics, targeting both patient populations in waiting rooms with general information and health care providers with technical and training information. Mindset Health will create material that updates health care workers on the current guidelines for CT (including strong linkages to HIV care and services), with supporting material in print and video media.

HIV TREATMENT:

The HCP treatment initiatives are new activities in 2006 built on successful programming and partnerships with Mindset Health channel, Community Health and Media Trust (CHMT) and Wits University to address treatment literacy, adherence and clinician training. Activities include:

- Building Capacity through Education/Mindset: The Mindset Health Channel provides direct broadcast information to health clinics, targeting both patient populations in waiting rooms with general information, and health care providers with technical and training information. To air current and accurate information on antiretroviral treatment (ART), HCP will continue its collaboration with the Mindset Health channel which at the beginning of 2006 will be in more than 250 sites. It is anticipated that this number will increase with 2006 funding to 750 sites. An additional 10 hours of treatment video, web content and print materials will be developed in five languages for health care workers at these sites. Material developed through previous Emergency Plan funding will be updated as National guidelines and protocols change.
- Media and ART: Wits University's Department of Journalism will conduct targeted assessments on the role of media and its treatment of HIV/AIDS issues, with a particular emphasis on treatment literacy, and report the results back to communities, journalists and policy makers by means of the press and public forums. Both journalists and policy makers are expected to help disseminate and advocate for a change in how HIV/AIDS issues are represented to the public. This project builds on the successes of previous years where issues like PMTCT and OVC have been tackled with a focus on creating new representations in the media that decrease stigma and create voices for marginalized men and women.
- Mobilizing communities to act: CHMT, with non-Emergency Plan funding, has developed a series of video and print materials for people affected by and infected with HIV, including people living with HIV/AIDS (PLWHA) and their caregivers. Emergency Plan funding will assist CHMT in the rollout of these materials to 225 organizations that provide treatment support for approximately 10,000 PLWHA. CHMT will train these organizations on how to utilize the treatment literacy materials and mentor them throughout the year on treatment related issues.

STRATEGIC INFORMATION:

Emergency Plan funds will support a national level survey to measure effectiveness of the three large mass media activities in South Africa: 1) the NDOH Khomanani campaign; 2) Soul City's treatment adherence campaign; and 3) Tsha Tsha and Mindset. This activity will be co-funded by all three organizations. These three prevention initiatives are a large part of the NDOH prevention campaign.

Management Sciences for Health: Integrated Primary Health Care Project

Program Areas:

- PMTCT
- Support for Orphans and Vulnerable Children
- HIV Counseling and Testing
- HIV Care and Support
- HIV Treatment

Project Initiation:

- 2004

Government Linkages:

- National Department of Health
- Provincial Departments of Health
- Local Government

Provinces:

- Eastern Cape
- KwaZulu-Natal
- Limpopo
- Mpumalanga
- North West

SUMMARY:

The Integrated Primary Health Care project (IPHC) currently works closely with 123 facilities in five provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West) to ensure that a high quality comprehensive service is delivered to clients. IPHC works in the areas of PMTCT, Support for Orphans and Vulnerable Children, HIV Counseling and Testing, HIV Care and Support and HIV Treatment through a collaboration with counterparts from the Departments of Health at both the district and provincial levels.

PMTCT:

IPHC in collaboration with the National Department of Health (NDOH) will support the expansion of PMTCT services at 150 public health facilities (hospitals and clinics) in eight districts in five provinces by strengthening three components of the health service: training of health care providers (professional and lay) on PMTCT services; mentoring, coaching and supporting service providers to provide comprehensive quality PMTCT services to all antenatal care clients; and promoting better practices around infant feeding to reduce the transmission of HIV from mother to infant. In 2006 a new activity will be to increase access of pregnant HIV-positive mothers to antiretroviral treatment (ART) (triple therapy). The following activities will be implemented:

- Training: IPHC Project has trained 85 service providers and will continue to train health care providers (both professional and non professional) on the delivery of comprehensive PMTCT services, using the NDOH PMTCT training course. Service providers will be trained on: counseling and testing of pregnant women and their partners (especially with discordant couples); infant feeding to prevent transmission of HIV from mother to child; clinical staging of the HIV-positive pregnant woman and treatment of opportunistic infections; screening clients and referring for ART when

necessary; and providing antiretroviral (ARV) prophylaxis to HIV-positive mothers who do not qualify for triple therapy.

- Mentoring and Support: IPHC Project will continue to mentor and support service providers in the 42 facilities that were provided with technical assistance in 2005 to provide a comprehensive package of services for the HIV-positive pregnant woman. In 2006 this activity will continue to train an additional 100 service providers providing mentoring support to a total of 150 facilities in five provinces. The focus of this activity is on the quality of counseling services, logistics and commodity management to ensure adequate supply of commodities such as test kits, nevirapine and infant formula. Data accuracy and quality of record keeping and reporting will be improved to allow service providers to use their data to make decisions.
- Access to ART: IPHC Project will increase access of 500 HIV-positive mothers to ART by training health care providers on the screening and referral of HIV-positive pregnant women for ARV therapy at the primary health care level where 90% of ANC services are provided in the public service. IPHC Project will assist five provinces to develop provincial policies based on the national guidelines for ART in pregnant women. Health care providers will be trained on triple therapy for pregnant women, follow-up care, treatment adherence and nutritional support.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:

IPHC in collaboration with between 20 and 50 local NGOs and FBOs will provide care and support to OVC and their families, linking them to Government resources, e.g. social assistance grants, health and educational services and providing nutrition, psychosocial and economic support. The objective of this program is to create a supportive environment that helps OVC live a productive life; support the interventions of the Departments of Health and Social Development; and promote the rights of OVC and improve their socio-economic condition.

- IPHC will facilitate training for primary caregivers, including grandmothers, on psychosocial aspects of working with orphans and understanding the developmental needs and requirements of OVC. With IPHC project support a cadre of skilled community workers will be developed. The capacity of existing organizations and community support structures for OVC will be enhanced through workshops and trainings for NGOs and CBOS, government departments and caregivers. These workshops will increase knowledge related to children's needs and rights, as well as the promotion of organizational capacity. Through this training the primary caregivers will gain access to essential information which will increase the access of children to a wide range of resources and services. The training will include advocacy campaigns to change policy relating to vulnerable children, for example the inclusion of OVC initiatives in the Integrated Development Plan at the municipality level.
- IPHC will provide support to at least 20 NGOs to provide a comprehensive package of care and support to OVC, including social support to obtain Birth Certificates and Identification documents, social grants and legal aid. Psychosocial support includes counseling, and emotional and spiritual support where needed. Support for child-headed households also will be provided as well as access to the child protection unit and life skills education. Referral services will ensure that OVC are referred to health and social services and ensure that the OVC have effective links to access special provisions in the form of school fee exemptions.
- IPHC will build the capacity of at least 20 NGOs and FBOs to effectively and efficiently implement OVC service programs, in terms of administrative, financial, monitoring and reporting capacity. This will strengthen the community networks of NGOs and FBOs for future sustainability.

HIV COUNSELING AND TESTING:
IPHC in collaboration with the NDOH will support HIV counseling and testing services, and as part of these services provide screening of HIV-positive clients for antiretroviral treatment (ART). Services will be carried out in eight districts in five provinces. Clients who meet the criteria for ARV therapy in accordance with the SAG guidelines for initiating ART will be prepared at primary health care level and referred to appropriate accredited facilities for ART. IPHC Project will work closely with service providers at primary health care (PHC) level and secondary and tertiary level to increase access to ART. The aim of this activity is to increase the number of clients accessing ART by devolving activities to primary health care level. Specifically:

- IPHC Project will train 200 health care providers (professional and lay) on screening of clients for ART in accordance with the national guidelines. Training also will include client readiness programs, adherence counseling and monitoring, disclosure of status and treatment support, identification of and treating adverse drug reactions (ADR) and nutrition counseling of clients on ART.
- IPHC Project will assist the provincial HIV and AIDS Directorate of the DOH as well as the eight districts that receive IPHC Project support to prepare Hospital and PHC sites for counseling and testing, and to provide technical assistance to accredited sites to strengthen the referral system for ART clients. This activity is a continuation of a 2005 activity.

HIV CARE AND SUPPORT:
IPHC in collaboration with the NDOH will support the expansion of care and counseling and testing services at 273 public health facilities (hospitals and clinics) in eight districts in five provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West). This project will strengthen four components of the health service: training of health care providers (professional and lay); screening and treating all HIV-positive clients for opportunistic infections (OIs) such as TB and sexually transmitted infections (STIs); mentoring, coaching and supporting service providers to provide ongoing care and support to clients who do not qualify for ART; and promoting the use of prophylaxis (cotrimoxazole, INH) to prevent OIs. Specifically:

- In the next year IPHC Project will train new health care providers (both professional and non professional) on basic care and support of the HIV-positive client. Training will include screening for and prevention and treatment of OIs and clinical staging of clients using the WHO clinical staging guidelines. Health care providers will be trained on screening STI and TB clients for HIV and AIDS, and nutritional counseling for HIV-positive and TB clients.
- IPHC Project will continue to mentor and support service providers in the 123 facilities that received supported in 2005, to provide basic care and support to the HIV-positive clients. This activity will expand in 2006 to cover an additional 150 facilities reaching a total of 273 facilities in eight districts in five provinces. The focus of this activity will be on clinical management of HIV. All facilities supported by the project will offer care services to the HIV-positive client, including management of OIs. This service will begin at facility level with referral to CBO home-based care (HBC) services when necessary for continuity of care.
- IPHC activities will focus on the integration of HIV and AIDS services into routine primary health care (PHC) service delivery to ensure a holistic approach to basic care and support to the HIV-positive client. Integration of services is of utmost importance for the clinical management of the HIV and AIDS client. IPHC Project also will focus on strengthening the referral system to and from district level facilities to HBC services. Service providers from facility and community HBC organizations will be trained by IPHC on the referral system and how to refer clients appropriately.

HIV TREATMENT:
IPHC in collaboration with the NDOH will assist provincial and district HIV and AIDS directorates in decentralizing the South Africa Government's Comprehensive Plan for Care and Treatment of HIV and AIDS program to the primary health care (PHC) level.

- IPHC Project will assist five provincial HIV and AIDS directorates in implementing its antiretroviral treatment (ART) program as part of the national comprehensive prevention, treatment, and care and support plan. This activity will involve policy development and implementation, work plan development, implementation and monitoring and evaluation. IPHC also will assist selected sites in meeting accreditation requirements for initiating ART, implementation of the ART program once accredited and provide ongoing mentoring and support to these sites on a monthly basis.
- IPHC Project will train 400 services providers in five provinces on screening, preparation and follow-up of clients for ART. This training also will include adherence counseling and monitoring, nutritional assessment and counseling, identification and treatment of adverse drug reaction (ADR) and reporting ADR. IPHC Project will provide continuous mentorship and support to selected PHC clinics in implementing the ART program.
- IPHC Project will assist 10 districts (two in each of five provinces) in developing and implementing a referral system for the treatment program, including a down referral system from the hospital level to PHC level. IPHC will facilitate linkages and a referral system to other institutions such as TB hospitals, hospices etc.

Management Sciences for Health: Rational Pharmaceutical Management Plus

Program Areas:
- HIV Treatment

Project Initiation:
- 2004

Government Linkages:
- National Department of Health
- Provincial Departments of Health

Provinces:
- All Provinces

SUMMARY:
With 2006 Emergency Plan funds, RPM Plus will continue and expand activities already underway in South Africa to support the effective provision of antiretroviral (ARV) drugs to enable the Government antiretroviral treatment (ART) rollout. RPM Plus will continue to impact drug provision by improving estimation of ARV drug needs; implementing systems to manage drug procurement and distribution and to monitor drug availability throughout the provincial drug supply chain; and developing a highly skilled "pool" of pharmacy personnel to manage them. The objective is also to strengthen the South African Government's Drug Supply Management Information Systems at all levels. RPM Plus works in collaboration with the National, Provincial and Local Government Pharmaceutical Services (and other directorates as appropriate). RPM Plus works in 19 facilities across South Africa.

HIV TREATMENT:
In South Africa RPM Plus activities are in support of the Government antiretroviral treatment (ART) roll out plan by improving the reliable provision of ARV services (and other related services); monitoring progress towards full compliance with pharmaceutical legislation and ARV accreditation requirements for provincial health facilities; training pharmacists and pharmacist assistants in basic principles of HIV and AIDS management; training health personnel in conducting Medicine Use Evaluations, using adherence to ART measurement tools; supporting provincial pharmaceutical and therapeutic committees to promote national standard treatment guidelines for HIV and AIDS, TB, sexually transmitted infections (STI) and other diseases; and setting up provincial drug information centers. In 2006 additional training programs will be conducted complemented by on-site follow-up visits. The development of provincial drug information centers will continue. RPM Plus will assist the SAG to develop ART adherence measurement tools and share best practices in adherence measurement tools for ART.
Additional training activities include:

- Drug Forecasting Training: RPM Plus has developed forecasting models to estimate and monitor drug needs using morbidity and consumption data. All provincial staff responsible for the submission of provincial estimates, and all provincial pharmaceutical warehouse managers and pharmacists responsible for the procurement of ART, TB, opportunistic infection (OIs) and STI drugs (and other essential drugs) at the institutional level (Hospital, Community Health Center and District) will be trained. Provincial coordinators for specific vertical programs (e.g. TB) also will be included in the relevant workshops.
- Drug Management Training: RPM Plus has developed an integrated computerized drug supply management suite to assist pharmacy and medical personnel from health facilities to manage the drug supply chain from the provincial warehouse down to the patient. Priority will be given to train pharmacists, pharmacists' assistants, nurses and doctors based at ART accredited sites (hospitals, wellness centers) on the use of the modules relevant to their functions (including recording adverse drug events and drug-to-drug interactions).
- Data Management Training: Basic skills on drug supply data management are required to manage the drug supply chain. RPM Plus is developing a set of materials to train provincial pharmacy personnel in converting existing aggregate drug supply data (from existing manual and/or computerized systems) into strategic information for decision making. A series of national and provincial workshops will start in 2006 to train pharmacy personnel in using data and information to ensure that the increasing demand for drugs required for the care and treatment of HIV and AIDS, TB and other related programs is met.

Medical Research Council of South Africa (MRC) / Best Practices

Program Areas:

- TB/HIV
- HIV Treatment

Project Initiation:

- 2004

Government Linkages:

- Provincial Departments of Health in KwaZulu-Natal, Gauteng and Mpumalanga

Provinces:

- Gauteng
- KwaZulu-Natal
- Mpumalanga
- North West

SUMMARY:

The Medical Research Council (MRC) will use Emergency Plan funds to support a comprehensive best-practice approach to integrated TB/HIV care at three ongoing sites and one new site. The project will improve access to HIV care for TB patients by strengthening the role of TB services as entry point for delivery of HIV/AIDS care, and by strengthening links between TB and HIV/AIDS programs. MRC works in collaboration with the Provincial Departments of Health. Project results will be used for policy formulation.

BACKGROUND:

A best-practice approach to integrated TB/HIV care was initiated by MRC with 2004 Emergency Plan funding. Early activities include a systematic description of barriers faced by TB patients co-infected with HIV in an accredited ART site (CH Baragwanath Hospital (CHBH), Gauteng, which will serve as an evaluation site throughout this work). Implementation of a model site (Richmond Hospital, KwaZulu-Natal) began in 2005. Expansion of the best-practice approach to two additional sites in different geographical settings (Witbank TB Hospital, Mpumalanga and Randfontein Hospital, Gauteng) was started in 2005 based on lessons learned in the start-up sites, including essential human resource needs and the importance of negotiated partnerships with DOHs. Activities in the three best-practice sites (Richmond, Witbank, Randfontein) will continue in 2006, together with expansion to an additional site in the North West Province (TBD). Activities are implemented directly by MRC in two of the five sites and by sub-partners in the remaining three (Life Esidimeni, two sites, Wits University, one site).

TB/HIV:

The following activities will be carried out:

- Implementation of Best Practices Approaches: Each of the five sites is a hospital providing in-patient TB care (usually through the end of the intensive phase). Activities include provider-initiated HIV counseling and testing, referral to appropriate services (PMTCT, STI, partner-counseling) and enrollment in relevant HIV care programs (wellness, treatment). HIV-negative patients will be counseled on HIV and STI prevention and TB treatment adherence. All four non-accredited sites will be supported to acquire governmental accreditation for antiretroviral treatment (ART) rollout, which would provide the necessary continuity of care and ensure increased access to HIV care

for future TB patients. Counseling and testing centers will be established at each site to promote self-referral for HIV testing by contacts of TB patients and surrounding communities once site accreditation has been granted. Emergency Plan funding will support renovation of the sites to meet accreditation requirements for ART rollout, site staff training, supervisory site staff training to maintain quality standards, hiring of key personnel to carry out appropriate tasks under the best-practice approach, development of patient educational material, procurement of the required commodities, and establishment of appropriate referral linkages, including those with governmental ARV sites to ensure continuity.

- Policy Development: Results from the project will facilitate evidence-based policy formulation on expansion of integrated TB/HIV care while increasing and improving access to HIV care of co-infected TB patients. Implementation of lessons learned in the model-based best-practice approach will facilitate rapid identification of systems and operational needs and corrective action. The documented strengths and weaknesses of an expanded approach to integrated TB/HIV management will be evaluated in order to facilitate national scale-up of comprehensive programs for patients with dual infection. The report will be widely disseminated to national and provincial DOHs as well as other partners involved in TB and TB/HIV care.

HIV TREATMENT:

Activities carried out in this program area include the establishment of infrastructure, training of clinicians and other health care providers, laboratory investigations, and clinical monitoring of HIV-infected TB patients.

Three additional (as yet non-accredited) sites will be supported in 2006 to implement a best-practice approach to integrated TB/HIV care, including clinical management (HIV counseling and testing, antiretroviral treatment (ART) for eligible patients, management of drug adverse effects, management of opportunistic infections, preventive therapy), nursing care (patient education, treatment adherence, HIV prevention), combined TB/HIV information, education and communication, nutrition intervention, and HIV/AIDS care and support (palliative care, home-based care). Site staff responsible for ART services will be trained on standard operating procedures for patient referral, laboratory investigations, clinical monitoring and assessment of treatment adherence. Funding will be used to develop systems to coordinate the logistics of ART service provision, including access to clinical monitoring according to standards of care, specialist HIV referral services, strengthening of referral systems with accredited governmental ARV rollout sites, and systems to rapidly trace and recall patients defaulting from treatment. Funding also will be used to acquire the laboratory services necessary for comprehensive ART service delivery and to ensure adequate training of clinicians and other health care providers.

Results from the project will facilitate evidence-based policy formulation on expansion of integrated TB/HIV care in South Africa while simultaneously increasing and improving access to ART for eligible TB patients. TB services will in the future form a vital link to ART accredited sites and this project will contribute to strengthening of the role of TB services as point of delivery of ART while ensuring that human, financial and infrastructure needs have been met.

Medical Research Council of South Africa (MRC) / Monitoring PMTCT

Program Areas:

- PMTCT

Project Initiation:

- 2005

Government Linkages:

- National Department of Health
- Provincial Departments of Health in Eastern Cape, KwaZulu-Natal and Western Cape

Provinces:

- Eastern Cape
- KwaZulu-Natal
- Western Cape

SUMMARY:

The Medical Research Council (MRC) will use Emergency Plan funds to implement a review of PMTCT training materials followed by implementation of PMTCT training design to improve the quality of services provided at eight facilities in Eastern Cape, KwaZulu-Natal and Western Cape. MRC works in collaboration with the National and the three Provincial Departments of Health.

BACKGROUND:

This project builds on the Emergency Plan-funded Good Start Cohort Study, the results of which have highlighted the need for interventions to improve the quality of PMTCT services. A consortium of organizations will implement this project including the Medical Research Council, Health Systems Trust, University of the Western Cape and CADRE.

PMTCT:

The first activity in this program area will involve orientation of health workers to training materials developed in 2005 and implementation of on-site training courses. These courses will be undertaken at eight health facilities in three districts (Umlazi, Paarl and Umzimkulu) and will focus on improving the knowledge and skills of health workers to implement a comprehensive package of PMTCT care. This training will be held on site to avoid disruptions to services and to allow application of the training to the clinical setting.

The second activity will involve quality assurance and supportive supervision of the clinic managers in the eight facilities where PMTCT training will occur. This will be undertaken to ensure that the benefits of training are applied in the clinical setting and that managers are able to follow up and support staff after the training to ensure long-term gains from the training. It is envisaged that the training will result in improvements in the quality of care provided to antenatal clients and HIV-positive women and children, particularly relating to PMTCT counseling.

National Association of Childcare Workers

Program Areas:

- Support for Orphans and Vulnerable Children

Project Initiation:

- 2004

Government Linkages:

- National Department of Social Development

Provinces:

- Eastern Cape
- KwaZulu-Natal
- Limpopo

SUMMARY:

The National Association of Childcare Workers (NACCW), in collaboration with the Department of Social Development (DSD) and leveraging funding from the AngloAmerican Chairman's Fund, will use Emergency Plan funds to provide accredited child and youth care training to workers and volunteers in Eastern Cape, KwaZulu-Natal and Limpopo provinces to support and expand holistic services to OVC through the Isibindi model. NACCW currently implements Emergency Plan-funded activities in two sites in KwaZulu-Natal.

BACKGROUND:

"Isibindi – Creating Circles of Care" model is a community-based program that trains unemployed community members in an accredited child and youth care course and provides integrated child and youth care services to child headed households and vulnerable families through the partnership between the NACCW and local NGOs and FBOs. This project is part of a larger initiative of the NACCW to replicate the Isibindi Model nationally in partnership with the DSD. In the last year with Emergency Plan funding NACCW has replicated the Isibindi Model in six sites in three provinces – KwaZulu-Natal, Limpopo and Eastern Cape. These six sites will continue to be supported in the next year.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:

The following activities will be carried out by NACCW:

- Training: Accredited child and youth care training will be offered to adults known as child and youth care workers and selected volunteers in all six sites. Under the supervision of NACCW, child and youth care works will provide and ensure services to children within a child rights framework. Child and youth care works will ensure that children and their families are taught their rights, are attending school or other relevant courses, and have access to social security and medical care. Other child care services provided under this activity include life space counseling, developmental care, grief-work and management, developmental programs and assessment.
- Development of Linkages: The maintenance of the Isibindi project and its future sustainability is dependent on active networking and maximizing utility of resources for the project. Linkages will be made between the project, government resources and community support systems to enhance sustainability. Setting up resources in communities that are under-resourced will be a key focus of the project including safe

parks, life centers for teenagers heading households, family and community food gardens, income generating programs, foster care programs and volunteer programs.

National Department of Correctional Services

Program Areas:

- HIV Prevention
- HIV Counseling and Testing
- HIV Care and Support
- Strategic Information

Project Initiation:

- 2005

Government Linkages:

- National Department of Correctional Services
- National Department of Health

Provinces:

- All Provinces

SUMMARY:
Emergency Plan funds will support the Department of Correctional Services (DCS) to implement an integrated HIV prevention, HIV counseling and testing and HIV care and support program, including monitoring and evaluation components, within correctional facilities in all nine provinces. In 2006, projects will focus specifically on the development of centers of excellence in each of the DCS regions.

HIV PREVENTION:
Emergency Plan funds will support DCS to implement an HIV/AIDS peer educator prevention program targeting adult offenders and DCS staff from all nine provinces. This program will identify and recruit master trainers from among prison employees and inmates serving long terms. Emergency Plan funds will support 12 coordinators (two per DCS region) to oversee all implementation aspects of the program including data collection and reporting. Activities will include:

- Training of Master Trainers: Master trainers will receive training that includes information related to HIV transmission, effective preventive behavior, and care and support services available to people living with HIV/AIDS (PLWHA), as well as on peer education techniques and responsibilities. Special focus is given to peer education messages focusing on Abstinence/Be Faithful and consistent and correct condom use (ABC).
- Peer Education: The master trainers will provide peer education training to DCS staff and sentenced offenders as they pass through the system. Peer educators will disseminate information to other prisoners and to the external communities upon their release, with the expectation of changed social and community norms to reduce high-risk behaviors, and increased demand for HIV-related services.
- Detainees awaiting Trial: DCS intends to pilot the training of detainees awaiting trial as master trainers. Currently, DCS renders minimal services to detainees awaiting trial as

they are the responsibility of the Departments of Justice and the South African Police Services. This activity will therefore remain at the pilot level so that rollout can be considered by either of these Departments. Detainees awaiting trial will be carefully selected based on the length of their trials. Centers that are part of the DCS centers of excellence program will be used for the pilot, which will be implemented as a regional program initially. The impact of the training will be to create a cadre of master trainers who will train peer educators among other detainees awaiting trial to promote HIV prevention messages.

HIV COUNSELING AND TESTING:

Emergency Plan funds will be used by DCS to establish HIV CT services in correctional centers and to increase access and utilization of counseling and testing (CT) services in correctional centers where they already exist. DCS has not embarked on systematic training in CT previously. Any training has been ad hoc and specific to local sites. This is the first attempt to train a group of staff nationally as a prelude to rolling out CT throughout the DCS prison system. Activities include:

- Training: This activity will provide CT training to persons within the DCS, including nurses, social workers, psychologists and spiritual care workers. Pre- and post-test counseling training will specifically include stigma/discrimination, male norms and behaviors, and reducing violence and coercion. This program will be initiated in the 36 correctional centers identified by the DCS for development as centers of excellence.
- Logistics and Quality Assurance: The second activity is to provide procurement, logistical and quality assurance services to the 36 HIV CT programs in correctional centers being developed as centers of excellence. This will involve procurement of test kits and other materials needed for HIV CT. Other related activities will include the establishment of CT procedures and protocols within the correctional center for both staff and inmates, and the development of quality assurance protocols and procedures to standardize CT services.

HIV CARE AND SUPPORT:

Emergency Plan funds will be used by DCS to provide basic HIV/AIDS care and support to offenders and staff in DCS detention facilities in all nine provinces. DCS policy on HIV/AIDS care for prisoners includes utilization of volunteers to provide care to terminally ill patients. This activity is intended to contribute to a core objective of the DCS, which is rehabilitation by encouraging the spirit of volunteerism and caring among offenders. Services provided by volunteers will complement existing services in which nursing personnel are responsible for patient management. This is a new activity that will be implemented by a private contractor through the procurement process. Coverage for these activities will initially include 12 correctional centers (two in each of six DCS regions) with an overall goal to reach 36 centers by September 2007.

- For the proposed program, a nurse master trainer will be trained in each of the 12 correctional centers targeted for this program. The nurses in turn will train inmates who are interested and meet the necessary criteria according to the Correction Center-Based Care Policy. This activity will increase the capacity of correctional health care providers to deliver appropriate, comprehensive care and information to inmates with HIV and AIDS.
- Inmates will be accredited by DCS with the training and certified by DCS as volunteer caregivers within the prison. In addition to enabling the inmates to provide important complementary care to their fellow inmates, this training will, it is hoped, help inmates to be absorbed into their communities upon release.

- DCS will create appropriate linkages with the community, to begin during the HIV-positive inmate's release planning process. In addition, DCS will evaluate the effectiveness and lessons learned in developing community-based programs with local organizations to provide continuity of care once inmates are released, including community-based ART follow up and adherence support.

STRATEGIC INFORMATION:
DCS will use Emergency Plan funds to develop a monitoring and evaluation (M&E) system for all HIV and AIDS activities in the national correctional system. DCS has no systems in place to assist to collect data and monitor programs on HIV and AIDS in correctional centers; the resulting data from this project will be used to provide accurate information for DCS planning purposes. DCS will develop a single uniform and standardized reporting format; supervise the implementation of monitoring tools in all correctional centers; and conduct M&E training throughout the six DCS regions.

New funds in 2006 will be used to strengthen the DCS medical facilities and pharmacies, train health workers in the management of TB and HIV (ART), train health managers and pharmacists in administrative management, implement an automated health information system, and enable DCS medical facilities to gain National Department of Health accreditation as sites for the provision of ART.

National Department of Education

Program Areas:
- HIV Prevention

Project Initiation:
- 2006

Government Linkages:
- National Department of Education

Provinces:
- Free State
- KwaZulu-Natal
- Mpumalanga
- North West

SUMMARY:
Abstinence and be faithful (AB) activities will be carried out by a local NGO to support the Department of Education (DOE) in HIV prevention, care and support for students, and promote positive healthy behavior among school children. The program also will assist the national DOE, with non-Emergency Plan funds, to coordinate and provide clearly articulated peer education, care and support programs to the provincial DOEs, district offices and schools, laying the foundation for support of the peer education program for students. DOE anticipates project implementation in 80 school sites in Free State, KwaZulu-Natal, Mpumalanga and North West provinces.

BACKGROUND:
The responsibility to mitigate the impact of HIV/AIDS within the education sector is located in the Quality Promotion and Development branch in the DOE. This branch is also responsible for assuring the quality and consistency of AB messages. The DOE HIV/AIDS unit develops appropriate policies and legislative frameworks to respond to HIV/AIDS across all levels of the system; provides the required technical input into the planning for the education system in the context of HIV/AIDS at National and Provincial levels; facilitates research and collection of Education-specific data on HIV/AIDS in order to inform Departmental responses; and coordinates the Department's collaborative activities across other SAG departments and all sub sectors. The actual implementation of programs to mitigate the impact of HIV/AIDS in schools is the responsibility of each of the nine provincial education departments.

Currently there are various uncoordinated peer education programs offered in schools by several providers. HIV/AIDS and health education through the life skills programs, including age-appropriate AB messages, are an integral part of the school curriculum. However these programs have not started yielding results to counter the impact of the epidemic on the education system. The DOE's HIV/AIDS Peer Education, Care and Support Program will be a new national intervention program aimed at building a coherent uniform response, and protecting the quality of education and training. The program is targeted at primary and secondary public school students, ages 14–19 years who are enrolled for Grades 8-12.

HIV PREVENTION:
Funds will be used to teach students skills for practicing abstinence and for encouraging delaying sexual activities until marriage. Young people also will receive skills to adopt social and community norms that support delaying sex until later in life and skills to deal with cross-generational sex, transactional sex, rape and other gender-based violence. Students attending schools located in rural areas will be the key target group. This program will target the provinces with high infection rates: KwaZulu-Natal (21.8%), Mpumalanga (19.1%), Free State (12.4%) and North West (10.4%).

Each school (total of 80) will select a group of peer educators (total of 160) from the Representative Council of Learners (RCLs), to be trained to work with their peers and establish clear roles for the RCLs to guide activity implementation. The RCLs will receive training to enable them to serve as peer educators in their schools, reaching approximately 2,400 students. Peer educators will focus on encouraging dignity and self-worth, the importance of HIV counseling and testing, reduction of stigma and discrimination, delivering education and training to promote responsible sexual behavior and the prevention of HIV/AIDS, as well as other health wellness factors. Both male and female peer educators will be recruited and encouraged to participate in the program, thereby providing students with opportunities to address issues of sexism, sexual harassment, and power relations between men and women. This activity will build on the ongoing life skills training programs currently implemented in schools by the provincial education departments. Emergency Plan resources also will be used to develop and improve training materials suitable for the targeted student groups.

National Department of Justice

Program Areas:

- HIV Prevention
- HIV Counseling and Testing

Project Initiation:

- 2006

Government Linkages:

- National Department of Justice

Provinces:

- All Provinces

SUMMARY:
This is a new project with the National Department of Justice (NDOJ) to support HIV prevention and HIV counseling and testing services for victims of sexual assault. The project will be implemented in all provinces.

BACKGROUND:
The DOJ Sexual Offences and Community Affairs (SOCA) Unit of the National Prosecuting Authority supports specific sexual offences courts. The SOCA Unit has established Thuthuzela ("To Comfort" in Xhosa) Care Centers (TCCs) nationwide. These centers provide comprehensive services to women and children rape survivors, including HIV counseling and testing and Post-Exposure Prophylaxis (PEP). This project will bring the medical care being provided at TCCs into compliance with National Department of Health (NDOH) standards. This support is expected to be complemented by funding through the US President's Women's Justice and Empowerment Initiative.

HIV Prevention:
At each of the country's TCCs, medical personnel will be trained to follow NDOH guidelines for HIV/AIDS services. Women testing HIV-negative following sexual assault will be provided Post-Exposure Prophylaxis.

HIV Counseling and Testing:
Emergency Plan funds will be used to provide training in HIV counseling and testing to TCC medical personnel. Women and children who test negative for HIV will be administered PEP. Those who test HIV-positive will be given appropriate counseling and will be referred to the nearest government site for HIV management.

Nelson Mandela Children's Fund

Program Areas:

- Support for Orphans and Vulnerable Children

Project Initiation:

- 2004

Government Linkages:

- National Department of Social Development
- National Department of Health

Provinces:

- KwaZulu-Natal
- Limpopo
- Mpumalanga

SUMMARY:

The Nelson Mandela Children's Fund (NMCF) will use Emergency Plan funds to (1) strengthen local organizations to support OVC; (2) strengthen households and communities to respond and cope with the effects of HIV and AIDS on children; and (3) stimulate local government's support for integrated service delivery. All activities are carried out in KwaZulu-Natal, Limpopo and Mpumalanga provinces. NMCF implements activities at five sites in these three provinces in collaboration with the National Departments of Health and Social Development.

BACKGROUND:

The NMCF Goelama Project started in 2001 with initial funding from USAID in Mpumalanga, Limpopo and KwaZulu-Natal provinces. NMCF partners with NGOs, CBOs and FBOs that focus on household, community and OVC empowerment. Currently, NMCF's five partners implement the Goelama project in three provinces with technical assistance provided by NMCF.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:

The following activities are implemented:

- Strengthen Local Organizations: With Emergency Plan funding, NMCF through its sub-partners will continue to implement the following activities: integrating OVC and child-headed households within extended family structures; facilitating information transfer to enable OVC to get the required assistance (birth certificates, etc.); ensuring economic stability for households through income generating activities (IGAs); and focusing on micro-finance programs to increase women's access to income and productive resources. NMCF will continue to support sub-partners to facilitate access to services such as health, nutrition, education, social services, psychosocial counseling and support, and material support for OVC.
- Strengthen Households and Communities: With Emergency Plan funding, NMCF through its sub-partners will continue to implement awareness raising and community mobilization activities through which communities affected by HIV/AIDS will be able to exert social demand for services that can mitigate the suffering of OVC and hold local government accountable for service delivery. NMCF will support the formation and strengthening of child care/OVC committees to improve outreach to OVC in the community and decrease stigma and discrimination. NMCF will provide training to improve the capacity of these committees to address the needs of children, integrate

marginalized children in households, provide counseling and support, and link OVC to external resources (local municipalities, government resources).

- Stimulate Local Government's Response: NMCF activities will influence local government and other government departments (e.g. Social Development, Education, Health) to integrate OVC in service delivery. NMCF will collaborate with local government agencies and will undertake advocacy activities to influence policy makers and planners to include OVC needs in the district and municipal Integrated Development Plans (IDPs). Regarding other advocacy issues, NMCF will focus on exemptions of OVC from school fees to increase OVC access to education; school awareness programs for teachers to support OVC in schools; facilitating access to child health care services; linkages with local public health governance structures (clinic health committees, etc.); and increasing public health worker awareness of issues surrounding OVC access to health care services.

Nelson Mandela School of Medicine/UKZN: Traditional Healers Project

Program Areas:

- HIV Prevention
- Support for Orphans and Vulnerable Children
- HIV Counseling and Testing
- HIV Care and Support

Project Initiation:

- 2005

Government Linkages:

- KwaZulu-Natal Provincial Department of Health
- Local Government

Provinces:

- KwaZulu-Natal

SUMMARY:

The Nelson Mandela School of Medicine (NMSM) will use Emergency Plan funds to work closely with the KwaZulu-Natal (KZN) and Ethekwini Traditional Healer Councils in an innovative project to provide training and assistance in HIV Prevention, Support for Orphans and Vulnerable Children, HIV Counseling and Testing and HIV Care and Support. The project is carried out in collaboration with the KZN Provincial Department of Health (KZN DOH) and local government.

BACKGROUND:

The University of KZN has an ongoing collaboration with associations of traditional healers in rural areas of Ethekwini District, KZN Province. Traditional healers are extremely influential in KZN, and are a largely untapped resource in HIV/AIDS prevention and mitigation on the community level. Healers ascribe to and uphold traditional African cultural values, including conservative attitudes toward sexual practices and abstinence that make them natural partners in this effort. These values are a set of social and community norms that support delaying sex until marriage and that denounce forced sexual activity among unmarried individuals.

HIV PREVENTION:
NMSM will use Emergency Plan funds to support the development and implementation of innovative prevention messages specifically adapted to the cultural practices of traditional healers (isangomas and izinyangas) in KZN. Through a carefully-designed HIV training program this project will build upon the HIV prevention and mitigation messages already developed and delivered by the provincial health department, and adapt them to the work of the traditional healers. NMSM will build on English and Zulu language prevention messages developed with the traditional healers by the KZN Provincial Department of Health. This project also will promote the understanding of infectious disease in the traditional healer culture, including traditional practices of scarification, use of porcupine quills for piercing the skin, and circumcision. HIV/AIDS is essentially a behavior-driven epidemic, and NMSM will work with the healers to get at the root of the decision processes that are underpinning the high-risk behaviors that are spreading the virus.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:
Many traditional healers are already housing and caring for OVC without any support from the public healthcare system. Traditional healers can facilitate positive and preventive care in households with children impacted by HIV/AIDS. The collaboration will facilitate the following specific activities for children and their families:

- Psychosocial support to caregivers and families looking after children affected by HIV and orphaned children;
- Spiritual support and counseling for the caregivers and extended families;
- Integration of child health and wellbeing into home-based care for the sick;
- Improved utilization of public sector services – such as social welfare and health, including facilitating access to antiretrovirals;
- Advocacy on behalf of children on issues of guardianship, school attendance, and legal issues.

HIV COUNSELING AND TESTING:
NMSM will use Emergency Plan funds to adapt the counseling and testing (CT) protocol to the traditional healer cultural context without losing the biomedical rigor. Traditional Healers bill has now been passed by the South African Parliament, and implementation regulations are pending which should remove legal restrictions on healers performing rapid blood tests. Depending on the outcome of the current dialogue, either the Oraquick saliva test or the Abbott Labs rapid blood test will be used by traditional healers under this initiative. In the absence of modified SAG regulations, NMSM will enable this process as operational research under the auspices of the medical school. Training in rapid testing, combined with appropriate pre- and post-test counseling, will be provided as part of the training workshops. NMSM also will supply traditional healers with medical kits, ensure that these supplies are replenished at regular intervals, and assist with the removal of medical waste. Also included in the training program and outreach work will be the development of a formalized bi-directional referral system between trained traditional healers and biomedical service sites, facilitating confirmatory HIV tests, and the communication of biomedical testing data back to the trained healers.

HIV CARE AND SUPPORT:
NMSM will use Emergency Plan funds to support the development and implementation of a common clinical guideline for HIV/AIDS management by traditional healers, including the standardization of HIV clinical staging for traditional healers. NMSM also will introduce Patient Record Keeping, Monthly Data Sheets, and Data Transfer to the Medical School. Training will be provided through workshops and via work the project management team (including senior

traditional healers) will do with workshop graduates. NMSM will work closely with South African Government colleagues to establish viable bi-directional referral pathways (including referral forms); formalizing and enhancing what is currently happening. Trained healers will be provided with a customized version of the home-based care medical kit currently used by the KZN DOH, and NMSM will ensure adequate stocks of appropriate medical supplies for the kits. Regular site visits will be conducted to monitor the implementation of these guidelines and data management protocols.

Nurturing Orphans of AIDS for Humanity (NOAH)

Program Areas:

- Support for Orphans and Vulnerable Children

Project Initiation:

- 2004

Government Linkages:

- National Department of Social Development

Provinces:

- Gauteng
- KwaZulu-Natal
- North West

SUMMARY:

Nurturing Orphans of AIDS for Humanity (NOAH) mobilizes and strengthens the capacity of communities through a community development model of orphan care to improve the quality of life of OVC affected by HIV/AIDS in a sustainable manner throughout Gauteng and KwaZulu-Natal and in one community in the North West. NOAH implements activities in 20 sites in KwaZulu-Natal, in close collaboration with the National Department of Social Development.

BACKGROUND:

NOAH was established in 2000, and will continue into the third year of Emergency Plan funding with its results-based management of both existing and new OVC programs. The NOAH model is based on three pillars of support: a committee of community leaders, a volunteer group and a resource center. NOAH has developed a 10-step program allowing motivated individuals and leaders from a community to be guided to set up their own network of care for their OVC, identifying and reaching individual OVC and their families, and providing cost-effective services capable of being scaled up throughout South Africa. Emergency Plan funding is utilized in all phases of the NOAH model, including the training of committees, volunteers and resource centre staff, the operational costs of resource center facilities as well as the operational costs of NOAH administration staff to support and mentor all communities.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:

The NOAH model is divided into two phases. During the first phase, NOAH focuses on community mobilization and participation in developing local community networks or "Arks" across Gauteng, in one community in North West and KwaZulu-Natal to support HIV/AIDS affected families and their OVC. Through the establishment and training of NOAH committees

(which targets all major stakeholders within each community: private sector, community and religious leaders, etc.) and a group of volunteers within each community, the OVC are identified and served by building capacity at grassroots level to provide care and support. The NOAH training of committee members focuses on leadership and project management, as well as on basic financial skills. NOAH also encourages active youth participation by the children who receive NOAH services. The group of volunteers in each community is trained in HIV/AIDS Bereavement and Counseling, Children's Rights and Parenting Skills, Child Abuse, Government Grants and Permaculture gardening. This training equips the volunteers with sufficient skills to identify OVC, register them, and follow-up by conducting home visits to the NOAH-registered OVC to monitor their status, and based on needs, link them to the appropriate government social service for assistance.

The second phase of the model provides for the possibility of resource centers, satellite offices or satellite feeding schemes to be established and equipped to increase services available to these OVC. Through these additional centers, NOAH is able to provide daily nutritious meals designed by a nutritionist for an estimated 5,500 OVC (of the 10,000 registered OVC). Depending on the facility, these children also may have access to educational support offered through comprehensive day and after-school care programs. The economic and psychosocial needs of OVC are addressed through the training of staff and volunteers to obtain social grants and other services, as well as to provide basic bereavement and trauma counseling. Some of the centers have vegetable gardens, computer connectivity and a library that add to the comprehensive and holistic model of care and support. Emergency Plan funding will continue to be channeled towards the infrastructure and operating costs of these centers, as well as the training of committee members, center staff and volunteers across Gauteng, the North West and KwaZulu-Natal.

Population Council / Frontiers: PMTCT Guidelines

Program Areas:

- PMTCT

Project Initiation:

- 2004

Government Linkages:

- KwaZulu-Natal Provincial Department of Health

Provinces:

- KwaZulu-Natal

SUMMARY:

Population Council/FRONTIERS is using Emergency Plan funding to provide technical assistance to the KwaZulu-Natal (KZN) Department of Health (DOH) in the development of provincial evidence-based guidelines for antenatal and postnatal care which will incorporate HIV prevention, counseling and testing (CT), PMTCT, antiretroviral treatment (ART) and male involvement. Additional outputs will include a provincial strategy for monitoring and supervision, and a set of job aides and training materials that incorporate HIV/AIDS services into routine antenatal and postnatal care.

BACKGROUND:
This ongoing project, which commenced in 2004 with Emergency Plan funding, is carried out in collaboration with Reproductive Health Research Unit and three provincial DOH programs (Mother and Child Welfare (MCW), STI and PMTCT). Eighty stakeholders and key informants from all 11 districts in KZN have been involved in identifying priority areas for inclusion in the policy and guidelines. Five task teams have been set up to review draft wording for inclusion in revised guidelines and making recommendations on the overall language policy and suggestions on key indicators for monitoring. The draft policy has been developed and circulated among task team members for input before distribution to a larger audience.

PMTCT:
Frontiers will carry out the following activities in 2006:

- Technical Support: FRONTIERS will provide on-going technical support to the KZN Department of Health, coordinating the development of the supportive systems for implementation of the guidelines including monitoring and evaluation tools, job aides and training material.
- Field Test: Once the draft guidelines and monitoring tools are developed, FRONTIERS will coordinate a field test of the guidelines and provide technical support to a province-wide training.
- Scale up, dissemination and utilization: The final version of the new policy and guidelines will be launched at a national stakeholders meeting hosted and funded by the DOH. The policy, guidelines and job aides will be disseminated widely within the province through DOH workshops and other relevant national and district level conferences, workshops and forums. The MCW program in KZN is currently co-funding activities and will support a province-wide effort on training once the policy, guidelines and supportive training and implementation materials have been finalized. FRONTIERS will offer technical assistance to KZN DOH for this process.

Population Council / Horizons: AB Promotion in FBOs

Program Areas:

- HIV Prevention

Project Initiation:

- 2004

Government Linkages:

- National Department of Health
- Provincial Departments of Health in Gauteng, Limpopo, KwaZulu-Natal and Eastern Cape

Provinces:

- Eastern Cape
- Gauteng
- KwaZulu-Natal
- Limpopo

SUMMARY:
Population Council/Horizons will undertake activities to promote and strengthen HIV prevention through Abstinence and Being Faithful (AB), working with FBOs in community settings in four provinces (Gauteng, Limpopo, KwaZulu-Natal, and Eastern Cape). The project implements activities in collaboration with the National and Provincial Departments of Health.

BACKGROUND:
Horizons will undertake an activity to strengthen the capacity of FBOs to implement HIV prevention activities for both adults and youth. FBOs in South Africa have largely focused on HIV care and support, yet they are also well-situated to provide greatly needed prevention programs, particularly via strategies that focus on AB promotion, as part of a balanced AB and consistent and correct condom use (ABC) approach. FBOs reach large numbers of people from diverse backgrounds and ages, both men and women. They also are well-respected and trusted in the community. The South African Council of Churches (SACC), Eastern Cape Council of Churches (ECCC), and Horizons are currently working together to test the ability of FBOs to deliver mutual monogamy services to couples through churches. The proposed activity will build on this ongoing work, which was supported by the Emergency Plan in 2005. Successful elements from the couple-focused pilot will be scaled-up by SACC/ECCC FBO affiliates and churches. The proposed program also will expand to include activities for in- and out-of-school youth in community and church settings. Youth 15 and older and/or sexually active individuals will be targeted with a balanced ABC approach. Youth 14 and under who are not sexually active will be targeted with abstinence activities. Particular attention will be paid to the needs of girls and young women, including interventions to change social norms associated with sexual violence.

HIV PREVENTION:
Working with the SACC and provincial church council leaders, Horizons will conduct sensitization workshops and mobilize FBO affiliates in eight districts in four provinces. Activities will include assessments of current FBO prevention programs, discussions on monogamy issues, and the recruitment of program participants (i.e. mentors, trainers, and church congregations). This activity builds on broad consultations with organizations working on AB coordinated by Horizons, as well as the ongoing pilot program in the Eastern Cape. Using the curriculum developed by Horizons with 2005 Emergency Plan funding, FBO providers and leaders will be trained on the promotion of mutual monogamy and abstinence, as part of a balanced ABC approach; negative gender norms also will be addressed. Intervention activities will include informal marital counseling (both pre- and post-marital), peer support for monogamy - particularly among men - and abstinence among non-sexually active youth, skills-building sessions for women to negotiate monogamy and abstinence, and coordination of networks for referral and support. Drawing on the monitoring tools developed for the pilot activities, organizations also will be trained to collect and utilize data and to document lessons learned. The program will be evaluated in two provinces in two districts, using both baseline and end line surveys. In addition, ongoing technical assistance will be provided to FBOs.

Population Council / Horizons: Promotion of Pediatric HIV/AIDS Treatment

Program Areas:

- HIV Treatment

Project Initiation:

- 2006

Government Linkages:

- National Department of Health

Provinces:

- Eastern Cape
- Free State
- Gauteng
- KwaZulu-Natal
- Western Cape

SUMMARY:

Population Council/HORIZONS will test the feasibility and acceptability of promoting family-centered services to enhance pediatric HIV/AIDS treatment. Activities will be implemented in five provinces (Eastern Cape, Free State, Gauteng, KwaZulu-Natal and Western Cape) in collaboration with the National Department of Health.

BACKGROUND:

The overall goal of this project is to improve access to treatment and to reduce related morbidity and mortality among children, their mothers, and their families. This project builds upon an earlier Emergency Plan-funded survey of service providers and caregivers, completed in 2005. This survey, conducted at eight health facilities providing pediatric care and treatment, provides detailed information about the current composition of pediatric HIV services and the different means by which children (and their families) access antiretroviral treatment (ART). The targeted evaluation to be implemented in 2006 will examine a strategy to expand access to care and support services for children and their families by comparing the current health facility model, in which adults and children are treated separately, to a family-centered model with a clinical and community component.

HIV TREATMENT:

The family-centered model is a comprehensive treatment strategy that takes into account all members of the family unit that are infected and affected. In this context, the family will be supported to promote access to treatment and successful management of children on ART. At the health facility level, to reduce time and financial costs and encourage adherence with clinic visits, service will be reoriented so that all members of a family infected with HIV can be seen on the same day and in the same clinic for basic HIV care. This care includes diagnosis, ART, treatment of TB and other opportunistic infections (OIs), and referrals to related services. In the community, a range of groups that provide social, health, pastoral, material, and other services to families will be brought into the ART network as sources of referral for HIV diagnosis and care. Thus the family-centered model will have two focal points: a family care clinic in the health facility and an outreach and referral system in the community.

Reproductive Health and HIV Research Unit (RHRU)

Program Areas:

- HIV Prevention
- HIV Counseling and Testing
- HIV Care and Support
- TB/HIV
- HIV Treatment

Project Initiation:

- 2004

Government Linkages:

- Gauteng Provincial Department of Health
- North West Provincial Department of Health
- KwaZulu-Natal Provincial Department of Health

Provinces:

- Gauteng
- KwaZulu-Natal
- North West

SUMMARY:

The Reproductive Health Research Unit (RHRU) is a research and training institute associated with the University of Witwatersrand focusing on sexual and reproductive health and HIV/AIDS. RHRU provides direct services in several clinics in Gauteng, and support to antiretroviral (ARV) rollout sites in collaboration with the National and Provincial Departments of Health in Gauteng, KwaZulu-Natal, Mpumalanga and North West provinces. Funding will be used to develop and apply innovative training and clinical management support tools, including software and checklists. RHRU also will coordinate with National Department of Health (NDOH) on patient tracking systems. In a new activity in 2006, RHRU will provide support to pediatric ART rollout in three provinces (Eastern Cape, KwaZulu-Natal and Mpumalanga), implemented in partnership with the Wits Paediatric HIV Working Group. RHRU implements activities in over 70 sites in KwaZulu-Natal, in close collaboration with the Provincial Department of Health.

BACKGROUND:

RHRU's model is built on the assumption that an effective and sustainable antiretroviral treatment (ART) program must be built on a strong partnership with local public sector treatment sites; that the treatment assistance needs of each public facility may vary; and that a thorough facility-based situational analysis conducted in partnership with facility management is essential to the successful incorporation of an ART unit within the hospital structure. Another essential feature of the model is the concept of "up and down referral" whereby the monitoring of stable patients on treatment can be managed at peripheral sites closer to the patients with referrals back to the primary site as needed. This reduces the congestion at the primary site enabling the staff to take on more patients while at the same time providing stable patients with monitoring closer to their communities and increasing adherence.

HIV PREVENTION: (Gauteng)
RHRU, as part of an outreach project in a deprived inner city area, will provide services to commercial sex workers in the many brothels in Hillbrow, Johannesburg. The project is located in an area which is densely populated, transitory and poor, with high HIV and unemployment rates. All women are referred for counseling and testing (CT), and those with appropriate CD4 counts are referred for treatment. The project provides prevention outreach services including sexually transmitted infection (STI) treatment, and provision of condoms, contraception and HIV prevention education, as well as support for those who wish to leave sex work. The project also plays a critical role in raising awareness of HIV services and prevention through workshops and event days, and by distributing IEC materials. Furthermore, this project conducts HIV counseling and testing on this high risk and difficult-to-access group, and relates to the development of health networks and linkages by providing referral onto HIV and TB care and treatment services where necessary. This project is supported by the local health authority.

HIV COUNSELING AND TESTING: (Gauteng)
Emergency Plan funds support RHRU to continue to provide direct counseling and testing (CT) services, and to expand services tailored to target groups such as couples, children and families as part of an integrated prevention, care and treatment program. RHRU will continue to provide training and mentoring in CT to Department of Health staff, and ensure that counseling and testing is integrated into TB, sexually transmitted infection (STI) and contraceptive services at all levels.

HIV CARE AND SUPPORT:
Through comprehensive support and quality improvement programs to the Johannesburg inner city and through the Mobile Clinical Support Teams operating in North West, KwaZulu-Natal (KZN) and Gauteng provinces, RHRU will continue to provide palliative care in conjunction with antiretroviral treatment (ART) to adults and children in partnership with the Provincial Department of Health. In addition, sexually transmitted infection (STI) treatment is provided to HIV-positive patients at one non-ART site in the inner city of Johannesburg, and via the Women at Risk Project. Furthermore, health care and support is provided to in-patients at a step-down and palliative care facility in KwaZulu-Natal. Finally, Community AIDS Response (CARE), a sub partner under this initiative, will provide psychosocial support through counseling, home-based care, wellness programs and befriending. CARE assists with income generation and material support programs, and support group facilitation. Their work is key to the strengthening of adherence initiatives.

TB/HIV: (KwaZulu-Natal and Gauteng)
RHRU will form a team of clinical staff to work within the existing inner city TB services in Johannesburg to expand referral networks, service integration, counseling and testing, CD4 staging, initiation of prophylaxis of opportunistic infection and preliminary antiretroviral (ARV) adherence advice. RHRU will continue to scale up TB/HIV training programs for TB service providers operating at all levels of facilities in Johannesburg. In addition, in KwaZulu-Natal, the RHRU will support commencement of ART at three TB hospitals (Don McKenzie, Charles James and FOSA).

HIV TREATMENT:
Teams operate in North West, KwaZulu-Natal and Gauteng Provinces, providing support and treatment at antiretroviral treatment (ART) rollout sites. Teams are staffed by nurses, doctors and counselors and provide expert capacity that can be used as a resource by Department of Health (DOH) staff. The program works closely with government staff to run DOH ART clinics to maximize ART delivery. Through situational analysis and needs assessments, the RHRU

teams work with government staff in ART sites to develop models of effective service delivery using existing infrastructure and resources, allowing for local conditions and constraints. The RHRU team provides targeted training to doctors, nurses and other health providers, along with ongoing comprehensive on-site support that includes HIV counseling and testing, clinical management, data management, referral, patient flow and the development of IEC materials for service providers and those accessing ART as required. The team then orients and trains peripheral sites, and supports in-referral and up-referral.

PEDIATRIC HIV TREATMENT: (Eastern Cape, KwaZulu-Natal and Mpumalanga)
RHRU will use 2006 Emergency Plan funds to respond to a lack of capacity in the public sector to meet the demand for access to pediatric antiretroviral treatment (ART) and HIV services by providing care and treatment as well as training and capacity building to public sector health professionals. RHRU will strengthen networks of tertiary, secondary and primary level pediatric ART sites to facilitate the rapid scale-up of pediatric ART services that form part of the SAG's National ART Rollout Program. In addition, an adolescent friendly ART service for HIV-infected adolescents identified through the National Adolescent Friendly Clinic Initiative (NAFCI) will be established. RHRU will provide support to pediatric ART rollout in three provinces (KwaZulu-Natal, Mpumalanga and Eastern Cape). This is a new activity for RHRU, and is implemented in partnership with the Wits Paediatric HIV Working Group.

Salvation Army World Service

Program Areas:

- HIV Prevention
- Support for Orphans and Vulnerable Children
- HIV Care and Support

Project Initiation:

- 2004

Government Linkages:

- National Department of Health
- National Department of Social Development

Provinces:

- Eastern Cape
- Free State
- Gauteng
- KwaZulu-Natal
- Limpopo
- Mpumalanga
- Northern Cape
- North West

SUMMARY:
The Salvation Army carries out community-based activities in HIV Prevention, HIV Care and Support, and Support for Orphans and Vulnerable Children. Emergency Plan-funded activities

are implemented in eight provinces (all but Western Cape). In KwaZulu-Natal, Salvation Army implements activities in 27 communities, in collaboration with the National Departments of Health and Social Development.

BACKGROUND:
The Salvation Army is an international Christian denomination with specific community programs related to HIV/AIDS response, encompassing all aspects of HIV/AIDS community-based care and prevention programming: home-based care, support for OVC, one-on-one pre- and post-test counseling, clinical care of opportunistic infection, community counseling, and youth mobilization. The Salvation Army Matsoho A Thuso project is a holistic prevention and care model that began in November 2004 with Emergency Plan funding.

HIV PREVENTION:
The Salvation Army HIV Prevention program promotes the AB message through Youth Mentors and Pastors.

- Salvation Army's Youth Program promotes abstinence before marriage and faithfulness within marriage to youth in a school or peer group setting, using the curriculum "Life at the Crossroads." This curriculum contains 30 lesson plans complete with student activities that assist youth in building the skills they need to pursue abstinence before marriage. The curriculum also challenges misperceptions about male norms and behaviors. The Salvation Army will engage the services of South African Volunteer Youth Mentors trained for this activity, and provide service to high schools and upper primary schools throughout the country.
- The Pastor Program mobilizes church leadership (Pastors) to effectively engage their congregations on issues of abstinence and faithfulness. Salvation Army will assist Pastors to find positive language that extols the benefits of abstaining before marriage and being faithful within marriage, and to assist the Pastors in providing their congregations with tools that reinforce the message. Pastors are equipped to promote AB and related topics of character building through sermons, Bible Studies, youth/men's/women's groups, etc.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:
The Salvation Army will use 2006 Emergency Plan funding to set up community Kid's Clubs to meet children's psychosocial and emotional needs and to identify specific children who are orphaned or vulnerable so that they can be provided with further services such as assistance to access government grants.

- Kid's Clubs: Children's Workers will be trained and equipped to set up Kid's Clubs in their communities, delivering psychosocial support services primarily through play therapy where children are exposed to activities that increase their self esteem and reinforce values such as trust (in adults and in each other), teamwork, perseverance, life skills, acceptance of others, etc. These Kid's Clubs are open to any child who wishes to join, irrespective of whether or not they fit the definition of OVC.
- Advocacy: For those children identified as OVC, Children's Workers will work with the caregivers to ensure that they are accessing government grants. Children's Workers will act as advocates on behalf of these children and their families, assisting them to access birth certificates, identity documents and government grants (including identifying which type of grant may be applied for, providing assistance in completing the application form, lodging it with the Department of Social Development, and tracking the progress of the application). In addition, Children's Workers are trained to identify other resources in the community that can be mobilized on behalf of children in need of these services (i.e. social workers, community feeding schemes, etc.). Children's Workers also will advocate

on behalf of OVC who are not in school to assist them to gain entrance to school through school fee exemption.

HIV CARE AND SUPPORT:
The Salvation Army will use 2006 Emergency Plan funds to equip community members to provide the most basic forms of home-based care (HBC) to people living with HIV/AIDS (PLWHA). These activities will contribute positively to the quality of life of PLWHA, provide spiritual and psychological support to the clients and their families, and monitor the client's health over a period of time, which will assist qualified health care providers in the management of opportunistic infections. HBC is a component that has been added to Matsoho A Thuso's services for 2006, and will include assistance with bathing the client when s/he is unable to do so, tending to household duties when needed, providing spiritual and psychological support to the client and his/her family, and monitoring the client's status over time. This service also contributes towards reducing stigma and discrimination against people living with HIV. The presence of a HBC worker signifies that a person with HIV does not need to be shunned or hidden away. HBC volunteers also make use of opportunities to address family and community misconceptions about HIV/AIDS.

South African National Blood Service

Program Areas:
- HIV Prevention

Project Initiation:
- 2004

Government Linkages:
- National Department of Health
- National Department of Education

Provinces:
- Eastern Cape
- Free State
- Gauteng
- KwaZulu-Natal
- Limpopo
- Mpumalanga
- Northern Cape
- North West

SUMMARY:
South African National Blood Service (SANBS) will use Emergency Plan funds to carry out activities that strengthen SANBS infrastructure to ensure an adequate supply of safe blood to patients. The four focus areas for the activities are: Donor Base expansion, Training, Logistics Management, and Information Systems. The SANBS operates in 27 branches in eight provinces (all but Western Cape), and has benefited from Emergency Plan funds since 2004. Activities are undertaken in collaboration with the National Departments of Health and Education.

HIV PREVENTION:
The activities proposed for 2006 aim to improve the quality of the blood service; ensure the availability of safe blood; strengthen the infrastructure for the collection, testing and distribution of safe blood; and improve the overall management structure of the blood service.

- Donor Base Expansion: Efforts are focused on expanding the donor base beyond the current group of ageing donors to a younger and more demographically representative group. An important element is to coordinate activities with the Departments of Health and Education. The aim is to educate potential young donors to protect themselves from HIV infection, and in so doing becoming safe donors. A combination of perception survey outcomes (KAP study) and geodemographic segmentation analysis will define and identify effective recruitment strategies in geographic areas previously untargeted. Marketing, communication and education strategies will be developed and implemented to be culture and language-specific. Activities will be demand driven to ensure sufficient safe blood, and that 50% of donations are group O in 2006.
- Training: Activities will focus on human resource development and addressing the skills shortage through training programs for technicians, technologists, and donor collection and recruitment staff. Appropriate training materials will be developed and continuous professional educational programs for specialist technical and donor staff will be implemented.
- Logistic Management: SANBS provides blood products to 592 hospitals in eight provinces. SANBS will develop and implement a national blood product inventory logistics and management system to ensure that blood and blood products are available in a timely manner to all blood patients.
- Information Technology (IT) Systems: The collection and analysis of management information will be achieved by aligning the present disparate IT systems and developing and implementing a customized data warehouse. Supporting systems and infrastructure will be put in place to ensure accurate and timely data collection. These activities will allow the optimal management of blood donors and blood inventory, and provide management information that will be used to measure the outcome of programs, and the impact thereof on blood safety and the availability of safe blood products.

South African National Defence Force: Masibambisane

Program Areas:

- HIV Prevention
- Support for Orphans and Vulnerable Children
- HIV Counseling and Testing
- HIV Care and Support
- HIV Treatment
- Strategic Information

Project Initiation:

- 2004

Government Linkages:

- South African National Defence Force

Provinces:

- All Provinces

SUMMARY:

Masibambisane is an integrated prevention, care and treatment program in the Department of Defence addressing the management of HIV and AIDS within the DOD and targeting DOD members and dependants. This comprehensive program includes HIV Prevention, Support for Orphans and Vulnerable Children, HIV Counseling and Testing, HIV Care and Support, HIV Treatment, and Strategic Information.

HIV PREVENTION:

Masibambisane will use 2006 Emergency Plan funds to continue its successful work training military chaplains, unit commanders and peer educators in the values and ethics based program, carrying out mass awareness and targeted intervention programs, and developing IEC materials and campaigns that stress Abstinence/Be Faithful (AB). In addition, 2006 funding will support the implementation of workplace programs with other prevention themes, including training on HIV and gender equity; substance abuse prevention; destigmatization and prevention of discrimination; prevention of occupational exposures; and training of DOD members to develop and conduct prevention programs. Several of these programs include development of master trainers.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN: (Eastern Cape, KwaZulu-Natal, Limpopo and North West)

Masibambisane will implement OVC intervention plans developed with 2005 Emergency Plan funding in four sites. Planned activities include training caregivers, establishing an OVC drop in center, and developing services to provide psychosocial support and palliative care, increased access to education, economic support, targeted food and nutrition support, reduction of stigma and discrimination in the identified communities and legal aid.

The Masibambisane program initiated the OVC program in 2005 by establishing a database on "military" OVC and initiating pilot projects at four sites to determine the needs and direction of services for OVC. The underlying principle was to establish networks within communities and to address the needs of OVC through collaborative partnerships. The four pilot projects will reach implementation phase in 2006 and will provide additional information for expansion in the future. The project is coordinated by the Directorate Social Work in the Military Health Services as a sub-program of Masibambisane and is implemented at the four sites through a local coordinator and a collaborative workgroup from the communities. The projects at the four sites will be expanded to other appropriate regions and integrated with home-based palliative care where appropriate.

HIV COUNSELING AND TESTING:

Counseling and testing (CT) is viewed by the Masibambisane as a critical point of intervention for HIV prevention for all individuals, those testing negative and positive alike; it is further an entry point for palliative care and treatment. Masibambisane will expand its HIV CT programs in 2006 with the establishment of one additional centralized counseling and testing center (Durban), an expansion of CT training to all health care workers in military facilities, and the establishment of routine testing of high risk groups.

HIV CARE AND SUPPORT:
The Masibambisane program will use 2006 Emergency Plan funds to carry out clinic, hospital, hospice and community-based activities for HIV-infected and affected individuals and their families in the South African military. The care and support is multi-professional and includes nursing care, medical care and psychosocial, nutritional and spiritual support for people living with HIV/AIDS (PLWHA), as well as limited nutritional support for malnourished PLWHA. The program also will support the development and implementation of a comprehensive palliative care plan. Masibambisane is currently conducting needs assessments to determine specific needs in each of the nine regions. Activities include:

- Capacity development towards palliative and terminal care through the establishment of step down care facilities in the nine regions within military communities; upgrading or sourcing of hospice services; and training of health care providers in each of the nine regions.
- Support to home-based care (HBC) providers through establishing a HBC provider data base; provision of training to HBC providers as identified in the various regions; and sourcing of HBC packages and IEC material.
- Establishment of a PLWHA support network and workshop to address ways to prevent stigmatization and discrimination as well as strategies to ensure more counseling and testing and positive living.

HIV TREATMENT:
SANDF will continue its phased rollout of antiretroviral treatment (ART) for the South African military by building capacity among health care workers and pharmacists, equipping pharmacies, and carrying out a pilot project on drug adherence. Funding also will support the provisioning of antiretroviral (ARV) drugs for military members and their dependents. Specific activities include:

- Capacity Building: Masibambisane will prepare health care workers and specifically pharmacists as the rollout phases progress, through supportive supervision. This activity also will include the purchase of equipment in some pharmacies, such as appropriate cooling equipment, and upgrading of existing pharmacy consultation rooms where the need exists.
- Training: Masibambisane will train the various health care workers within the multi-professional team to ensure appropriate treatment with IEC support. The goal is to train most of the South African Military Health Service multi-professional team members in ART and PMTCT.
- Adherence Initiative: Masibambisane will implement a pilot project on drug adherence at some of the first rollout sites, using the motivational interviewing technique. This activity will involve training for personnel at the sites in the interviewing technique and pilot implementation. Pending results of the pilot, this technique may be implemented more broadly in the organization.

STRATEGIC INFORMATION:
Masibambisane is a comprehensive program with complex reporting and planning requirements. The program will use Emergency Plan funding to expand the current data management systems used for monitoring and evaluating Masibambisane program components, train key staff in monitoring and evaluation (M&E) and data quality, support focused prevalence studies on targeted populations, and undertake strategic planning. Strategic Information funding also supports an annual Knowledge, Attitude, Practice (KAP) study to monitor knowledge, attitudes and practices within the Department of Defense. The main thrust of these activities is to ensure the quality of data used to report and plan activities for this important program that reaches thousand of individuals in the South African military with prevention, care and treatment.

University of KwaZulu-Natal: CAPRISA

Program Areas:

- HIV Counseling and Testing
- HIV Care and Support
- HIV Treatment
- Strategic Information

Project Initiation:

- 2002

Government Linkages:

- KwaZulu-Natal Provincial Department of Health

Provinces:

- KwaZulu-Natal

SUMMARY:

CAPRISA implements integrated activities in HIV Counseling and Testing, HIV Care and Support, HIV Treatment and Strategic Information in a project that services two underserved communities in Durban and Vulindlela. CAPRISA works in collaboration with the KwaZulu-Natal Provincial Department of Health.

BACKGROUND:

The current CAPRISA AIDS Treatment (CAT) Program provides an integrated package of prevention, care and treatment services and provides an innovative method of providing antiretroviral treatment (ART) by integrating TB and HIV care at both an urban and rural site. The CAPRISA eThekwini Site is attached to the Prince Cyril Zulu Communicable Disease Clinic which is a large local government clinic for the diagnosis and treatment of sexually transmitted infection (STI) and TB, for which the South African Government (SAG) provides free treatment. The Highly Active Antiretroviral Therapy (HAART) provision at the CAPRISA clinic integrates HIV care into the existing SAG TB directly observed therapy (DOT) programs. This allows for the opportunity to initiate HIV care and HAART for patients identified as HIV-infected during TB treatment as well as to be able to continue such management for those who develop TB during HIV treatment.

The CAPRISA Vulindlela Clinical Research Site is a rural facility located about 150 km west of Durban. The Vulindlela district is home to about half a million residents whose main access to health care is at seven Primary Health Care Clinics that provide comprehensive services. The CAT Program at Vulindlela is an entirely rural nurse-driven service with doctors available for the initial eligibility assessment and for advice and referral. The CAT program in Vulindlela is linked to an Oxfam funded project which addresses stigma and discrimination in the community. The CAT program provides support for disclosing to family members and assists patients in obtaining disability grants. CAPRISA has an extensive community program which supports and facilitates community involvement and informed participation for all CAPRISA projects.

HIV COUNSELING AND TESTING:

CAPRISA will use 2006 PEPFAR funding to support comprehensive counseling and testing (CT) services in the rural area of Vulindlela and the TB clinic in Durban. The existing CT

services at the two treatment sites will continue. In addition, there will be an expansion of counseling and testing services to two high risk populations.

- STI patients: The Prince Cyril Zulu Communicable Disease Centre is a large local government clinic for the diagnosis and treatment of STIs, for which it provides free treatment. Given the high HIV prevalence of 63% in this group, these patients are a key risk group for acquiring and transmitting HIV. A rudimentary CT service is currently provided by the two STI clinic counselors who reach less than 25 patients per day. CT will be offered to large numbers of STI patients visiting the clinic. Male and female patients seeking STI care at the clinic will be provided with group counseling and prevention messages and offered individual HIV testing. Those testing HIV-positive on two rapid tests will be individually post-test counseled and referred for ongoing supportive counseling and medical care in the CAPRISA facility.
- Adolescent population in rural Vulindlela: CT will be extended to adolescents in the area primarily among those utilizing the primary health care services for antenatal, family planning or STI services. CT will be coordinated with other programs and projects in the area. In addition, youth peer educators will be integrated within this program.

HIV CARE AND SUPPORT:
CAPRISA will continue to provide care to HIV-positive patients with CD4 counts >200 cells/mm^3 at CAPRISA's two established treatment sites in KwaZulu-Natal. The CAT Program offers extensive counseling and education around HIV, wellness maintenance, disclosure, and HIV treatment adherence. Patients also are encouraged to bring partners in for testing. In addition counselors network with social welfare departments and other CBOs to assist in enhancing social support for patients. Other general HIV care offered includes cotrimoxazole prophylaxis, treatment of minor opportunistic infections (OIs), referral to tertiary level facilities when indicated for investigations or hospital admission, and contraception and pap smears for female participants. Comprehensive services are provided to HIV-infected participants where appropriate. This includes pre- and post-test counseling for HIV infection, treatment and adherence education and support, implementation of antiretroviral treatment (ART), prophylaxis of opportunistic infections (OIs), and management of OIs and adverse events. These are done at the clinic and through appropriate referral channels when needed.

HIV TREATMENT:
CAPRISA will use Emergency Plan funds to provide antiretroviral treatment (ART) to patients already initiated on treatment and to expand to have a total of about 1,500 people on ART at CAPRISA's two established treatment sites in KwaZulu-Natal. The CAT Program offers extensive counseling and education around HIV, wellness maintenance, disclosure, and HIV treatment adherence. Patients also are encouraged to bring partners in for testing. In addition counselors network with social welfare departments and other CBOs to assist in enhancing social support for patients. Comprehensive services are provided, including treatment and adherence education and support.

STRATEGIC INFORMATION:
This Emergency Plan activity will involve partial support for two components of the work being done in Vulindlela with the aim of producing valuable information to guide current and future prevention and treatment activities in this kind of setting. The project to obtain strategic information involves two components: (1) Stigma and discrimination (HIV status disclosure), and (2) Gender, youth and HIV – prevalence and incidence of HIV in adolescents. Stigma and discrimination results in low uptake of the government provided counseling and testing (CT) services and low levels of disclosure of HIV-positive status. In South Africa, adolescents and particularly young women are a vulnerable group at high risk of acquiring HIV. The strategic

information efforts will be used to expand a rudimentary youth-friendly health service in Vulindlela.

Currently, the comprehensive primary care services provided through the public sector Primary Health Care (PHC) clinics do not specifically include youth friendly services (YFS). The fact that about two thirds of antenatal clients are under the age of 24 years and HIV risk is high underscores the need to focus on sexually active young women. In conjunction with the Provincial Department of Health, CAPRISA has been piloting the integration of YFS into existing PHC services. The main focus of this activity is in training of staff to be less judgmental and more supportive of young sexually active women utilizing PHC services. Given their HIV risk, emphasis is placed on reproductive health services, treatment of sexually transmitted infection (STI), and HIV risk reduction counseling. This pilot effort will be transferred to the Mafakathini Clinic where staff will initially shadow CAPRISA staff providing YFS. In addition, more detailed information will be sought in relation to sexual debut, sexual practices, sexual coupling patterns and safer sex practices.

University of KwaZulu-Natal/Natal University for Health: PMTCT Strategic Information

Program Areas:

- Strategic Information

Project Initiation:

- 2006

Government Linkages:

- National Department of Health

Provinces:

- All Provinces

SUMMARY:

The University of KwaZulu-Natal (UKZN) will use Emergency Plan funds to implement a pilot project to conduct a second HIV test for those pregnant women at 34-36 weeks gestation who tested negative at their first antenatal care visit (at approximately 20 weeks gestation). *Note that due to a funding delay, these activities will take place in 2006 using 2005 funding.*

BACKGROUND:

The national guidelines for PMTCT allow for a pregnant woman to be tested once during the course of her pregnancy. This means that irrespective of when the first antenatal visit occurs, pregnant women will be counseled and if in agreement tested at this point. Since most women normally attend antenatal care for the first time during 20-25 weeks gestation, the CT component of the PMTCT program usually occurs early on in a women's pregnancy. This means that if women seroconvert after an HIV test has been conducted, she is still considered to be HIV-negative and she will not have the opportunity to enroll in the PMTCT program. The same applies for women who are in the window period. Furthermore, women who refuse testing are not given a second opportunity to test at subsequent visits. The national PMTCT Steering Committee is concerned that there may be substantial numbers of women who are not

in the PMTCT program because they believe that they are negative based on the results of the HIV test conducted during early pregnancy. In addition, data from the KwaZulu-Natal sentinel surveillance indicated that 30% of infants born to women who tested HIV-negative during pregnancy are in fact HIV-positive.

STRATEGIC INFORMATION:
This pilot project will establish pilot sites in each of the nine provinces to begin implementation of repeat HIV testing for pregnant women. The second opportunity for CT will occur between gestational week 32 and labor. In some cases, women will not return for any additional antenatal care. These women will be offered the opportunity to test after delivery, as current policy does not allow for CT during labor. This will ensure that if in fact the mother is positive, the neonate can still receive the appropriate care. Following the determination of number of HIV-positive women missed during the first antenatal visit recommendations for the rollout for a second opportunity to undergo CT during pregnancy and labor will be developed.

University of KwaZulu-Natal/Natal University for Health: Support for KZN DOH

Program Areas:
- PMTCT

Project Initiation:
- 2003

Government Linkages:
- KwaZulu-Natal Provincial Department of Health

Provinces:
- KwaZulu-Natal

SUMMARY:
The University of KwaZulu-Natal (UKZN) Natal University for Health will use Emergency Plan funds to support the KwaZulu-Natal Department of Health (KZNDOH) in its effort to improve the follow-up and continuum of care of women (HIV-infected and uninfected) and children in the PMTCT program. To this end, UKZN will foster a partnership between Health and Social Services in KwaZulu-Natal. This project will serve as a demonstration site for a holistic PMTCT program that focuses on enrolling women into PMTCT services, PMTCT service delivery, and linking women and their infants to social welfare programs, treatment, care and support.

BACKGROUND:
In June 2001, a pilot program on the prevention of mother to child transmission of HIV was initiated in KwaZulu-Natal at 11 sites in Durban, Pietermaritzburg and Umzinyathi. It was then scaled up, in phases, from May 2002 and has since been rolled out and is accessible at all maternity hospitals and in over 90% of primary health care clinics. Numerous lessons from these pilot sites were learned and used in formulating a provincial rollout plan and ensuring better implementation at expanded sites. Many challenges were identified, including issues around quality of service, monitoring and evaluation and sustainability. Efforts are also ongoing to

establish the roles of community health workers, improve patient information monitoring systems, improve community mobilization activities (by encouraging communities to develop new and meaningful promotional messages), and train health workers to ensure continued counseling on the importance of regular antenatal and postnatal clinic visits. A mix of reasons for poor uptake and follow-up has highlighted the need for developing a holistic model of health and socio-economic support to encourage regular and prescribed visits to a health facility. The model will encourage dialogue and interdepartmental collaboration between the relevant stakeholders, namely the Departments of Health, Social Welfare and Home Affairs. The model will aim to improve maternal and child health by improving access to child-support and disability grants for women and children.

PMTCT:

The following activities will be undertaken:

- Situational Analysis and Needs Assessment: A baseline assessment of PMTCT follow up, pediatric immunization, maternal postnatal follow up, linkages to ART programs and current social services systems available in these communities will serve as a benchmark at the seven health facilities geographically distributed in three districts (Ugu, Ethekwini and Umgungundlovu).
- Intervention: UKZN will: (1) develop a strategy of facilitating rapid access to identity documents and social grants for women and children (HIV-infected and uninfected), in consultation with the role-players in Departments of Health, Home Affairs and Social Development; (2) Develop a strategy to identify women needing PMTCT, provide them with antiretroviral (ARV) prophylaxis and link them to treatment, care and support programs.
- Support: Women and their infants will be supported post delivery with assistance on feeding practices, and early clinical identification of signs and symptoms of disease progression. Four appropriately qualified social workers (two in Umgungundlovu, one in Ugu and one in Ethekwini) and 14 Community Health Workers (two per facility) will be recruited for a period of two years to ensure support services for women and their infants.
- Training: All role-players from the three departments representing provincial and district levels, staff from facilities and project staff will be oriented in the newly developed strategy. Project staff will receive further training on the implementation of the strategy. All women accessing the antenatal and post natal services (both HIV-positive women as well as those not infected) will be targeted for this project in an effort to reduce stigma and eliminate discrimination.
- Monitoring and Evaluation: The project will be monitored monthly through site visits and patient audit meetings with project staff and evaluated at six monthly intervals through audits of patient records, facility registers, program registers and client exit interviews.

University of Western Cape

Program Areas:

- PMTCT

Project Initiation:

- 2005

Government Linkages:

- National Department of Health
- Provincial Departments of Health in Eastern Cape, Western Cape and KwaZulu-Natal

Provinces:

- Eastern Cape
- KwaZulu-Natal
- Western Cape

SUMMARY:

The University of Western Cape's 'Good Start Community Intervention Project' will train and employ community peer supporters to provide household level support to improve postnatal care and infant feeding practices of mothers served by PMTCT programs in three provinces. This pilot project builds on the Emergency Plan-funded Good Start Cohort Study, the results of which have highlighted the need for greater community support for HIV-positive mothers in relation to infant feeding and postnatal care. A consortium of organizations will implement this project, including the Medical Research Council, the Health Systems Trust, the University of the Western Cape and CADRE. The project implements activities in three sites in the three provinces (Umlazi, Rietvlei and Paarl), working in collaboration with the National and Provincial Departments of Health.

PMTCT:

The main activity will involve recruitment of pregnant women in the 36 project clusters, followed by the provision of peer support to each of these households until the infants reach 12 weeks of age. The focus of the community peer support will be on supporting exclusive infant feeding practices (either exclusive breastfeeding or exclusive formula feeding), encouraging mothers to attend clinics for immunizations, and providing cotrimoxazole and access to ARV therapy should they or their infants require it. Funding for this activity will be used to provide a stipend to the peer supporters, to allow for supervision of the peer supporters and for transport to visit mothers in the clusters.

In order to monitor the pilot project and determine if the provision of peer support is associated with exclusive infant feeding practices -- and, in turn, whether these practices are associated with a reduction in postnatal mother to child transmission -- data collectors will be recruited in each of the three project districts. These data collectors will perform home visits to mothers receiving peer support. The visits will occur at three, six, 12, and 24 weeks after birth. Information will be collected during these visits on infant feeding practices, morbidity (e.g., diarrhea), infant growth and health seeking behavior. In addition, dried blood spots will be taken to determine the infants' postnatal HIV status and determine the need for scaling up the project.

University Research Corporation: Quality Assurance Project (QAP)

Program Areas:

- PMTCT
- HIV Counseling and Testing
- HIV Care and Support
- HIV Treatment

Project Initiation:

- 2004

Government Linkages:

- National Department of Health
- Provincial Departments of Health in Eastern Cape, KwaZulu-Natal, Limpopo and Mpumalanga

Provinces:

- Eastern Cape
- KwaZulu-Natal
- Limpopo
- Mpumalanga

SUMMARY

The Quality Assurance Program (QAP) is a joint effort of University Research Co., LLC and the National Department of Health (NDOH) that focuses on improving quality in counseling and testing (CT), PMTCT, antiretroviral treatment (ART), palliative and home-based care (HBC), TB and other high priority health services in the country. The goal of the project is to improve content of care as well as process of care through capacity building at all levels of the service. Technical support (guidance and mentoring) is provided to the Provincial Health Departments to achieve the following:

- Institutionalization of quality assurance at various levels of the health systems.
- Training in basic quality assurance (QA) technology which includes models on: What is quality; How to institutionalize quality; How to design quality; How to measure quality; Tools for problem identification and analysis; and Strategies for improving quality.
- Improvement in compliance with the standards of care.
- Establishing monitoring systems for quality at facility, district and provincial levels.
- Creating awareness among local communities for quality services; and
- Applying the models and quality improvement methodology.

URC/QAP implements activities in over 120 facilities in KwaZulu-Natal, Mpumalanga, Limpopo and Eastern Cape, in collaboration with the National and Provincial Departments of Health.

In 2006, URC/QAP will work with each facility to identify a core team representing clinical services, pharmacy, laboratory, counseling, social services, facility administration, etc. These facility-based teams, with support from URC/QAP coordinators and other district staff, are responsible for implementing plans for improving access to targeted services. Each facility team along with URC/QAP staff will conduct a rapid baseline assessment to identify quality gaps in current services. The assessment will be completed using QA tools (chart audits, observations,

knowledge quiz, and interviews). URC/QAP will assist each facility team in developing and implementing a strategic plan for improving access to quality services. Job-aids, wall charts, sick-adult treatment algorithms, etc. will be provided to improve compliance with clinical and counseling guidelines. CBOs and FBOs linked to public health facilities will be assisted to expand outreach services to the community. URC/QAP also will train facility and CBO/FBO staff in analyzing their performance (outputs) and quality (compliance) indicators. On a monthly basis the staff will use trend lines to see if the interventions are having desired results increasing uptake of services.

Core Activities in each program area:

- On-the-job mentoring: URC/QAP will visit each facility and CBO/FBO at least twice a month to provide on-the-job support and mentoring to healthcare workers in participating facilities. The mentoring will focus on improving clinical skills of staff as well as to ensure that the improvement plans are being implemented correctly. During these visits, URC/QAP also will review program performance data.
- Compliance audits: URC/QAP will conduct quarterly assessments in each facility/CBO/FBO to assess whether the staff is in compliance with national guidelines. At least annually, sample-based surveys will be done in a small number of QAP sites to assess compliance and other performance indicators.
- Strengthening QA and supervision system: URC/QAP will train district, facility-level and CBO/FBO supervisors in QA methods and facilitative supervision techniques for improving the quality of basic healthcare and support services.

PMTCT:

With 2005 funds, URC/QAP has been supporting the NDOH in 120 facilities in four provinces (KwaZulu-Natal, Mpumalanga, Limpopo and Eastern Cape) to reduce mother-to-child transmission of HIV. A collaborative model will continue to be used to rapidly expand access to PMTCT services by integrating PMTCT with antenatal care (ANC) facilities. URC/QAP also will work with targeted facilities to improve postnatal follow-up of HIV-positive mothers and their children. Currently, this is a major area of concern, as most children of HIV-positive mothers do not receive any follow-up care after delivery. URC/QAP will assist healthcare facilities in integrating follow-up strategies into postnatal and well-baby services. Appropriate changes will be made to implement the national guidelines in the 120 DOH facilities. URC/QAP coordinators will facilitate training in specific integrated clinical practices. Counseling on infant feeding also will be improved. URC/QAP will provide support to selected CBOs/FBOs linked to QAP assisted health facilities to improve the quality of their home-based program targeting HIV-positive mothers and their babies. In particular, the support will focus on improving infant feeding practices, postnatal care and follow-up care of newborns. URC/QAP staff will work with district supervisors to ensure that they provide ongoing support and mentoring to facility level staff.

HIV COUNSELING AND TESTING:

URC/QAP will assist each facility team in developing a strategic plan for improving access to and quality of counseling and testing (CT) services, building on its current strategy of integrating CT in specific high-volume health services. Issues related to patient privacy, etc., will be appropriately dealt with as part of the program. CT and other clinical staff will receive training of basic HIV facts. URC/QAP will provide job-aids, wall charts, etc., to improve compliance with clinical and counseling guidelines. In addition, the project will work with community- and faith-based groups to integrate CT for various high-risk groups (seasonal workers, young adults, etc.) and to increase community outreach and support for knowing one's HIV status. URC/QAP will train facility and CBO/FBO staff in analyzing their performance (outputs) and

quality (compliance) indicators. The staff will use site specific data to see if the interventions are having desired results increasing uptake of services on a monthly basis.

HIV CARE AND SUPPORT:
With 2005 funds, URC/QAP is currently working with 70 government public health care facilities in four provinces to improve the quality of basic healthcare and support services for people living with HIV/AIDS (PLWHA). URC/QAP will ensure that the South African Government (SAG) sites are able to provide the following high quality services: nutrition counseling; diarrhea management; screening, treatment, and referrals for opportunistic infections (OIs) and antiretroviral treatment (ART); home-based care (HBC); linkages with social services; and community-based ART follow-up and adherence support. URC/QAP will train facility staff (healthcare workers, pharmacists, lab staff, counselors, etc.) on various clinical, psycho-social, interpersonal communication and counseling skills. Sessional physicians and nurses will be made available to healthcare facilities to initiate provision of basic health services for PLWHA. URC/QAP also will work with CBOs/FBOs to improve their HBC services by linking HBC providers to facilities.

HIV TREATMENT:
Through training, mentoring and the introduction of quality assurance (QA) tools and approaches, URC/QAP will work with 15 antiretroviral treatment (ART) sites in four provinces to improve provider and patient compliance with ART treatment guidelines. With 2005 funding URC/QAP is currently training health care providers in five ART service delivery sites in the use of QA tools and approaches for increasing compliance with ART guidelines. This will be increased to 15 ART sites with 2006 Emergency Plan funding. URC/QAP has developed a number of tools for healthcare facilities offering ART services. It has also commissioned an in-depth study of ART programs in the country. The results of the study show that treatment readiness programs as well as treatment compliance by some HIV patients on ART still face challenges. In 2006, URC/QAP will work with ART facilities to enhance: (1) community-based support for ART patients to ensure treatment adherence; and (2) active facility-based quality improvement using QA tools and approaches. URC/QAP will hire sessional physicians in a number of provinces to provide ART services, who will serve as mentors to DOH staff, helping to create local capacity to provide treatment services over time. URC/QAP will work with other groups (RPM+, NHLS, etc.) to ensure that pharmaceutical logistics and laboratory support is fully functional. URC/QAP also will give small grants to local CBO/FBOs for integrating QA tools and approaches for improved quality of their home-based follow-up of ART patients.

University Research Corporation: TB TASC

Program Areas:
- TB/HIV

Project Initiation:
- 2004

Government Linkages:
- National Department of Health (National TB Control Program)
- Provincial Departments of Health in Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and North West

Provinces:

- Eastern Cape
- KwaZulu-Natal
- Limpopo
- Mpumalanga
- North West

SUMMARY:

TASC II TB is working with the National and Provincial Departments of Health and District Health Offices in five provinces (Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and Northwest) to develop and implement an integrated TB/HIV screening, referral, diagnosis, and treatment strategy covering both public and private providers. The TB/HIV strategy will be implemented using a collaborative approach to rapidly scale up integrated TB/HIV services in the target provinces. The focus will be on increasing access to HIV counseling and testing (CT) for TB patients and early referral for ARV therapy. For HIV services the project will improve TB case detection among HIV-positive patients. The project implements activities in 38 sites in KwaZulu-Natal, in collaboration with the National and Provincial Departments of Health and District Health Offices.

BACKGROUND:

This is an ongoing activity and is part of a larger project, TASC II TB, started in September 2004 and funded by USAID with TB funds. The TB/HIV collaboration component is funded by the Emergency Plan. To date, the project has focused on strengthening the program management capacity as well as improving health care provider knowledge and skills in TB and TB/HIV screening, referral, and case management.

TB/HIV:

The project has five primary components:

- Integration of Services: TASC II TB will provide technical support to health facilities and CBOs and FBOs in integrating TB and HIV with other health services to reduce missed diagnostic and treatment opportunities, as well as to improve the continuum of care. This will be done by promoting routine HIV CT to TB patients, routine TB screening for HIV patients (including pregnant women) and assisting the District Health Offices and HIV/AIDS, sexually transmitted infection (STI) and Tuberculosis committees to develop implementation strategies to ensure that TB patients can receive HIV services with ease. The project will work with the National TB Control Program (NTCP) and local health departments to establish referral systems between clinical services, including centers, antiretroviral treatment (ART) centers and between different levels of the system (community, clinic, referral hospitals). The project will provide CBOs/FBOs with limited funds to expand community-based TB/HIV activities by providing health education, DOT support and tracers, and promoting HIV CT.
- Compliance with Guidelines: Through training, TASC II TB will assist health facilities and health care workers to improve their compliance with national guidelines and protocols for TB/HIV. This activity will result in improved compliance with clinical and interpersonal communication and counseling norms for TB and HIV-positive patients.
- Reduction of Stigma: TASC II TB will support grassroots advocacy through CBOs/FBOs to counter stigma and promote a supportive environment for people with TB and HIV. This activity will be implemented through awareness campaigns (TB day, school-based programs, etc.) and promoting HIV CT of TB patients.

- Monitoring and Surveillance: TB/HIV monitoring and surveillance systems will be strengthened by training healthcare providers in data collection, data analysis, and on-going problem solving functions.
- Policy and Systems Strengthening: Managers and service providers will be trained to improve knowledge and skills in TB/HIV management and service delivery issues; strengthen capacity of private providers and medical schemes to better manage co-infected patients by ensuring that TB services are included along with HIV/AIDS as part of a comprehensive package of services; improve HIV services in the TB facilities; develop and implement policies for cotrimoxazole and IPT prophylaxis; and strengthen linkages with nutritional and social support agencies.
- Targeted Evaluations: TASC II TB will conduct and support targeted evaluations of innovative TB/HIV programming and of cross-referrals for TB/HIV and ART.

US Department of State: Small Grants Fund

Program Areas:

- HIV Prevention
- Support for Orphans and Vulnerable Children
- HIV Care and Support

Project Initiation:

- 2005

Government Linkages:

- Each Small Grant recipient works with local government authorities, as appropriate.

Provinces:

- Eastern Cape
- Free State
- Gauteng
- KwaZulu-Natal
- Limpopo
- Mpumalanga
- North West
- Western Cape

SUMMARY:
The Ambassador's HIV/AIDS Small Grants Program will use Emergency Plan funds to continue to support South Africa's most promising small community organizations making significant contributions to the fight against HIV/AIDS. In KwaZulu-Natal, 14 Small Grants recipient organizations provide community-based services.

BACKGROUND:
The Ambassador's HIV/AIDS Small Grants Program in South Africa has had a tremendously successful first year. Out of over 350 applications, the Mission has entered into agreements with 50 small community-based organizations in the areas of prevention, hospice care, home-based care (HBC), treatment support and care for OVC. Funded programs are located in eight

provinces, primarily in rural areas. The average funding amount is under $10,000. All programs supported with Small Grants funds provide service delivery that directly impacts communities and people affected by HIV and AIDS.

The Mission has established guidelines and review procedures to ensure that strong applications are considered for funding through a fair and transparent process. Grants are supervised through each Consulate by State Department small grants coordinators.

HIV PREVENTION:
Currently, 14 community-based organizations in six provinces are carrying out HIV prevention activities with Emergency Plan funding. Because comparatively few applicants requested small grants funding for prevention programs in 2005, South Africa does not plan to provide small grants in the prevention area in 2006, focusing efforts on successful small grants in provision of support for Orphans and Vulnerable Children, and HIV Care and Support. *Note that HIV prevention activities will take place in 2006 with 2005 funding.*

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:
The Ambassador's Small Grants Fund supports 11 OVC projects in six provinces. The following are examples of the community-based programs receiving support through this fund.

- Christine Revell Children's Home in Athalone, Western Cape, is home to 49 children between birth and five years. Some are orphaned after their parents have died of AIDS, and currently 35% have tested positive for HIV. The home addresses special needs of young children and emphasizes placing children with foster families or relatives before age five. Many of the children are sick and suffer from recurring illnesses. The grant of $10,000 will purchase medical supplies, support HIV training for staff members, and fund the installation of appropriate safety equipment, including fire extinguishers and emergency exits.
- Mother of Peace is an FBO in Lower Illovo, KwaZulu-Natal operating an orphan home and drop-in center on the premises of an abandoned hostel. Currently there are 22 children residing on the property, most between the ages of 6 months and two years. Five are HIV-positive. Emergency Plan funds ($10,000) will enable Mother of Peace to provide proper equipment for the drop-in center to serve an estimated 60 additional orphans, including infirmary equipment, classroom material, a filing cabinet and rubbish bins.
- The Nazareth House/Lizo Nobanda Day Care Center operates a day care center and residential project for HIV-positive, orphaned or abused children in Kyayelitsha Township. The center operates out of a former pre-school building originally designed for 40 children, but now serving 70 or more children daily. A $10,000 grant will be used to purchase medical kits, eating utensils and a washer and dryer. The grant also will fund early childhood educational training for five staff members.

HIV CARE AND SUPPORT:
The Ambassador's Small Grants Fund supports 30 HIV Care and Support projects in six provinces. The following are examples of the community-based programs receiving support through this fund.

- Tshepong Fountain HIV/AIDS Support Group: This small CBO is located in a township in the North West Province, a community faced with the challenges of unemployment, crime and an ever increasing HIV/AIDS infection rate. This community is fortunate to have a group of volunteers who are providing home-based care and HIV awareness campaigns. The grant of $8,280 will be used to strengthen this home-based care project by purchasing caregivers kits, first aid kits and bicycles. The bicycles will

provide needed transportation to efficiently travel between patients. The caregivers will receive a small stipend which will show they are recognized for the contribution that they make in this community.

- Maboloka HIV/AIDS Awareness Organization: This CBO is located in a rural area in the North West Province. Several years ago, a group of young energetic volunteers began an HIV/AIDS Awareness project. Today, they are operating a 10 bed hospice (which serves 160 patients per year), and delivering home-based care to 80 patients on a daily basis. The grant of $9,700 will be used to purchase equipment for the hospice (medicine cabinet, disposable supplies, and a refrigerator to store medications). Funds also will provide caregiver's kits to the home-based caregivers. Volunteer caregivers and counselors will attend trainings to improve the services they provide to the patients.
- Eastern Cape Gender and Development Program: This CBO is a volunteer-run home-based care project in the Eastern Cape Province in which home-based caregivers reach out to a community on the outskirts of East London. The community is overcrowded and experiences the challenges of high unemployment, high crime rates and an HIV/AIDS infection rate of 22%. A grant of $5,700 will greatly improve this project and enhance the impact on this community. Caregiver's kits and training will improve services rendered to patients. Family workshops and HIV prevention workshops spread a powerful message of living positively and empowering those infected and affected by HIV/AIDS to better understand the disease.

US Peace Corps

Program Areas:

- HIV Prevention
- Support for Orphans and Vulnerable Children
- HIV Counseling and Testing
- HIV Care and Support

Project Initiation:

- 2004

Government Linkages:

- National Department of Education
- Department of Foreign Affairs

Provinces:

- KwaZulu-Natal
- Limpopo
- Mpumalanga
- North West

SUMMARY:

Peace Corps is a USG Agency that sends skilled volunteers to underserved communities for a period of two years. In South Africa, Peace Corps Volunteers work in four provinces in collaboration with local NGOs, the National Department of Education and through an agreement with the Department of Foreign Affairs. Emergency Plan funds support activities in

HIV Prevention, Support for Orphans and Vulnerable Children, HIV Counseling and Testing and HIV Care and Support.

HIV PREVENTION:
Peace Corps Volunteers work with local organizations (NGOs, CBOs and peer educator groups), schools and communities to deliver Abstinence/Be Faithful messages primarily through life skills camps for youth and community events organized by youth groups. Activities in this program area will be targeted at young people – in and out of school – and enhance their abilities to adopt health-seeking behaviors and make informed choices about their lives. In 2006, Peace Corps Volunteers will work with community counterparts to adapt Peace Corps' Life Skills Manual to local conditions and needs, and will deliver life skills sessions in schools, with peer educators and in camps. The life skills camps will focus on building skills in communication, decision-making, thinking, managing emotions, assertiveness, self-esteem building, resisting peer pressure and building relationships. Camp counselors and participants also will learn about HIV/AIDS, and how they can protect themselves from infection, with a focus on age-appropriate abstinence messages. Male norms and behaviors, reducing violence and coercion and stigma/discrimination are directly addressed in the life skills training program. Camp counselors will be drawn from out of school youth and secondary school youth, while educators in selected schools and other community leaders will be trained and supported as "champions" for post-camp follow-up activities. Camps and other activities will be conducted in Limpopo, North West, KwaZulu-Natal and Mpumalanga provinces.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:
Peace Corps Emergency Plan funding will be utilized to strengthen the organizational and human capacity of indigenous organizations that provide care and support to orphans and vulnerable children in North West, Limpopo, Mpumalanga and KwaZulu-Natal provinces. Peace Corps Volunteers will provide on-going technical support that assists these organizations and related community initiatives to develop the necessary organizational, human and programmatic capacity and systems to reach their stated goals and objectives, and to measure their progress in serving OVC. Based on the needs of each organization, Peace Corps Volunteers will work with their host agency to improve project planning and development processes; develop, test and enable the use of financial and activity monitoring and evaluation systems; support the delivery of quality and comprehensive care and services for OVC; and improve the networking and referral mechanisms between NGOs and CBOs, and between local organizations and government departments/institutions.

In addition to in-depth, on-going capacity development of identified organizations, Peace Corps South Africa will provide support to additional community groups with which Peace Corps Volunteers are collaborating in order to strengthen the groups' abilities to deliver consistent, comprehensive and high quality services to OVC and their educators and caregivers.

HIV COUNSELING AND TESTING: (North West Province)
Peace Corps will use Emergency Plan funding to strengthen the organizational and human capacity of indigenous organizations that provide counseling and testing (CT) services in medical and community sites in the Northwest province. The Peace Corps Volunteer will provide on-going technical support that assists organizations and related community initiatives to develop the necessary organizational, human and programmatic capacity and systems to reach their stated goals and objectives, and to measure their progress in providing CT services. Based on the needs of the organization, the Peace Corps Volunteer will work with their host agency to improve project planning and development processes; develop, test and enable the use of financial and activity monitoring and evaluation systems; support the delivery of quality CT

services; and improve the networking and referral mechanisms between NGOs and CBOs, and between local organizations and government departments/institutions. In response to local needs, the Peace Corps Volunteer may develop and test mechanisms to recruit, retain and support local volunteers – including enhancing their professional development and supporting debriefing processes – and enhance outreach to targeted communities.

HIV CARE AND SUPPORT:
Peace Corps Emergency Plan funding will be utilized to strengthen the organizational and human capacity of indigenous organizations that provide palliative and HBC services in North West, KwaZulu-Natal, Limpopo and Mpumalanga provinces. Based on the needs of each organization, Peace Corps Volunteers will work with their host agency to support SAG-accredited 69-day training for community home-based caregivers; provide for follow-up and the professional development of caregivers and NGO leaders; support joint planning and activity reviews between NGOs, CBOs, local government and district health authorities; support the recruitment and retention of committed volunteer caregivers; develop and test manuals and materials for the use of community caregivers, including those that incorporate the needs of women and OVC as a specific beneficiary group; and develop focused financial and patient tracking systems, as well as referral and program development mechanisms. Volunteers will provide ongoing technical support to enable these organizations and related community initiatives to have the necessary organizational, human and programmatic capacity to reach their stated goals, and to measure their progress against these. As the SAG extends the implementation of its antiretroviral treatment (ART) program, Peace Corps Volunteers and the community caregivers they work with will play an important role in supporting treatment compliance, referrals and wellness programs.

In addition to the in-depth, on-going capacity development described above, Peace Corps South Africa will provide support to additional community groups to strengthen the groups' abilities to delivery consistent, comprehensive and high quality services to people living with HIV/AIDS.

B. Partners Implementing Projects with Nation-wide Scope

Association of Schools of Public Health / Harvard School of Public Health

Program Areas:

- HIV Prevention
- Systems Strengthening

Project Initiation:

- 2000

Government Linkages:

- National Department of Health
- Provincial Departments of Health
- National Department of Education
- Provincial Departments of Education
- National Department of Social Development
- South African Police Services
- National Department of Correctional Services

Provinces:

- Nation-wide Scope

SUMMARY:

Through the South Africa Peer Education Support Institute (SAPESI), the Association of Schools of Public Health/Harvard School of Public Health will continue to support HIV prevention activities delivered through rigorous peer education programs in schools, higher education institutions, FBOs and CBOs, clinics, sport and recreation programs, and workplace programs in the public and private sectors. Harvard works on the national level with the National Departments of Health, Education, Social Development and Correctional Services, and the South African Police Services. Harvard implements activities in six provinces, working with the Provincial Departments of Health and Education.

BACKGROUND:

Providing accredited training and technical assistance, standards and policy innovations, materials and tool development, uniform data collection, and targeted evaluation, SAPESI is the linchpin of an unprecedented national system delivering rigorous peer education in schools, FBOs and CBOs, clinics, sport and recreation programs, higher education, and public and private sector workplaces.

This project is a continuation, expansion and institutionalization of an initiative started in 2001 and supported in 2005 with PEPFAR funding. SAPESI is a collaboration among HSPH, the Nelson Mandela Metropole University (NMMU), and the Higher Education HIV/AIDS Programme, each with its own source of support (the NMMU Trust and the EU, respectively). SAPESI builds on a four-year national consultative process which led to consensus on the goals, essential elements and standards of practice for peer education programs, and a suite of materials and tools in wide circulation (Rutanang). Work with National and Provincial Departments of Health and Education has been ongoing; work with FBOs and the South African Police Services

workplace initiative began in 2005; and systematic work with DOH clinics and sport and recreation programs will begin in 2006.

HIV PREVENTION:
SAPESI will provide training and ongoing technical assistance; information, communication, and education materials and tools; policy guidelines; and assistance with linkages, community mobilization, and strategic information as part of its systemic capacity development for peer education programs addressing HIV prevention in a variety of settings. The Institute will prepare and coordinate certified trainers from a variety of sectors and geographic areas. For all audiences, SAPESI emphasizes the benefits and rewards of primary and secondary abstinence, delay of sexual onset, and fidelity. However, for many populations (inmates, out-of-school youth, some high school learners, university students, and adults) it is also necessary to address information, attitudes and skills concerning reduction in number of partners, condom use for those who are not abstinent, improved diagnosis and treatment of sexually transmitted infection (STI), and promotion of counseling and testing (CT). In all settings, a persistent reconsideration of male roles and behavior, reductions in gender violence and discrimination, and encouragement of participation in organizational governance are critical SAPESI peer education prevention strategies. Peer education activities at public and private sector worksites also emphasize the roles audiences play as parents, grandparents and guardians, and prepare them to promote abstinence and sexual safety for their children.

SYSTEMS STRENGTHENING:
Emergency Plan funding will support the development of a set of national guidelines and tools to systematize rigorous, measurable and sustainable peer education coordinated across government departments; translating peer education guidelines into formal South Africa Quality Assurance (SAQA) unit standards; education of multisectoral policymaking bodies; the development and implementation of standardized monitoring and evaluation tools; and the development of a database on peer education activities conducted by implementing partners.

Boston University: AIDS Economic Impact Surveys

Program Areas:
- HIV Treatment

Project Initiation:
- 2003

Government Linkages:
- National Department of Health

Provinces:
- Nation-wide Scope

SUMMARY:
Boston University (BU) will use Emergency Plan funds to expand an ongoing analysis of cost and cost-effectiveness of models of treatment delivery in South Africa, results of which will be used to inform future planning by the South African Government and the US Government programs in South Africa.

HIV TREATMENT:
The US Government supports a wide range of treatment delivery models in South Africa, including public sector, private sector, and NGO-based programs. BU was requested in 2005 to examine cost and cost-effectiveness of alternative models of treatment delivery, building on the Population Council/Horizons study which documents the various treatment models being used by Emergency Plan implementing partners in South Africa. In 2006, BU will expand on the cost and cost-effectiveness activity to include a larger number of models and/or sites, in an analysis that will generate information about which models of treatment delivery are successfully treating the largest number of patients at the lowest cost, which characteristics of delivery systems are most important, and whether patient medical outcomes are affected by the model of treatment delivery.

Cinema Corporate Creations

Program Areas:
- PMTCT

Project Initiation:
- 2004

Government Linkages:
- National Department of Health (MCWH, PMTCT and Nutrition Directorates)

Provinces:
- Nation-wide Scope

SUMMARY:
On request of the National Department of Health, Cinema Corporate Creations will use Emergency Plan funding to update the content of videos describing the SAG PMTCT program, and to translate the productions into six additional languages. The videos are aimed at pregnant women and used in health facilities offering PMTCT services. Cinema Corporate Creations works in close collaboration with the National Department of Health on this project. *Note that due to a funding delay, these activities will take place in 2006 using 2005 funding.*

BACKGROUND:
Due to the rapid expansion of the South African Prevention of Mother to Child Transmission program, little emphasis was placed on raising community awareness for PMTCT service delivery. As a result, communities have been significantly unaware of and unprepared to support the PMTCT program, and uptake for services is low. In order to address this gap, the National Department of Health, with technical and financial assistance from CDC, developed a series of PMTCT and Infant Feeding videos aimed at pregnant women attending antenatal care. To date the video has been developed in five languages. The PMTCT program video describes all aspects of the PMTCT program by following a pregnant woman through the PMTCT program from her first antenatal visit through the one-year testing of her infant. The aim of the video is to educate pregnant women, in facilities where PMTCT services are offered, about the various components of the PMTCT Program, providing pregnant women a deeper understanding of the PMTCT program prior to individual counseling sessions. The program video empowers women with basic knowledge to make an informed decision regarding HIV testing and participation in the PMTCT program.

PMTCT:
As a result of recent research findings that highlight Nevirapine resistance, a process and outcome evaluation of the videos, the National HIV Comprehensive Plan, and the new WHO PMTCT recommendations, funding will be used to update the content of the PMTCT videos currently in use by NDOH. In addition, this project will result in the production of the videos in six national languages, and cover the costs of copying and distributing 3,500 videos to health facilities around the country. It is anticipated that the videos will increase awareness and demand for PMTCT, and increase use of a complete course of ARV prophylaxis by HIV-positive pregnant women.

Dira Sengwe: Support for 3rd South African National HIV/AIDS Conference

Program Areas:

- Systems Strengthening

Project Initiation:

- 2006

Government Linkages:

- None (Conference Organizer)

Provinces:

- Nation-wide Scope

SYSTEMS STRENGTHENING:
The Emergency Plan will provide support for the 3rd South African National HIV/AIDS Conference in June 2007. The conference will bring together scientists; government health workers; and religious, private sector, and civil society leaders to promote a dialogue among all partners involved in HIV/AIDS throughout South Africa. The conference will provide a forum to review accomplishments after three years of implementing the Operational Plan for Comprehensive HIV and AIDS Care, Management, and Treatment. The conference also will provide an opportunity to examine the challenges in providing effective and efficient HIV prevention, care, and treatment services and assist in developing a future direction for the national response to HIV/AIDS.

IBM/Joint Economic AIDS and Poverty Program (JEAPP)

Program Areas:

- Support for Orphans and Vulnerable Children

Project Initiation:

- 2005

Government Linkages:

- National Department of Social Development

Provinces:

- Nation-wide Scope

SUMMARY:

This project is being implemented at the request of the National Department of Social Development (DSD). IBM will conduct a multi-phase project, which was initiated in 2005, and which will continue over the next two or three years to develop a comprehensive OVC management information system (MIS). The project will function at the local, provincial and national levels. The MIS project will be governed by a Steering Committee made up of the DSD, USAID, UNICEF, Joint Economic AIDS and Poverty Program (JEAPP), DfID, Save the Children, and Nelson Mandela Children's Fund.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:

The project will have three phases:

- The first phase of the project will begin immediately and involves a situational analysis of OVC data to provide an understanding of: existing databases for OVC (in South Africa and regionally); the information available on children (within other SAG Departments and NGOs); the physical location/distribution of OVC across provinces; the models of care used for caring for children nationally and internationally; and available policies and programs on OVC in the region. Gaps identified through this exercise will then inform the development of a permanent OVC MIS. Funding for Phase 1 will be provided by UNICEF, AusAID and Measure Evaluation.
- The second phase of the project will be to implement a pilot MIS within one province based on the recommendations that are identified in Phase 1. The pilot will include the development of data capture tools, revisions to the current human resource and data flow structures of the provincial DSD, database implementation and training at all levels. This pilot will be monitored closely by the Steering Committee to ensure that it meets the needs of local, provincial and national DSD staff. This work will be done through a sub-contract from IBM.
- Based on the results of the pilot, the project will be taken to scale to all nine provinces and feed up to a national level MIS. It is anticipated that this will be in place by January 2007.

JHPIEGO

Program Areas:

- TB/HIV
- HIV Treatment
- Strategic Information

Project Initiation:

- 2003

Government Linkages:

- National Department of Health

Provinces:

- Nation-wide Scope

SUMMARY:

In 2006 JHPIEGO will continue its work with the National and Provincial Departments of Health to increase capacity in the areas of strategic information, TB/HIV and HIV Treatment through training, guideline development and the implementation of a Training Information Management System (TIMS). JHPIEGO implements activities in collaboration with the National and Provincial Departments of Health.

BACKGROUND:

JHPIEGO is an international NGO that assists host country policy makers, program managers and trainers to increase access to and improve quality of health care services. TIMS is a computer-based tool that permits program managers to collect and analyze data on training activities. As most training activities in South Africa occur within decentralized settings, it is currently difficult to calculate both the number of training activities and their geographical reach. TIMS allows program managers to capture these data, and use them to improve allocation of resources and provider deployment, as well as inform policy decisions.

TB/HIV:

JHPIEGO will help the National Department of Health (NDOH) TB unit to decentralize use of training data, including TB/HIV linkages in four provinces (Eastern Cape, Gauteng, Limpopo and North West). These activities are in addition to and supplement the systems working at the national level. JHPIEGO, with 2005 Emergency Plan funding, is installing TIMS and training program managers at the NDOH TB unit and is in the process of linking data collection at provincial sites to the national level TIMS, by installation of TIMS at four provincial DOH TB units. In 2006, JHPIEGO will roll out the installation and use of the TIMS to four provincial TB Units. JHPIEGO will assist the sites to use of data for deployment, determining training needs and program management.

HIV TREATMENT:

JHPIEGO will continue to assist the National Department of Health (NDOH) in the following activities:

- JHPIEGO will assist the NDOH to train facilitators and implement dissemination of four national guideline packages for treatment, care and support to provincial coordinators via user-friendly orientation packages. This activity will be carried out in all nine provinces.

- JHPIEGO will support two HIV/AIDS experts as consultants at the Treatment and Care Subdirectorate (TCS) of the NDOH to assist NDOH with the accelerated accreditation of antiretroviral treatment (ART) sites. JHPIEGO's work will include training of service providers in the national guidelines.
- JHPIEGO also will continue to collaborate with the Foundation for Professional Development in the implementation of a standards-based management approach to improve and increase access to quality ARV services. Assessments will be conducted to determine the level of improvement of performance standards at all sites.

STRATEGIC INFORMATION:
JHPIEGO provides training and management and implementation tools to build the capacity of PMTCT Program managers in the area of strategic information through on-site supervision and implementation of interventions to improve monitoring and evaluation for PMTCT, and through installation and support of Training Information Monitoring Systems (TIMS) at the National and Provincial Departments of Health.

- JHPIEGO has worked to increase the capacity of government partners in the area of strategic information since 2004. By the end of 2005, JHPIEGO had trained approximately 250 HIV and AIDS program managers and coordinators from the national department of health and 8 provincial departments of health in monitoring and evaluation (M&E) fundamentals. Following completion of training, JHPIEGO provides intensive on-site supervision and follow-up to targeted sites. Using information generated from these on-site guided assessments, JHPIEGO will facilitate development of site-specific action plans that will be supported in 2006.
- In 2005, JHPIEGO also worked with national and provincial PMTCT units to implement TIMS. By March 2006, JHPIEGO will have installed TIMS at the national PMTCT unit and will have supported the flow of training data between provincial PMTCT course directors and the National program. Using 2006 Emergency Plan funds, JHPIEGO will continue to strengthen TIMS for PMTCT training activities and the flow of data between provincial course directors and the NDOH by assisting national and provinces with system development processes around data flow.

Kagiso

Program Areas:
- PMTCT

Project Initiation:
- 2003

Government Linkages:
- National Department of Health

Provinces:
- Nation-wide Scope

PMTCT:
Kagiso Communications received funding for this activity to conduct a PMTCT male involvement community mobilization project. The funding allocated will ensure continued

support and monitoring of the provincial integrated communication strategy developed during 2004 and implemented in 2005 with Emergency Plan funding. During 2005 integrated PMTCT communication strategies were adopted by provincial task teams in eight provinces. In order to ensure continued implementation of these strategies, Kagiso will continue to support provincial task teams in the implementation of the activities. *Note that due to a funding delay, these activities will take place in 2006 using 2005 funding.*

Leonie Selven

Program Areas:

- PMTCT

Project Initiation:

- 2006

Government Linkages:

- National Department of Health

Provinces:

- Nation-wide Scope

SUMMARY:
Leonie Selven Communications will develop training materials and an implementation strategy to improve community caregiver support in the national PMTCT program.

BACKGROUND:
Leonie Selven Communications has been working in collaboration with the National Department of Health and US Centers for Disease Control to compile the training curriculum and counseling tools for nurses in the PMTCT program. Currently, the VCT component of PMTCT is conducted by community caregivers. These community caregivers do not form part of the formal facility staff, but are employed through NGOs and placed within health care facilities to assist with pre- and post-test HIV counseling, infant feeding counseling and running of support groups. In addition, if provided with adequate skills, these community caregivers can play a role in working directly with communities to increase uptake for PMTCT, address issues of stigma, and follow-up of infants. However, since the community caregivers are from NGOs, supervision, training and roles and responsibilities vary greatly. In order to address these issues, this project will put together a training strategy (incorporating all existing materials), and lay counselor strategy to facilitate better use of community caregivers within the health system.

PMTCT:
Leonie Selven Communications will review all existing community caregiver curricula and videos and develop one uniform curriculum and a single training plan to roll out training to all NGOs who place community caregivers in antenatal care facilities and child health services. These standardized materials will replace the multiple training curricula currently used to train community caregivers around PMTCT. Once the standardized curriculum has been finalized, Leonie Selven will work with NGOs to build capacity to implement the training. In addition, Leonie Selven will develop tools or materials to improve the integration of community care givers into the health care system, define the roles and responsibilities of community caregivers within the health service and help both nurses and community caregivers to collaborate to ensure

quality service delivery. During 2006 tools will be developed, piloted and finalized. Rollout of tools will take place during 2007. This strategy will improve functioning of the health care system and address some of the human resources issues that challenge service delivery.

Medical Research Council of South Africa (MRC) / HIV Prevention in Shebeens

Program Areas:

- HIV Prevention

Project Initiation:

- 2006

Government Linkages:

- To be determined

Provinces:

- Nation-wide Scope

HIV PREVENTION:
These funds will support a public-private partnership with SAB Miller to initiate a pilot HIV prevention program focusing on the link between high-risk alcohol abuse and HIV transmission. Alcohol abuse has been identified as a substantial risk factor for HIV transmission. In this project, SAB Miller will implement a program with shebeen operators to utilize them to provide appropriate prevention messages. The Medical Research Council will help design and launch the initial intervention.

National Department of Health / CDC Support

Program Areas:

- PMTCT
- HIV Prevention
- HIV Counseling and Testing
- TB/HIV
- HIV Treatment
- Strategic Information

Project Initiation:

- 1999

Government Linkages:

- All nine Provincial Departments of Health
- National Department of Health

Provinces:

- Nation-wide Scope

SUMMARY:

The Emergency Plan provides HIV/AIDS programmatic support to the National Department of Health (NDOH) to supplement their ongoing program. 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. Support is provided for NDOH in the following programmatic areas: PMTCT, HIV Prevention, HIV Counseling and Testing, TB/HIV, HIV Treatment and Strategic Information.

PMTCT:

Emergency Plan funds will provide technical assistance to NDOH to ensure the expansion and strengthening of PMTCT services in all nine provinces. The goal of the national PMTCT program is to reduce mother-to-child transmission of HIV by improving access to HIV testing and counseling in antenatal clinics, improving family planning services to HIV-positive women, and implementing clinical guidelines to reduce transmission during childbirth and labor. In addition, the national program is responsible for following infants born to HIV-positive women and ensuring that these infants are identified early and referred to treatment programs. The Emergency Plan supports the following NDOH PMTCT activities:

- Roll out PMTCT and Infant Feeding training to health care workers at the facility level: A training curriculum for PMTCT and infant feeding was finalized in 2004 and 2005 with support from the USG PMTCT implementation plan and the Emergency Plan. A trainers' guide, participants' guide and course directors' guide were produced. During 2006, funds will be used to ensure that all course directors and trainers have been updated on the finalized curriculum and that the curriculum is being implemented at the provincial level. Job aids and other tools will be developed to operationalize PMTCT at the clinic level and ensure linkages between PMTCT and antiretroviral treatment (ART) programs. Funding also will be used to help course directors implement provincial training plans to ensure that 4,500 healthcare workers are trained in 2006.
- Psychosocial support around early infant diagnosis: The NDOH has requested support to address psychosocial issues related to early infant diagnosis. To this end, the NDOH is developing a protocol for early infant diagnosis and implementing pilot PCR testing projects in two facilities per province. These pilot projects face challenges, primarily from local healthcare workers who are reluctant to conduct PCR testing on six week old infants. This Emergency Plan-funded activity will work with healthcare workers and family members from two facilities in Gauteng Province to help address the psychosocial issues associated with conducting HIV diagnostic tests on infants. This activity will contribute to a process resulting in early diagnosis of HIV-positive infants and their referral to ARV sites for monitoring, ensuring that they receive treatment at the appropriate time.
- Technical Assistance to NDOH: Technical assistance to the NDOH will be provided by two locally employed staff with relevant training and backgrounds in HIV/AIDS care and treatment. Technical assistance will focus on the development of protocols and guidelines, and will seek to address the challenges encountered while implementing and integrating PMTCT into routine maternal, child and women's health services.
- Infant Feeding Meeting: Emergency Plan funding will be used to convene a PMTCT stakeholders meeting to discuss the infant feeding policy and develop strategies to improve exclusive feeding in HIV-positive mothers. The aim of the meeting is to strengthen the infant feeding component of the PMTCT program.

- Pilot Project to increase PMTCT Uptake: This new project will be implemented in nine antenatal care facilities throughout South Africa (to be determined). These facilities will provide a safe space for counselors to conduct counseling and testing (CT) for pregnant women including an opportunity to pilot an "opt out" HIV testing policy.

HIV PREVENTION:
Emergency Plan funds will support the following:

- CDC will hire a locally employed staff person to work with the NDOH in the design and delivery of their youth interventions in the area of HIV/AIDS treatment, care, and prevention.
- Emergency Plan funds will support the delivery of an intervention aimed at addressing the HIV risks faced by vulnerable populations in Cape Town, Durban and Pretoria (such as drug users, sex workers and men who have sex with men) and increasing their access to prevention, care and treatment.
- The Western Cape DOH will use Emergency Plan assistance to design and implement a rapid assessment of the population of older men involved in sexual relationships with younger women. The results of the assessment will guide the design of prevention programs targeting men's risk behavior.

HIV COUNSELING AND TESTING:
At the request of NDOH, CDC will use Emergency Plan funds to (1) hire two full-time CT technical advisors to be placed at NDOH to assist with coordination of CT activities; and (1) enhance capacity of NDOH CT staff by providing support for the NDOH's annual CT technical meeting, and sponsoring NDOH CT staff attendance at the international AIDS conference.

TB/HIV:
This project will improve systems and software to enhance NDOH's capacity to conduct TB/HIV surveillance and monitor TB/HIV program performance, strengthen the integration of HIV and TB services, and improve services for co-infected individuals in all nine provinces. NTCP is working to include HIV testing and treatment data within the routine TB surveillance system. This is an important activity given the driving impact of HIV on the TB epidemic. Efforts are underway to expand access to provider-initiated HIV counseling and testing for TB patients as an entry point for HIV care and support services. The pace and coverage of this expansion can be better evaluated as HIV testing and care data are linked to the routine TB recording and reporting system. The system can also help to inform the degree to which TB patients are being offered opportunities for expanded HIV care and treatment. WamTechnology, a private South African information systems provider, has been selected to assist CDC South Africa and the National Tuberculosis Control Program (NTCP) to develop software and provide user support for this activity.

HIV TREATMENT:
Emergency Plan funding will support the NDOH in the implementation of the Comprehensive Plan by providing financial and technical assistance to ensure greater access to antiretroviral treatment (ART). The support activities include the following components:

- Support for staff costs for a locally hired CDC staffer to provide support to the NDOH when required in the implementation of the Comprehensive Plan;
- Support for integrated TB/HIV activities in sites providing ART through an evaluation of the extent to which national guidelines for TB screening, diagnosis, referral and care are being implemented in order to identify best practices for improved TB/HIV collaborative activities;

- Support for at least six meetings with external stakeholders providing ART to ensure proper coordination with the SAG, and to share lessons in implementing ART programs;
- Support for capacity building for the National Project Management Team in the NDOH, including the appointment of an additional locally hired staff person to strengthen the work of this management structure and to build project management skills;
- Support for the development and distribution of communication and marketing materials to the nine provincial management teams relating to ART.

STRATEGIC INFORMATION:
Emergency Plan funds will support the NDOH in its effort to implement M&E activities in its HIV/AIDS programs nationwide. CDC has provided technical support for M&E at both the national and provincial levels since 2003, including technical support in developing standard indicators, developing policies and guidelines and training tools. These funds will be used to expand the NDOH's M&E activities at the national and provincial levels. Activities include:

- Training: Funds will be used to conduct orientation sessions on M&E for HIV/AIDS program staff. These sessions will serve as a means of introducing new (and existing) M&E officers, and to provide staff with basic information on the importance of M&E, its objectives and the activities required to meet these goals. Staff also will receive training in the District Health Information System (DHIS), an electronic database currently used to track disease and health indicators nationwide, and in more sophisticated M&E techniques used in program planning. HIV/AIDS program staff will be trained in data management techniques.
- New staff: An expert in Strategic Information will be hired to provide technical assistance to the NDOH to support data use and analysis efforts within the NDOH.
- GIS: Emergency Plan funds also will support the development of a geographic information system (GIS) program in the NDOH.

National Department of Health / Cooperative Agreement

Program Areas:
- HIV Prevention
- Strategic Information

Project Initiation:
- 2003

Government Linkages:
- All nine Provincial Departments of Health
- National Department of Health

Provinces:
- Nation-wide Scope

SUMMARY:
The Emergency Plan supports a cooperative agreement between the National Department of Health and the US Centers for Disease Control (CDC), providing financial and technical assistance in the areas of HIV Prevention and Strategic Information.

HIV PREVENTION:
Emergency Plan funds will support Abstinence/Be faithful (AB) prevention activities targeted to young people in South Africa. These funds will build infrastructure within the NDOH and expand the department's current AB activities. It is anticipated that NGOs currently funded by NDOH, and experienced in providing AB prevention activities will work with churches in rural areas to develop radio messages and train peer educators to reinforce the radio messages. Activities will be coordinated by the newly hired youth specialist at CDC and implemented in conjunction with Harvard School of Public Health peer education efforts.

STRATEGIC INFORMATION:
At the request of NDOH, CDC will use Emergency Plan funds in the form of a Cooperative Agreement with NDOH to hire and place 11 monitoring and evaluation (M&E) officers in information management offices at the national and provincial levels. Specifically, two officers will be placed at the NDOH, and the remaining nine will be placed in provincial DOH. These officers will support NDOH information gathering and reporting efforts and contribute to improving the flow of critical data within the department and among its external partners. The M&E officers will provide technical expertise in strategic information (SI), with a special emphasis on improving data flow within the provincial DOH (e.g., between districts and the provincial capital) and between the provinces and the national level. In addition to facilitating information flow, the officers will work to build local capacity in data management and the use of public health/epidemiological data for planning.

National Institute for Communicable Diseases

Program Areas:
- Laboratory Infrastructure
- Strategic Information

Project Initiation:
- 2003

Government Linkages:
- National Department of Health

Provinces:
- Nation-wide Scope

SUMMARY:
National Institute for Communicable Diseases (NICD) will use Emergency Plan funds to carry out priority projects in laboratory infrastructure and strategic information. These projects are carried out at the national level.

LABORATORY INFRASTRUCTURE:
NICD will use Emergency Plan funds to:
- Receive appropriate technical assistance and equipment to develop a national TB reference laboratory (NTBRL).
- Develop appropriate tools to assess rapid HIV test kits.

- Implement a quality management training program at HIV testing sites that use HIV rapid test kits.
- Implement an External Quality Assessment (EQA) program to monitor the performance of HIV viral assays.
- Implement an operational plan to scale up HIV diagnosis in infants.

STRATEGIC INFORMATION:
NICD will use 2006 Emergency Plan funds to:

- Enhance existing national surveillance by continuing and extending sentinel surveillance of opportunistic bacterial and fungal pathogens in HIV-infected individuals in nine provinces.
- Conduct monthly surveillance for syndromically diagnosed sexually transmitted infection (STI) in 270 sentinel sites in nine provinces.
- Coordinate and support the National Microbiological Surveillance Programme (NMSP) for STIs.
- Develop a program to assist national efforts in communicable disease surveillance by providing appropriate training for epidemiologists and laboratory workers.
- Collect trend data for HIV incidence in the evaluation of the BED assay as well as validation of the assay in general populations.
- Conduct HIV-1 drug resistance testing in drug naive and drug-treated persons.

Population Council / Frontiers: Post-Rape Care

Program Areas:

- HIV Prevention

Project Initiation:

- 2004

Government Linkages:

- Limpopo Provincial Department of Health

Provinces:

- Nation-wide Scope (with implementation in Limpopo)

SUMMARY:
During 2006, Population Council/FRONTIERS, in collaboration with RADAR (Rural AIDS Development and Research) and other stakeholders, will apply lessons learned through previous Emergency Plan-funded pilot work, in order to consolidate a model for delivering post-rape care, including HIV post-exposure prophylaxis (PEP) that is appropriate to resource poor areas, while aiming to assess and influence the current policy and health systems environment for scaling up this model. The model is implemented in Tintswalo Hospital in Limpopo, in collaboration with the Provincial Department of Health.

BACKGROUND:
In South Africa, a country with a rapidly escalating AIDS epidemic and high levels of sexual violence, rape survivors are a high risk group in need of targeted health services, including HIV

prevention. This ongoing project responds to South Africa's recent National Department of Health (NDOH) policy calling for provision of PEP following sexual assault. Individual hospitals, clinics, and NGOs are developing approaches to PEP delivery on an *ad hoc* basis, and with little systematic monitoring or evaluation. In the absence of standardized policies or guidelines, certified training curricula, or service delivery models, it is difficult for Provincial Departments of Health to know how best to scale-up sexual violence services and PEP at local and national levels.

HIV PREVENTION:
This project is comprised of the following activities:

- Training and Local Organization Capacity Development: The project has established a coordinated post-rape program that has integrated post-rape services with existing counseling and testing (CT), HIV and other relevant hospital services, developed relevant hospital policies, guidelines and training materials, and implemented provider training for approximately 30 healthcare workers, pharmacists, police, and social worker*s*.
- Strategic information, Quality Assurance and Supportive Supervision, and IEC: The project has established local monitoring and evaluation systems, and created linkages between health care providers, social workers, the police and community volunteers, in order to improve comprehensive care including PEP. Working with local partners, the NDOH, the South African Qualifications Authority (SAQA) and others, the project will continue to monitor quality of service delivery (including PEP uptake and adherence), while using this experience to develop standardized curricula and training qualifications, service delivery algorithms, referral mechanisms, and record-keeping systems relevant to wider scale-up.
- Development of network/linkages/referral systems: The project will work with the National and Provincial Departments of Health to understand existing policies, plans and budgets for introducing comprehensive post-rape services and PEP into provinces and districts.
- Needs Assessment, and Policy and Guidelines: Based on identified gaps in training models, policies, and guidelines relating to post-rape care and PEP, and identifying potential obstacles and opportunities, the project will generate recommendations for guiding further scale-up of post-rape services and PEP at provincial and national levels.

Population Council / Horizons: OVC and TB/HIV Assessments

Program Areas:

- Support for Orphans and Vulnerable Children
- TB/HIV

Project Initiation:

- 2004

Government Linkages:

- National Department of Health
- National Department of Social Development

Provinces:

- Nation-wide Scope

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:
The National Departments of Health and Social Development and donors have all emphasized the need to document local OVC service delivery models. In response, this activity will document models of OVC care being provided by the Emergency Plan funded partners in South Africa. Particular areas of focus will include models of child-centered service delivery, comprehensive programming, strengthening family and community capacity and participation, and monitoring of services including quality. The network approach used will also be thoroughly documented and analyzed. A case study approach will be used to document and understand both horizontal and vertical network relationships which will contribute to determining which OVC network models address the continuum of beneficiaries' needs and have the potential for scale-up and sustainability. The study results will contribute to improved design and management of OVC programs, and will document the added value OVC programs offer.

TB/HIV:
Horizons will conduct an analysis of the models to integrate HIV and TB services used by Emergency Plan partners. Through case studies, the network approaches to service provision used by Emergency Plan partners will be thoroughly documented, including the network components, approaches to the integration of HIV and TB, and types of linkages and referral systems. Analysis of the network model will address the strengths and weakness of various configurations and approaches to linking and increasing the coverage and quality of HIV and TB services. The study also will explore practices in management of HIV/TB co-infection with regard to initiation of ART in HIV-positive patients co-infected with TB, follow up of these clients, links between the services, and compliance of these programs with national guidelines. This analysis will contribute to determining which models of TB/HIV integration address the continuum of needs of beneficiaries and have the potential for scale-up and sustainability.

Soul City

Program Areas:
- HIV Prevention
- HIV Treatment

Project Initiation:
- 2005

Government Linkages:
- National Department of Health
- National Department of Education
- Department of Public Service Administration

Provinces:
- Nation-wide Scope

SUMMARY:
Soul City implements HIV Prevention and HIV Treatment activities with Emergency Plan funding as part of a broad intervention funded by a number of donors. Soul City is the largest public broadcast vehicle for HIV and AIDS awareness in South Africa. Soul City implements its

activities in collaboration with the National Departments of Health, Education and Public Service Administration.

BACKGROUND:
These activities are ongoing. The Soul City and Soul Buddyz media platforms (both complemented by community outreach activities) are multiyear initiatives focused on HIV/AIDS education. Soul City has been operational since 1994, and Soul Buddyz since 2001. The Soul Buddyz Club, a Soul Buddyz intervention, has been operational for three years. Soul City's community based training has been operational for four years. Soul City conducts regular independent assessments of its activities and their impact.

HIV PREVENTION:
Soul City proposes using Emergency Plan funds to conduct four media activities to promote integrated HIV/AIDS prevention, care and treatment programs.

- Soul City Series 8 comprises TV episodes aimed at a family audience and broadcast during prime time. It also includes 60 fifteen-minute radio episodes in nine languages, as well as a 36 page color booklet for adults printed in nine languages. Issues to be covered include HIV/AIDS and all aspects of treatment, ongoing messages about prevention and stigma, including the promotion of abstinence, faithfulness, treatment literacy and counseling and testing (CT). The series also will cover masculinity and gender with particular reference to HIV/AIDS. Marketing will promote and link the above materials. Emergency Plan funding will be used to support approximately 30% of this activity.
- Soul Buddyz 4 comprises (1) TV drama episodes aimed at children and their parents; (2) TV episodes aimed at children to be broadcast in children's time the day after the broadcast of an existing drama called "Buddyz on the Move"; (3) radio episodes in nine languages; (4) a parenting book in four languages; (5) grade seven life skills book that will be distributed to pupils; and (6) marketing to promote and link these materials. The topics for Soul Buddyz series 4 cover HIV/AIDS from a child's perspective, focusing on the impact of HIV/AIDS on children's lives and on the school system, particularly where the death of a parent has occurred. Soul Buddyz also will deal with the impact of the epidemic on the school system in terms of stigma and absenteeism of teachers and children. The series will continue to include prevention messages, in particular the promotion of abstinence and faithfulness. It also educates children about treatment. Emergency Plan funding will be used to support approximately 30% of this activity.
- Based on the Soul Buddyz intervention, Soul Buddyz Club is a community mobilization intervention aimed at children, based mainly in schools and facilitated voluntarily by teachers. Children in the clubs learn about life skills covered in the Soul Buddyz series and are encouraged to do outreach work in their schools, families and communities. Twenty-one hundred clubs already exist nationwide, and in 2006 Soul City will establish an additional 400 clubs. The content focus of the clubs will be AIDS and its impact on schools; Abstinence/Be Faithful (AB), sexuality and focusing on the prevention of HIV transmission. Emergency Plan funding will be used to support approximately 40% of this activity.
- Soul City develops flexible training materials in five local languages that cover all aspects of the epidemic, in particular prevention stressing AB as well as ARV support and support for home-based care and OVC. These materials are provided to the general public and also are used by 15 partner NGOs using a cascade training model. Emergency Plan funding will be used to support approximately 40% of this activity.
- Emergency Plan funds will support two activities that will enhance the Heartlands Project and focus on HIV prevention and AB messages. First, Heartlands will mobilize and engage FBOs so they are included in the national debate on HIV/AIDS while

challenging their members to live healthy and productive lives. Heartlands will mobilize leaders of major faith-based groups and their membership before the broadcast of the films. Formal support from major religious leaders has already been achieved such as Bishops Tutu and Dandala, head of the All African Council of Churches. Informal FBO structures will also be mobilized through the use of written material that will be distributed at the congregational level and will include teaching guidelines on HIV/AIDS geared for this audience. Second, the films and parenting book will be adapted so FBOs can use them as teaching materials for small groups after the broadcasts. These materials will be distributed to the congregations that were mobilized. The films will also be adapted to be used as life skills materials for grade 10. Training for facilitators will be provided for at least 2,000 schools.

HIV TREATMENT:

Soul City uses Emergency Plan funds to conduct three media activities to promote integrated HIV/AIDS prevention, care and treatment programs in South Africa. These three activities will contribute to the goals of getting people to start treatment at the appropriate stage in the disease and improving treatment compliance.

- Soul City Series 8 comprises TV episodes aimed at a family audience and broadcast during prime time. It also includes 60 fifteen-minute radio episodes in nine languages, as well as a 36 page color booklet for adults printed in nine languages. Issues to be covered include HIV/AIDS and all aspects of treatment, ongoing messages about prevention and stigma, including the promotion of abstinence, faithfulness, treatment literacy and counseling and testing (CT). The series also will cover masculinity and gender with particular reference to HIV/AIDS. Marketing will promote and link the above materials. Emergency Plan funding will be used to support approximately 30% of this activity.
- Soul Buddyz 4 comprises (1) TV drama episodes aimed at children and their parents; (2) TV episodes aimed at children to be broadcast in children's time the day after the broadcast of an existing drama called "Buddyz on the Move"; (3) radio episodes in nine languages; (4) a parenting book in four languages; (5) grade seven life skills book that will be distributed to pupils; and (6) marketing to promote and link these materials. The topics for Soul Buddyz series 4 cover HIV/AIDS from a child's perspective, focusing on the impact of HIV/AIDS on children's lives and on the school system, particularly where the death of a parent has occurred. Soul Buddyz also will deal with the impact of the epidemic on the school system in terms of stigma and absenteeism of teachers and children. The series will continue to include prevention messages, in particular the promotion of abstinence and faithfulness. It also educates children about treatment, contributing to treatment literacy. Emergency Plan funding will be used to support approximately 30% of this activity.
- Based on the Soul Buddyz intervention, Soul Buddyz Club is a community mobilization intervention aimed at children, based mainly in schools and facilitated voluntarily by teachers. Children in the clubs learn about life skills covered in the Soul Buddyz series and are encouraged to do outreach work in their schools, families and communities. Twenty-one hundred clubs already exist nationwide, and in 2006 Soul City will establish an additional 400 clubs. The content focus of the clubs will be AIDS and its impact on schools; Abstinence/Be Faithful (AB); sexuality and focusing on the prevention of HIV transmission. Emergency Plan funding will be used to support approximately 40% of this activity.
- Soul City develops flexible training materials in five local languages, used to train healthcare workers providing ART, people caring for children on ART as well as the general public. These materials cover all aspects of the epidemic, with particular focus

on ART, prevention stressing AB as well as support for home-based care and OVC. These materials are used by 16 partner NGOs using a cascade training model.

The Futures Group: Policy Project

Program Areas:

- HIV Prevention
- HIV Care and Support
- Strategic Information
- Systems Strengthening

Project Initiation:

- 2002

Government Linkages:

- National Department of Health

Provinces:

- Nation-wide Scope

SUMMARY:
The POLICY Project implements four programs in HIV Prevention, HIV Care and Support, Strategic Information and Systems Strengthening. POLICY activities are carried out primarily at the national level, in close collaboration with the National Department of Health. The HIV Care and Support work undertaken by POLICY is in collaboration with key civil society organizations in six provinces.

HIV PREVENTION:
The POLICY Project will ensure the expanded delivery of Abstinence/Be Faithful (AB) prevention messages to faith-based organizations, Traditional Leaders and community-based organizations.

- Traditional Leaders: In 2001, a partnership between the National Department of Health (NDOH) and the Nelson Mandela Foundation yielded the formation of the National Traditional Leaders HIV/AIDS Forum and the development of a National Strategy by Traditional Leaders to address challenges of HIV/AIDS. POLICY designed and initiated the first phase of the Traditional Leaders' capacity building project in 2003. This project seeks to address male norms and behaviors by mobilizing communities to challenge high risk behavior in terms of masculinity and multiple sexual partners for boys. POLICY will implement a program comprised of three master trainer workshops that will train a total of 120 Traditional Leaders in three provinces. The Traditional Leaders will be provided with skills to implement AB prevention programs in their respective local communities especially targeting initiates (young men) at local initiation schools. The three provinces will be selected on the basis that they have Traditional Leader Structures and that they have areas prioritized as "poverty nodal areas". Following the master training, each Traditional Leader is expected to conduct five one-day workshops. The POLICY Project will provide limited financial support to Traditional Leaders to assist in the implementation of their AB programs, channeled through the respective Provincial AIDS Councils.

- Faith-based organizations: POLICY will provide training and technical and financial support to the National Baptist Church of South Africa (NBCSA), Crossroads Baptist Church (Cape Town), and Southern African Catholic Bishops Conference (SACBC) to support the development and rollout of their AB programs throughout South Africa. Through these FBOs, this project seeks to mobilize communities to address gender norms and behaviors that lead to increased risk of HIV infection, as well as address and mitigate stigma and discrimination in communities.

In addition, POLICY will address the gap in information and activities benefiting men who have sex with men (MSM) in South Africa through a collaborative effort with EngenderHealth, The Triangle Project, OUT, the Centre for the Study of AIDS at the University of Pretoria and the National Department of Health. This national activity will work to improve networks and linkages between organizations providing health services to HIV-positive men and those affected by HIV/AIDS as well as improve the capacity of organizations to provide services and advocate for the needs of MSM. Specific activities include:

- Facilitate a collaborative meeting between 15 key stakeholders from key SAG departments and civil society organizations (local and international), to discuss an integrated HIV prevention approach to target the MSM community in South Africa. The meeting will undertake a situational analysis of current MSM prevention programs to identify the needs of the MSM sector and to develop a coordinated strategy to respond to the identified needs.
- Facilitate a training of trainer's advocacy workshop for 20 program managers working to improve men's sexual health. The workshop will provide participants with skills and knowledge to articulate key policy and program issues in relation to MSM, specifically focusing on issues relating to stigma and discrimination, and male norms and behaviors.

HIV CARE AND SUPPORT:
The POLICY Project will provide technical assistance to people living with HIV/AIDS (PLWHA) organizations to assist them to provide quality palliative care and support to people living with and affected by HIV/AIDS. This is a new activity aimed at partnering with key civil society organizations including Young Living Ambassadors, the National Association of People Living with HIV/AIDS (NAPWA) and Western Cape-National AIDS Coordinating Committee of South Africa (WC-NACOSA) to develop a capacity building program for PLWHA organizations focused on providing palliative care to PLWHA at the community level. POLICY has key technical expertise and will draw on POLICY developed resources to support this activity (To the Other Side of the Mountain – A Toolkit for People Living with HIV and AIDS in South Africa, and the National guidelines to establish and maintain support groups for people living with and/or affected by HIV and AIDS, both developed with 2004 Emergency Plan funding) as well as key resources addressing HIV/AIDS stigma.

STRATEGIC INFORMATION:
The POLICY Project will carry out capacity building activities and provide technical support to ensure improved national level financial planning and effective resource allocation for HIV/AIDS. The POLICY Project has significant expertise in providing assistance to governments and donors in planning and allocating future resources to manage national HIV/AIDS programs. This is an ongoing activity in South Africa, first initiated in 2001 with the collaboration of the National Department of Health (NDOH) and several other government departments. In 2004/5 the activities were funded by the Emergency Plan and were used to provide technical assistance (TA) and training for staff at the Health Financing and Economics Unit (HFEU) of the NDOH. POLICY has worked and will continue to work collaboratively

with the Health Economics Unit at the University of Cape Town to ensure continued support to the NDOH.

POLICY will carry out two separate activities in this program area, both of which work towards ensuring stable and effective short and long term health care financing. Both activities also will focus on training, so that staff members are able to work independently and apply the different models.

- POLICY will assist the HFEU in monitoring the cost implications of progress in implementing the government's comprehensive AIDS program through the application of the goals model to provide ongoing information and assistance to the NDOH to help them explore the costs and effects of different strategy options.
- The Health Economics Unit at the University of Cape Town will provide ongoing capacity support to the HFEU to enable them to develop strategic information regarding resource estimates for the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa that informs resource allocation by the South African Government (SAG).

SYSTEMS STRENGTHENING:

The POLICY Project will help to strengthen institutional capacity in the public and private sector and civil society organizations through the design and implementation of HIV/AIDS policy and programs, with a focus on stigma and discrimination. POLICY continues to work with three key partners on its policy development activities:

- University of Stellenbosch: POLICY will provide training to policy makers and program managers enrolled on the Stellenbosch University Postgraduate Diploma to assist them to design and develop HIV/AIDS workplace policies and programs in their respective workplaces. POLICY also will initiate the development of a curriculum for a new course targeting Chief Executive Officers to develop their leadership capacity in managing HIV/AIDS in the workplace.
- Department of Public Service and Administration (DPSA): Through the DPSA, POLICY will provide technical assistance (TA) to five government departments to ensure the effective design and implementation of HIV/AIDS workplace programs in the public service. Technical support will be provided to the DPSA to strengthen the implementation of HIV/AIDS policies and strengthen the skills of departmental HIV/AIDS managers in the public service. POLICY also will provide ongoing assistance to the DPSA to implement its stigma mitigation strategy through training 20 DPSA employees to be trainers.
- Centre for the Study of AIDS, University of Pretoria (CSA): Through the ongoing implementation of the Siyam'kela Project, people living with HIV/AIDS (PLWHA) will be trained to work effectively with media and media practitioners, lobby for PLWHA in stigma mitigation and offer leadership and training on strategies to mitigate HIV/AIDS stigma and discrimination, with a special emphasis on internal stigma. POLICY also will work with media practitioners in HIV/AIDS stigma and train them to develop strategies to influence media representations of HIV/AIDS and PLWHA.

University of North Carolina: MEASURE Evaluation

Program Areas:

- Support for Orphans and Vulnerable Children
- Strategic Information

Project Initiation:

- 2004

Government Linkages:

- National Department of Health
- National Department of Social Development

Provinces:

- Nation-wide Scope

SUMMARY:
MEASURE carries out a number of activities as part of a larger strategic information strategy with the South African Government (SAG). All activities are implemented at the national level in coordination with the National Departments of Health and Social Development

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:
A MEASURE Evaluation Resident Monitoring and Evaluation (M&E) Advisor will work under the direct day-to-day supervision of the Chief Director of the HIV and AIDS Unit within the Department of Social Development (DSD) to support the development of an M&E component for the DSD, and assist in the operationalization of this plan. In addition, the M&E Advisor will provide program management support and technical assistance to the organization selected to develop a management information system (MIS) to track OVC at district, provincial and national levels. The M&E Advisor will assist the DSD in developing and implementing an M&E strategy to complement their OVC policy framework and will be an integral part of the DSD strategy development process to integrate M&E. Starting with the strategy document, the M&E Advisor will further develop the M&E section into an operational plan and timeline and assist the DSD in implementation of the operational plan. Activities will include development of M&E capacity of staff within the DSD and local partners.

STRATEGIC INFORMATION:
MEASURE Evaluation will provide a broad program of technical assistance and other targeted project support to Emergency Plan partners to improve the quality, availability and use of strategic information in South Africa. The overall activity objective of Measure Evaluation Phase II is to improve the collection, analysis and presentation of data to promote use in planning, policy-making, managing, monitoring and evaluating the South Africa Emergency Plan program. The approach to capacity building is individualized and continuous; each partner's experience in receiving technical assistance will be unique. MEASURE Evaluation also will utilize multiple strategies for increasing SI demand, availability and utilization among Emergency Plan partners by funding and managing a data warehouse and collaborative workgroup web server.

University of Pretoria: MRC Unit

Program Areas:

- Strategic Information

Project Initiation:

- 2005

Government Linkages:

- National Department of Health

Provinces:

- Nation-wide Scope

SUMMARY:

University of Pretoria/MRC Unit's project is a PMTCT monitoring project, aimed at improving the quality of PMTCT service delivery. During 2005, the foundations for the Child Health Care Problem Identification Program (CHPIP) project were laid using Emergency Plan funding. 2006 funding will be used to continue support for monitoring the impact of managing HIV-infected pregnant women and PMTCT on perinatal and infant mortality, as well as the impact of cotrimoxazole prophylaxis and antiretroviral treatment (ART) on HIV-infected children. The MRC unit works in collaboration with the National Department of Health, Child Health Directorate.

BACKGROUND:

HIV infection has a major impact on the mortality of fetuses, infants and children. Perinatal mortality in South Africa is currently monitored by the Perinatal Problem Identification Programme (PPIP). Prior to 2005, information on the causes of deaths of children was not routinely collected, and there was no way to determine the impact of PMTCT. However, with 2005 Emergency Plan funding, and in collaboration with the National Department of Health (NDOH), the PPIP system was updated to include fields for ART during pregnancy, cotrimoxazole prophylaxis in the first six weeks after birth, and infant feeding information. These updates will allow NDOH to determine the number of children dying from HIV related infections, as well as provide an indirect proxy for PMTCT impact. Health Care Workers were trained in using the PPIP monitoring system. 2005 Emergency Plan funding also was used to implement a new hospital-based audit system of child deaths – CHPIP -- in 18 sites around South Africa. Analysis of the first six months of data from seven pilot sites indicated that 62% of child deaths under five years of age are related to HIV infections. Although the purpose of CHPIP is to monitor child deaths, particularly as they relate to HIV, the CHPIP enables hospitals to identify preventable causes of deaths as they relate to the health system and to the community and identify strategies to address these. Pediatricians from these sites were trained in the use of CHPIP, and how the data obtained from the program can feed back into the program to improve quality of care and prevent mortality of children. CHPIP will be used to monitor children born to mothers in the PMTCT program, and ensure that they receive appropriate care and referrals.

STRATEGIC INFORMATION:

2006 funding will be used to continue supporting CHPIP implementation around the country, to compile the data from the 18 sites and generate a report that can be used to improve quality of care given to HIV-infected infants and children, and to continue establishing links with NDOH to expand the project to other facilities.

University Research Corporation: Increasing Access to CT

Program Areas:

- HIV Counseling and Testing

Project Initiation:

- 2006

Government Linkages:

- National Department of Health

Provinces:

- Nation-wide Scope

HIV COUNSELING AND TESTING:
URC will provide grants and technical assistance (TA) to local FBOs and CBOs to increase access to community-based CT services, and TA to government health facilities. TA will include needs assessments, continuous quality improvement, and measurement and monitoring of results and outcomes, to equip organizations with the knowledge and skills needed to create demand for CT services, provide quality CT (including program management) and establish referral networks between CT services and available HIV/AIDS prevention, treatment, care and support services. Demand for CT and other HIV services will be created through behavior change and social marketing interventions. Increased access to CT services will result from training and supervising CBOs and FBOs to provide facility and mobile CT services on their own or in partnership with Department of Health facilities.

This is a new project, sites for which are to be determined in close collaboration with the National Department of Health.

US Agency for International Development: Support for Department of Social Development

Program Areas:

- Support for Orphans and Vulnerable Children

Project Initiation:

- 2006

Government Linkages:

- National Department of Social Development

Provinces:

- Nation-wide Scope

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN:
The National Department of Social Development has requested Emergency Plan support for a nationwide conference on OVC from June 4-7 in Gauteng. The theme of the conference is

"strengthening coordinated action for orphans and other children made vulnerable by HIV and AIDS." This will be a follow up to a 2002 conference: "A Call to Action for Children Affected by HIV and AIDS." The 2006 conference will launch the Policy Framework and the National Action Plan for OVC, strengthen coordinating mechanisms and promote good practice on psychosocial support to OVC.

US Centers for Disease Control and Prevention: HIV Services for STI Patients

Program Areas:

- PMTCT
- HIV Prevention
- Counseling and Testing

Project Initiation:

- 2006

Government Linkages:

- National Department of Health

Provinces:

- Nation-wide Scope

SUMMARY:

The Emergency Plan will support three independent activities targeting high risk populations of patients with sexually transmitted infection (STI). Projects all are national in scope, and specific implementing sites will be selected in collaboration with the National Department of Health.

1. The CDC's Division of Sexually Transmitted Disease Prevention will evaluate existing program data to understand the barriers to the effective implementation of the national maternal syphilis screening and treatment policy in existing PMTCT and antenatal care (ANC) programs in South Africa;
2. The CDC will oversee the development of an HIV prevention video that will target HIV-positive individuals of reproductive age who are attending STI clinics, are being treated for an STI, or whose partners are HIV-positive or have another STI;
3. The CDC's Division of Sexually Transmitted Disease Prevention will use Emergency Plan funds to initiate high quality HIV Counseling and Testing (CT) services into existing sexually transmitted infection (STI) clinical services. Implementing sites will be selected in collaboration with the National STI Reference Center and the National Department of Health.

PMTCT:

Preliminary data from southern Africa support the observation that HIV mother-to-child (MTC) transmission is higher among women co-infected with syphilis than among women without syphilis, even in the presence of effective ARV prophylaxis for neonates. Thus, untreated maternal syphilis appears to lead not only to congenital syphilis, but also to increased HIV infection for infants. The fact that inexpensive, easy-to-use syphilis screening tests exist, and that effective treatment (intramuscular penicillin) is inexpensive and universally available on national essential drug formularies, suggest that this HIV prevention strategy could be improved if the

systems and other barriers to effective syphilis screening and treatment were understood and, when possible, modified. In South Africa, national guidelines have recommended universal syphilis testing as part of routine care for ANC attendees for many years. However, a 2002 survey of ANC clinics in South Africa found only four (29%) of 14 clinics had a functioning testing system for syphilis. Patient transportation was the single most important obstacle to testing.

Specific activities for which Emergency Plan funding will be used will include:

- A meeting of local/national and other donors involved in ANC and PMTCT HIV and syphilis screening to coordinate efforts and information.
- Two nurses will be hired to review program data from selected existing PMTCT and ANC programs, visit selected sites, and discuss system barriers and facilitators.
- One person will be hired to conduct data entry and simple analyses of chart review data.
- A report will be developed outlining needs assessment results and recommending next steps.

HIV PREVENTION:
Clinical facilities serving HIV-positive patients and other sexually transmitted infections (STI) are often busy settings where patients wait for a long period of time to receive care. This waiting time is an opportunity to educate patients on the means of preventing HIV or other STI transmission to themselves or their partners – ideally through methods, such as educational videos, that do not require clinical staff to be present. Few educational videotapes exist that provide correct prevention information in a culturally acceptable manner for South Africa, and especially for youth. This activity will develop a brief, animated videotape that provides HIV/STI prevention information for a young, at-risk audience. A variety of HIV/STI prevention information will be covered including the effectiveness of abstinence and being faithful; the importance of knowing a partner's HIV status; ensuring partner notification and treatment if exposed to a curable STI; and providing information about use and effectiveness of condoms. Emergency Plan funding will be used to identify specific educational needs including acceptable means of communication by reviewing existing information and conducting (if necessary) focus groups with target populations; and to develop, disseminate, and evaluate the video's acceptability and use among these target groups. In addition three targeted condom service outlets will be established. The proposed educational video will be shown at public HIV outpatient and STI clinics and will also be made available to other interested organizations.

COUNSELING AND TESTING:
People with newly diagnosed STIs are at greatly increased risk for contracting other STIs, including HIV. The STI diagnostic encounter with these high-risk patients provides healthcare workers an opportunity to encourage CT for HIV, provide health/prevention education, and (if HIV-positive) refer to life-extending antiretroviral therapy (ART). The proposed approach is to normalize CT through sensitizing healthcare providers and offering a simple and effective CT model that has been used effectively in STI clinics and other settings internationally. The model employs confidentiality and a respectful approach to reduce stigma and discrimination while promoting HIV testing. It is assumed that the program will scale up and allow these tools/curricula to become widely available in South Africa.

A program needs assessment will be completed to identify current barriers to routine CT in the facility and the community. Based on the results of this assessment, a simple and effective HIV CT model that has been used successfully internationally will be adapted to the South African context and facility/setting. All facility providers will be encouraged to take a short training course to promote their understanding and encouragement of routine HIV testing for all patients

with new or suspected STIs. HIV CT will be promoted as an expected norm in this clinical situation. Providers will also be instructed to ask all patients to see the HIV counselor as part of their routine care. The counselors (staff trained in CT by the project) will provide prevention counseling that strongly encourages HIV testing and uses a goal-setting approach to reduce high risk behavior. The project will develop systems to collect, analyze, and disseminate program data on test uptake, receipt of test results, effectiveness of the referral system, and quality of counseling.

V. KwaZulu-Natal Implementation Sites by Program Areas

PMTCT

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Academy for Educational Development: Linkages		Assisi Clinic	Port Shepstone
Academy for Educational Development: Linkages		Baphumile Clinic	Umzumbe
Academy for Educational Development: Linkages		Khayelihile Clinic	Scottburgh
Academy for Educational Development: Linkages		Mgayi Clinic	Scottburgh
Academy for Educational Development: Linkages		Morrisons Post Clinic	Umzumbe
Academy for Educational Development: Linkages		Ndelu Clinic	Hibberdene
Academy for Educational Development: Linkages		Nhlangwane Clinic	Highflats
Academy for Educational Development: Linkages		Ntimbankulu Clinic	Kwa-Dweshula
Academy for Educational Development: Linkages		Nyangwini Clinic	Hibberdene
Academy for Educational Development: Linkages		Phungashe Clinic	Highflats
Academy for Educational Development: Linkages		St. Faith Clinic	Port Shepstone
Academy for Educational Development: Linkages		Thembalisiswe Clinic	Port Shepstone
Academy for Educational Development: Linkages		UGU District	Port Shepstone
Elizabeth Glaser Pediatric AIDS Foundation	McCord Hospital	McCord Hospital	Durban
Elizabeth Glaser Pediatric AIDS Foundation	Mothers 2 Mothers 2 Be	Boom Street Clinic	Pietermaritzburg
Elizabeth Glaser Pediatric AIDS Foundation	Mothers 2 Mothers 2 Be	Caluza Clinic	Pietermaritzburg
Elizabeth Glaser Pediatric AIDS Foundation	Mothers 2 Mothers 2 Be	City Central Clinic	Pietermaritzburg
Elizabeth Glaser Pediatric AIDS Foundation	Mothers 2 Mothers 2 Be	Edendale Hospital	Edendale
Elizabeth Glaser Pediatric AIDS Foundation	Mothers 2 Mothers 2 Be	Imbalenhle Community Health Center	Imbali
Elizabeth Glaser Pediatric AIDS Foundation	Mothers 2 Mothers 2 Be	Maguzi Clinic	Pietermaritzburg
Elizabeth Glaser Pediatric AIDS Foundation	Mothers 2 Mothers 2 Be	Mpophomeni Clinic	Mpophomeni
Elizabeth Glaser Pediatric AIDS Foundation	Mothers 2 Mothers 2 Be	Mpumuza Clinic	Mpumuza (Pietermaritzburg)
Elizabeth Glaser Pediatric AIDS Foundation	Mothers 2 Mothers 2 Be	Northdale Hospital	Northdale
Elizabeth Glaser Pediatric AIDS Foundation	Mothers 2 Mothers 2 Be	Richmond Clinic	Richmond
Elizabeth Glaser Pediatric AIDS Foundation	Mothers 2 Mothers 2 Be	TBD	Pietermaritzburg
Family Health International - CTR		Embaleni Hospital	Embaleni

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Medical Research Council - Good Start	CADRE	Prince Mshyeni Memorial Hospital	Umlazi
Medical Research Council - Good Start	CADRE	Umlazi D Provincial Clinic	Umlazi
Medical Research Council - Good Start	CADRE	Umzomuhle (Umlazi H) Provincial Clinic	Umlazi
Population Council: Frontiers		KwaZulu-Natal Provincial Department of Health	Pietermaritzburg
University of KwaZulu-Natal / Natal University for Health		Caluza Clinic	Caluza
University of KwaZulu-Natal / Natal University for Health		Edendale Hospital	Edendale
University of KwaZulu-Natal / Natal University for Health		GJ Crookes Hospital	Scottburgh
University of KwaZulu-Natal / Natal University for Health		Northdale Hospital	Northdale
University of KwaZulu-Natal / Natal University for Health		Prince Mshiyeni Memorial Hospital	Umlazi
University of KwaZulu-Natal / Natal University for Health		Section D Clinic	Umlazi
University of KwaZulu-Natal / Natal University for Health		Umzinto Clinic	Umzinto
University of Western Cape	CADRE	Umlazi	Umlazi

HIV PREVENTION

Implementing Partner	Sub-Partner	Implementation Site	City / Town
American Center for International Labor Solidarity	South African Clothing and Textile Workers' Union	Kwa-Zulu Natal – Site 01 (Primary site)	Durban
American Center for International Labor Solidarity		Master TOT workshops	Mobeni, Durban
Centre for HIV/AIDS Networking (HIVAN)		Eshowe and Ngwelezane Hospital	Empangeni
Centre for HIV/AIDS Networking (HIVAN)		Eshowe Hospital	Eshowe
Centre for HIV/AIDS Networking (HIVAN)		Eshowe Primary Health Care Clinic	Eshowe
Centre for HIV/AIDS Networking (HIVAN)		Nsingweni Clinic	Nsingweni
Centre for HIV/AIDS Networking (HIVAN)		University of KZN	Durban
Fresh Ministries		George	Ladysmith
Fresh Ministries		Zululand	Bhekuzulu
Fresh Ministries		Zululand	Empangeni
Fresh Ministries		Zululand	Isandlwana
Fresh Ministries		Zululand	Mvunyane
Fresh Ministries		Zululand	Nkwenkwe
Fresh Ministries		Zululand	Sundumbili
Fresh Ministries		Zululand	Ubombo
Hope Worldwide		Cato Manor	Durban
Hope Worldwide		KwaMashu	KwaMashu
Hope Worldwide		Pinetown	Pinetown

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Hope Worldwide		Umlazi	Umlazi
John Snow, Inc	KwaZulu-Natal Provincial Department of Health	Amajuba District Office	Newcastle
John Snow, Inc	KwaZulu-Natal Provincial Department of Health	Amatikulu Provincial Health Care Centre	Stanger
John Snow, Inc	KwaZulu-Natal Provincial Department of Health	Attic Durban	Durban
John Snow, Inc	KwaZulu-Natal Provincial Department of Health	Attic Pietermaritzburg	Pietermaritzburg
John Snow, Inc	KwaZulu-Natal Provincial Department of Health	Dundee Provincial Health Centre	Dundee
John Snow, Inc	KwaZulu-Natal Provincial Department of Health	Empangeni Aids Centre	Empangeni
John Snow, Inc	KwaZulu-Natal Provincial Department of Health	Ethekwini District Office	Durban
John Snow, Inc	KwaZulu-Natal Provincial Department of Health	Jozini District Office	Jozini
John Snow, Inc	KwaZulu-Natal Provincial Department of Health	Ladysmith Provincial Hospital	Ladysmith
John Snow, Inc	KwaZulu-Natal Provincial Department of Health	PMB City Health Pharmacy	Mobeni
John Snow, Inc	KwaZulu-Natal Provincial Department of Health	Society for Family Health Durban	Durban
John Snow, Inc	KwaZulu-Natal Provincial Department of Health	UGI District Office	Port Shepstone
John Snow, Inc	KwaZulu-Natal Provincial Department of Health	Ulundi District Office	Ulundi
Johns Hopkins University: Health Communication Partnership	Applied Broadcast Centre (ABC) Ulwazi	Durban Youth Radio	Berea West, Durban
Johns Hopkins University: Health Communication Partnership	Applied Broadcast Centre (ABC) Ulwazi	Icora CR/	Eshowe
Johns Hopkins University: Health Communication Partnership	Applied Broadcast Centre (ABC) Ulwazi	Imbokodo CR	Isipingo
Johns Hopkins University: Health Communication Partnership	Applied Broadcast Centre (ABC) Ulwazi	Maputaland CR	Jozini
Johns Hopkins University: Health Communication Partnership	Applied Broadcast Centre (ABC) Ulwazi	Newcastle CR	Newcastle
Johns Hopkins University: Health Communication Partnership	Applied Broadcast Centre (ABC) Ulwazi	Radio Sunny South	Port Shepstone

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Johns Hopkins University: Health Communication Partnership	DramAidE	DIT DUR	Durban
Johns Hopkins University: Health Communication Partnership	DramAidE	DIT Riverside campus	Pietermaritzburg
Johns Hopkins University: Health Communication Partnership	DramAidE	Mangosuthu Technikon	Umlazi
Johns Hopkins University: Health Communication Partnership	Mindset	Driefontein Clinic	Ladysmith
Johns Hopkins University: Health Communication Partnership	Mindset	Ekuvukeni Clinic	Ekuvukeni
Johns Hopkins University: Health Communication Partnership	Mindset	Gamalakhe Clinic	Port Shepstone
Johns Hopkins University: Health Communication Partnership	Mindset	Ndumo Clinic	Ndumo
Johns Hopkins University: Health Communication Partnership	Mindset	Njoko Clinic	Nongoma
Johns Hopkins University: Health Communication Partnership	Mindset	Nxamalala Clinic	Impendle
Johns Hopkins University: Health Communication Partnership	Mindset	Prince Cyril Zulu C D Centre	Durban
Johns Hopkins University: Health Communication Partnership	Mindset	Umlazi Clinic	Umlazi
National Department of Correctional Services		Correctional Facilities	(Throughout Province)
National Department of Education		Schools	(Throughout Province)
Nelson Mandela School of Medicine UKZN		Traditional Healers Project	Durban
SA National Defence Force		Military Facilities	
Salvation Army World Service		Catherine Booth Corps (Amatikulu)	Amatikulu
Salvation Army World Service		Durban Central Corps	Durban Central
Salvation Army World Service		Eshowe	Eshowe
Salvation Army World Service		eSibhoweni Corps	eSibhoweni
Salvation Army World Service		eSikhawini	eSikhawini
Salvation Army World Service		Estill Corps	Mangethe
Salvation Army World Service		Evutha Corps	Evutha
Salvation Army World Service		Ezakheni Corps	Ladysmith
Salvation Army World Service		Hammarsdale Corps	Hammarsdale
Salvation Army World Service		Kokstad Corps	Kokstad
Salvation Army World Service		KwaDukuza Corps	Stanger
Salvation Army World Service		KwaGcaba Corps	KwaDlamini
Salvation Army World Service		Madadeni Corps	Madadeni
Salvation Army World Service		Mceleni Corps	Mceleni
Salvation Army World Service		Mirriam Booth Corps	KwaMkize

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Salvation Army World Service		Molweni Corps	Molweni
Salvation Army World Service		Mpumalanga Corps	Mpumalanga
Salvation Army World Service		Nkonisa	Nkonisa
Salvation Army World Service		Nongoma Corps	Nongoma
Salvation Army World Service		Nseleni	Near Empangeni
Salvation Army World Service		Ombimbini Corps	Ombimbini
Salvation Army World Service		Pietermaritzburg Corps	Pietermaritzburg
Salvation Army World Service		Sokhulu Corps	Sokhulu
Salvation Army World Service		Soul Corps	Ixopo
Salvation Army World Service		Ulundi Corps	Ulundi
Salvation Army World Service		Umlazi Corps	Umlazi
Salvation Army World Service		Wembesi Corps	Wembesi
US Department of State Small Grants Fund		Africa Foundation (Wellness Center)	Phinda
US Department of State Small Grants Fund		Generation Vuka	Inanda
US Department of State Small Grants Fund		Operation Bobbi Bear	Winklespruit
US Department of State Small Grants Fund		Siyabona The Creative Learning Trust	Umzinto
US Department of State Small Grants Fund		Sonquoba AIDS Programme Trust	Mbongolwane

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Child Welfare South Africa		KwaMashu	KwaMashu
Child Welfare South Africa		Kwa-Nzimwake and Kwa-Xolo	KwaXolo
Child Welfare South Africa		Umzimkhulu	Umzimkulu
Johns Hopkins University: Health Communication Partnership	DramAidE	DIT DUR	Durban
Johns Hopkins University: Health Communication Partnership	DramAidE	DIT Riverside campus	Pietermaritzburg
Johns Hopkins University: Health Communication Partnership	DramAidE	Mangosuthu Technikon	Umlazi
Johns Hopkins University: Health Communication Partnership		Anglican Church	Durban
National Association of Child Care Workers	Khanyiselani Development Trust	Isibindi Kokstad	Kokstad
National Association of Child Care Workers	Thandukuphila Drop In Centre	Isibindi Nseleni	Nseleni
Nelson Mandela Children's Fund	Zululand Hospice (KZN)	Uthungulu District, KZN	Empangeni
Nurturing Orphans of AIDS for Humanity (NOAH)		Amandawe	Eshowe
Nurturing Orphans of AIDS for Humanity (NOAH)		Emantanjeni	Mapumulo
Nurturing Orphans of AIDS for Humanity (NOAH)		Hlangabez' uNoah	Umkomaas

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Nurturing Orphans of AIDS for Humanity (NOAH)		Inqaba kaNoah	Nyanyadu
Nurturing Orphans of AIDS for Humanity (NOAH)		Intokozo kaNoah	Mtwalume
Nurturing Orphans of AIDS for Humanity (NOAH)		Jozini	Jozini
Nurturing Orphans of AIDS for Humanity (NOAH)		Maphophoma	Nongoma
Nurturing Orphans of AIDS for Humanity (NOAH)		Ncemaneni Noah	Eshowe
Nurturing Orphans of AIDS for Humanity (NOAH)		Nkombose Noah	Mtubatuba
Nurturing Orphans of AIDS for Humanity (NOAH)		Nobantu Noah	KwaMaci
Nurturing Orphans of AIDS for Humanity (NOAH)		Sethembile Noah	Winkelspruit
Nurturing Orphans of AIDS for Humanity (NOAH)		Shakashead	Umhlali
Nurturing Orphans of AIDS for Humanity (NOAH)		Sidelile Noah	Umkomaas
Nurturing Orphans of AIDS for Humanity (NOAH)		Sithokozose Noah	Umlazi
Nurturing Orphans of AIDS for Humanity (NOAH)		Sivulele KwaXimba	Camperdown
Nurturing Orphans of AIDS for Humanity (NOAH)		Siyacathula Noah	Nondweni
Nurturing Orphans of AIDS for Humanity (NOAH)		Siyadingana Noah	Esikhawini
Nurturing Orphans of AIDS for Humanity (NOAH)		Umnyango kaNoah	Shakaskraal
Nurturing Orphans of AIDS for Humanity (NOAH)		Vulingqondo Noah	Mbongolwane
Nurturing Orphans of AIDS for Humanity (NOAH)		Zamimpilo Noah	Port Dunford
SA National Defence Force		Military Facilities	
Salvation Army World Service		Catherine Booth Corps (Amatikulu)	Amatikulu
Salvation Army World Service		Durban Central Corps	Durban Central
Salvation Army World Service		Eshowe	Eshowe
Salvation Army World Service		eSibhoweni Corps	eSibhoweni
Salvation Army World Service		eSikhawini	eSikhawini
Salvation Army World Service		Estill Corps	Mangethe
Salvation Army World Service		Evutha Corps	Evutha
Salvation Army World Service		Ezakheni Corps	Ladysmith
Salvation Army World Service		Hammarsdale Corps	Hammarsdale
Salvation Army World Service		Kokstad Corps	Kokstad
Salvation Army World Service		KwaDukuza Corps	Stanger
Salvation Army World Service		KwaGcaba Corps	KwaDlamini
Salvation Army World Service		Madadeni Corps	Madadeni
Salvation Army World Service		Mceleni Corps	Mceleni
Salvation Army World Service		Mirriam Booth Corps	KwaMkize
Salvation Army World Service		Molweni Corps	Molweni
Salvation Army World Service		Mpumalanga Corps	Mpumalanga
Salvation Army World Service		Nkonisa	Nkonisa
Salvation Army World Service		Nongoma Corps	Nongoma

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Salvation Army World Service		Nseleni	Near Empangeni
Salvation Army World Service		Ombimbini Corps	Ombimbini
Salvation Army World Service		Pietermaritzburg Corps	Pietermaritzburg
Salvation Army World Service		Sokhulu Corps	Sokhulu
Salvation Army World Service		Soul Corps	Ixopo
Salvation Army World Service		Ulundi Corps	Ulundi
Salvation Army World Service		Umlazi Corps	Umlazi
Salvation Army World Service		Wembesi Corps	Wembesi
US Department of State Small Grants Fund		Ikusasalethu Community Development	Umzumbe
US Department of State Small Grants Fund		Mother of Peace	Illovo

HIV COUNSELING & TESTING

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Academy for Educational Development		Amadelelo Alunlaza	Ladysmith
Academy for Educational Development		Ekuvukeni Parish - Kwamashu	KwaMashu
Academy for Educational Development		Emathulini Youth Center	Hibberdene
Academy for Educational Development		Enduduzweni Information and drop in center	Stanger
Academy for Educational Development		Hillcrest AIDS center	Hillcrest
Academy for Educational Development		Hope centre HIV clinic	Durban
Academy for Educational Development		Life line - Durban	Durban
Academy for Educational Development		Life line - Pietermaritzburg	Pietermaritzburg
Academy for Educational Development		Love Life Mandini	Mandini
Academy for Educational Development		Masangane AIDS project	Matatiele
Academy for Educational Development		Matat -EDA valley trust	Matatiele
Academy for Educational Development		Sweetwaters NIP center	Pietermaritzburg
Academy for Educational Development		The Valley trust	Botha's Hill
Academy for Educational Development		TLC	Pietermaritzburg
Academy for Educational Development		Umtshezi Advocates and associates	Estcourt
American Center for International Labor Solidarity	South African Clothing and Textile Workers' Union	Kwa-Zulu Natal – Site 01 (Primary site)	Durban (Gale St)
Aurum Institute for Health Research		MRC/MIRA clinic	Durban (Zulu Rd)
Aurum Institute for Health Research		MRC/MIRA clinic	Umkomaas
Aurum Institute for Health Research		MRC/PC clinic	Isipingo

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Family Health International - Impact	Southern African Catholic Bishops' Conference	Cenotocow Mission	Creighton
Family Health International - Impact	Southern African Catholic Bishops' Conference	Diocese of Kokstad: Kokstad	Kokstad
Family Health International - Impact	Southern African Catholic Bishops' Conference	Malusi Omuhle: Hlabisa	Hlabisa
Family Health International - Impact	Southern African Catholic Bishops' Conference	Ndumo Schools: Ndumo	Ndumo
Family Health International - Impact	Southern African Catholic Bishops' Conference	Sinosizo: Durban	Durban
Family Health International - Impact	Southern African Catholic Bishops' Conference	St Philomena's: Durban	Durban
Family Health International - Impact	Southern African Catholic Bishops' Conference	Unkulunkulu Unathi: Mathubathuba	Mtubatuba
Higher Education HIV/AIDS Program		Durban Institute of Technology	Durban
Higher Education HIV/AIDS Program		Mangosuthu Technikon	Umlazi
Higher Education HIV/AIDS Program		University of Kwa-Zulu Natal	Durban
Higher Education HIV/AIDS Program		University of Zululand	Ramsgate
Hope Worldwide		CT Training and Community Sensitization	No specific sites
Johns Hopkins University: Health Communication Partnership	DramAidE	DIT DUR	Durban
Johns Hopkins University: Health Communication Partnership	DramAidE	DIT Riverside campus	Pietermaritzburg
Johns Hopkins University: Health Communication Partnership	DramAidE	Mangosuthu Technikon	Umlazi
Johns Hopkins University: Health Communication Partnership	Mindset	Driefontein Clinic	Ladysmith
Johns Hopkins University: Health Communication Partnership	Mindset	Ekuvukeni Clinic	Ekuvukeni
Johns Hopkins University: Health Communication Partnership	Mindset	Gamalakhe Clinic	Port Shepston
Johns Hopkins University: Health Communication Partnership	Mindset	Ndumo Clinic	Ndumo
Johns Hopkins University: Health Communication Partnership	Mindset	Njoko Clinic	Nongoma
Johns Hopkins University: Health Communication Partnership	Mindset	Nxamalala Clinic	Impendle

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Johns Hopkins University: Health Communication Partnership	Mindset	Prince Cyril Zulu C D Centre	Durban
Johns Hopkins University: Health Communication Partnership	Mindset	Umlazi Clinic	Umlazi
National Department of Correctional Services		Correctional Facilities	(Throughout Province)
Nelson Mandela Children's Fund	Project Hope	UKZN Medical School	Congella
Nelson Mandela School of Medicine UKZN		Traditional Healers Project	Durban
SA National Defence Force		Military Facilities	
University of KwaZulu-Natal: CAPRISA		CAPRISA eThekwini Clinical Research Site	Durban
University of KwaZulu-Natal: CAPRISA		CAPRISA Vulindlela Clinical Research Site	Pietermaritzburg

HIV CARE & SUPPORT

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Africa Centre for Health & Population Studies		Esiyembeni Clinic	Hlabisa
Africa Centre for Health & Population Studies		Gunjaneni Clinic	Gunjaneni
Africa Centre for Health & Population Studies		Hlabisa Hospital	Hlabisa
Africa Centre for Health & Population Studies		Inhlwathi Clinic	Hlabisa
Africa Centre for Health & Population Studies		Macabuzela Clinic	Hlabisa
Africa Centre for Health & Population Studies		Machibini Clinic	Machibini
Africa Centre for Health & Population Studies		Madweleni Clinic	Madwaleni
Africa Centre for Health & Population Studies		Makhowe Clinic	Hlabisa
Africa Centre for Health & Population Studies		Mpukunyoni Clinic	Hlabisa
Africa Centre for Health & Population Studies		Mtuba Clinic	Mtubatuba
Africa Centre for Health & Population Studies		Nkundusi Clinic	Mtubatuba
Africa Centre for Health & Population Studies		Ntondweni Clinic	Ntondweni
Africa Centre for Health & Population Studies		Somkhele Clinic	Somkele
Africa Centre for Health & Population Studies		Zwelisha Clinic	Zwelisha
American Center for International Labor Solidarity	South African Clothing and Textile Workers' Union	Kwa-Zulu Natal – Site 01 (Primary site)	Durban (Gale St)
Aurum Institute for Health Research		MRC/MIRA clinic	Durban (Zulu Rd)
Aurum Institute for Health Research		MRC/MIRA clinic	Umkomaas

Implementing Partner	Sub-Partner	Implementation Site	City / Town
BroadReach		Offices of Dr. Gumede	Pietermaritzburg
BroadReach		Offices of Dr. J. During	Bergville
BroadReach		Offices of Dr. M. Nadesen	Durban
BroadReach		Offices of Dr. Mcunu	Pietermaritzburg
BroadReach		Offices of Dr. Mjamekwana	Pietermaritzburg
BroadReach		Offices of Dr. Mkhoba	Pietermaritzburg
BroadReach		Offices of Dr. Mkhoba	Pietermaritzburg
BroadReach		Offices of Dr. Moola	Pietermaritzburg
BroadReach		Offices of Dr. S. Lubelwana	Hammarsdale
BroadReach		Offices of Dr. Seme	Pietermaritzburg
BroadReach		Offices of Dr. T. Nadesen	Durban
BroadReach		Offices of Dr. Z. Duma	Pietermaritzburg
Catholic Relief Services	Southern African Catholic Bishops' Conference	Blessed Gerard Care Center	Mandini
Catholic Relief Services	Southern African Catholic Bishops' Conference	Centocow - Izandla Zothando	Creighton
Catholic Relief Services	Southern African Catholic Bishops' Conference	Ithemba Clinic, St. Mary's Hospital	Mariannhill
Catholic Relief Services	Southern African Catholic Bishops' Conference	Madadeni Catholic Church	Newcastle
Catholic Relief Services	Southern African Catholic Bishops' Conference	Mtubatuba Catholic Church	Mtubatuba
Catholic Relief Services	Southern African Catholic Bishops' Conference	Sinosizo Home Based Care	Grouteville (Stanger)
Catholic Relief Services	Southern African Catholic Bishops' Conference	St. Anne's Clinic, St. Mary's Hospital	Mariannhill
Hope Worldwide		Chesterville Clinic	Durban
Hope Worldwide		Durban	Durban
Hope Worldwide		Sydenham	Durban
Hospice & Palliative Care Assn		Chatsworth Clinic	Chatsworth
Hospice & Palliative Care Assn		Empangeni	Empangeni
Hospice & Palliative Care Assn		Estcourt	Estcourt
Hospice & Palliative Care Assn		Gingindlovu	Gingindlovu
Hospice & Palliative Care Assn		Howick	Howick
Hospice & Palliative Care Assn		Ladysmith	Ladysmith
Hospice & Palliative Care Assn		Newcastle	Newcastle
Hospice & Palliative Care Assn		Pietermaritzburg	Pietermaritzburg
Hospice & Palliative Care Assn		Port Shepstone	Port Shepstone
Hospice & Palliative Care Assn		Tugela Ferry	Tugela Ferry
Hospice & Palliative Care Assn		Umkomaas	Umkomaas
Hospice & Palliative Care Assn		Verulam	Verulam
Hospice & Palliative Care Assn		Vryheid	Vryheid
Hospice & Palliative Care Assn		Westville KZ Natal	Westville
National Department of Correctional Services		Correctional Facilities	(Throughout Province)
Nelson Mandela School of Medicine UKZN		Traditional Healers Project	Durban

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Reproductive Health & HIV Research Unit		Addington Hospital	Durban
Reproductive Health & HIV Research Unit		Addington PolyClinic	Durban
Reproductive Health & HIV Research Unit		Albert Park Sat	Albert Park
Reproductive Health & HIV Research Unit		Asherville Clinic	Asherville
Reproductive Health & HIV Research Unit		Athlone Park	Athlone Park
Reproductive Health & HIV Research Unit		Austerville Sat	Austerville
Reproductive Health & HIV Research Unit		Bayview	Durban
Reproductive Health & HIV Research Unit		Bayview Sat	Durban
Reproductive Health & HIV Research Unit		Beatrice Str	Durban
Reproductive Health & HIV Research Unit		Charles James Hospital	Amanzimtoti
Reproductive Health & HIV Research Unit		Clairwood Hospital	Mobeni
Reproductive Health & HIV Research Unit		Clare Estate Sat	Clare Estate, Durban
Reproductive Health & HIV Research Unit		Claremont	Claremont, Durban
Reproductive Health & HIV Research Unit		Commercial City FP	Durban
Reproductive Health & HIV Research Unit		Danganya	Durban
Reproductive Health & HIV Research Unit		Danganya	Durban
Reproductive Health & HIV Research Unit		Don McKenzie Hospital	Botha's Hill
Reproductive Health & HIV Research Unit		Folweni	Isipingo
Reproductive Health & HIV Research Unit		Fosa TB Hospital	Newlands
Reproductive Health & HIV Research Unit		Fredville	Inchanga
Reproductive Health & HIV Research Unit		Halley Stott	Botha's Hill
Reproductive Health & HIV Research Unit		Hlengisizwe	Hammarsdale
Reproductive Health & HIV Research Unit		iLlovu	Illovo Beach
Reproductive Health & HIV Research Unit		Inkwali	Durban
Reproductive Health & HIV Research Unit		Isipingo Rail	Isipingo Rail
Reproductive Health & HIV Research Unit		Kingsburg	Kingsburg
Reproductive Health & HIV Research Unit		Klaarwater Cinic	Klaarwater
Reproductive Health & HIV Research Unit		Kloof	Kloof
Reproductive Health & HIV Research Unit		Kwa Dabeka CHC	KwaDabeka

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Reproductive Health & HIV Research Unit		KwaMakhutha	KwaMakhutha
Reproductive Health & HIV Research Unit		Kwa-Ndengezi	KwaNdengezi
Reproductive Health & HIV Research Unit		kz Nsimbini Clinic	Mobeni
Reproductive Health & HIV Research Unit		Lamontville	Lamontville
Reproductive Health & HIV Research Unit		Lancers Road Clinic	Lancers Road
Reproductive Health & HIV Research Unit		Magabheni	Mobeni
Reproductive Health & HIV Research Unit		Molweni	Molweni
Reproductive Health & HIV Research Unit		Mpola	Mpola
Reproductive Health & HIV Research Unit		Mpumalanga	Mpumalanga
Reproductive Health & HIV Research Unit		Mzamo	Mariannhill
Reproductive Health & HIV Research Unit		Newlands East	Newlands East
Reproductive Health & HIV Research Unit		Newlands West	Newlands West
Reproductive Health & HIV Research Unit		Ngcolosi	Inanda
Reproductive Health & HIV Research Unit		Nsimbini	Wiggins
Reproductive Health & HIV Research Unit		Ntshongweni	Hammarsdale
Reproductive Health & HIV Research Unit		Odidini	Odidini
Reproductive Health & HIV Research Unit		Peaceville	Hammarsdale
Reproductive Health & HIV Research Unit		Pinetown	Pinetown
Reproductive Health & HIV Research Unit		Point Clinic	Point
Reproductive Health & HIV Research Unit		Primrose	Durban (Primrose Drive)
Reproductive Health & HIV Research Unit		Prince Mshiyeni Hospital	Umlazi
Reproductive Health & HIV Research Unit		R K Khan Hospital	Durban
Reproductive Health & HIV Research Unit		Redhill Clinic	Redhill
Reproductive Health & HIV Research Unit		Reservoir Hills Clinic	Reservoir Hills
Reproductive Health & HIV Research Unit		Rydalvale	Durban Central
Reproductive Health & HIV Research Unit		Sea Cow Lake	Sea Cow Lake
Reproductive Health & HIV Research Unit		The Dream Centre	Durban
Reproductive Health & HIV Research Unit		Township Centre	Township Centre
Reproductive Health & HIV Research Unit		Umbumbulu	Umbumbulu

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Reproductive Health & HIV Research Unit		Umlazi AA,D, G,H,K,L,Q,U21,V	Umlazi
Reproductive Health & HIV Research Unit		Umlazi Chest	Umlazi
Reproductive Health & HIV Research Unit		Umnini	Umkomaas
Reproductive Health & HIV Research Unit		Wyebank	Wyebank
SA National Defence Force		Military Facilities	
Salvation Army World Service		Catherine Booth Corps (Amatikulu)	Amatikulu
Salvation Army World Service		Durban Central Corps	Durban Central
Salvation Army World Service		Eshowe	Eshowe
Salvation Army World Service		eSibhoweni Corps	eSibhoweni
Salvation Army World Service		eSikhawini	eSikhawini
Salvation Army World Service		Estill Corps	Mangethe
Salvation Army World Service		Evutha Corps	Evutha
Salvation Army World Service		Ezakheni Corps	Ladysmith
Salvation Army World Service		Hammarsdale Corps	Hammarsdale
Salvation Army World Service		Kokstad Corps	Kokstad
Salvation Army World Service		KwaDukuza Corps	Stanger
Salvation Army World Service		KwaGcaba Corps	KwaDlamini
Salvation Army World Service		Madadeni Corps	Madadeni
Salvation Army World Service		Mceleni Corps	Mceleni
Salvation Army World Service		Mirriam Booth Corps	KwaMkize
Salvation Army World Service		Molweni Corps	Molweni
Salvation Army World Service		Mpumalanga Corps	Mpumalanga
Salvation Army World Service		Nkonisa	Nkonisa
Salvation Army World Service		Nongoma Corps	Nongoma
Salvation Army World Service		Nseleni	Near Empangeni
Salvation Army World Service		Ombimbini Corps	Ombimbini
Salvation Army World Service		Pietermaritzburg Corps	Pietermaritzburg
Salvation Army World Service		Sokhulu Corps	Sokhulu
Salvation Army World Service		Soul Corps	Ixopo
Salvation Army World Service		Ulundi Corps	Ulundi
Salvation Army World Service		Umlazi Corps	Umlazi
Salvation Army World Service		Wembesi Corps	Wembesi
University of KwaZulu-Natal: CAPRISA		CAPRISA eThekwini Clinical Research Site	Durban
University of KwaZulu-Natal: CAPRISA		CAPRISA Vulindlela Clinical Research Site	Pietermaritzburg
US Department of State Small Grants Fund		Bambisanani Project	Umzimkulu
US Department of State Small Grants Fund		Centre of Hope Clinic	Durban
US Department of State Small Grants Fund		Highway Hospice	Inanda
US Department of State Small Grants Fund		Sicelusizo Development Trust	Ntuzuma
US Department of State Small Grants Fund		Siphithemba Caregivers	Elandskop
US Department of State Small Grants Fund		Sizzan Community Development	Hillcrest

Implementing Partner	Sub-Partner	Implementation Site	City / Town
US Department of State Small Grants Fund		Sukumawenze Place of Care	Inanda
US Peace Corps		Mphilonhle Project	Ladysmith

TB/HIV

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Aurum Institute for Health Research		MRC/MIRA clinic	Durban (Zulu Rd)
Aurum Institute for Health Research		MRC/MIRA clinic	Umkomaas
Columbia University		Rietvlei Hospital	Stafford's Post
Medical Research Council: TB	Life Esidimeni	Richmond Hospital	Richmond
Reproductive Health & HIV Research Unit		Addington Hospital	Durban
Reproductive Health & HIV Research Unit		Addington PolyClinic	Durban
Reproductive Health & HIV Research Unit		Albert Park Sat	Albert Park
Reproductive Health & HIV Research Unit		Asherville Clinic	Asherville
Reproductive Health & HIV Research Unit		Athlone Park	Athlone Park
Reproductive Health & HIV Research Unit		Austerville Sat	Austerville
Reproductive Health & HIV Research Unit		Bayview	Durban
Reproductive Health & HIV Research Unit		Bayview Sat	Durban
Reproductive Health & HIV Research Unit		Beatrice Str	Durban
Reproductive Health & HIV Research Unit		Charles James Hospital	Amanzimtoti
Reproductive Health & HIV Research Unit		Clare Estate Sat	Durban
Reproductive Health & HIV Research Unit		Claremont	Durban
Reproductive Health & HIV Research Unit		Commercial City FP	Road, Durban
Reproductive Health & HIV Research Unit		Danganya	Durban
Reproductive Health & HIV Research Unit		Danganya	Durban
Reproductive Health & HIV Research Unit		Don McKenzie Hospital	Botha's Hill
Reproductive Health & HIV Research Unit		Folweni	Isipingo
Reproductive Health & HIV Research Unit		Fosa TB Hospital	Newlands
Reproductive Health & HIV Research Unit		Fredville	Inchanga
Reproductive Health & HIV Research Unit		Halley Stott	Botha's Hill
Reproductive Health & HIV Research Unit		Hlengisizwe	Hammarsdale

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Reproductive Health & HIV Research Unit		iLlovu	Illovo Beach
Reproductive Health & HIV Research Unit		Inkwali	Durban
Reproductive Health & HIV Research Unit		Isipingo Rail	Isipingo Rail
Reproductive Health & HIV Research Unit		Kingsburg	Kingsburg
Reproductive Health & HIV Research Unit		Klaarwater Cinic	Klaarwater
Reproductive Health & HIV Research Unit		Kloof	Kloof
Reproductive Health & HIV Research Unit		Kwa Dabeka CHC	KwaDabeka
Reproductive Health & HIV Research Unit		KwaMakhutha	KwaMakhutha
Reproductive Health & HIV Research Unit		Kwa-Ndengezi	KwaNdengezi
Reproductive Health & HIV Research Unit		kz Nsimbini Clinic	Mobeni
Reproductive Health & HIV Research Unit		Lamontville	Lamontville
Reproductive Health & HIV Research Unit		Lancers Road Clinic	Lancers Road
Reproductive Health & HIV Research Unit		Magabheni	Mobeni
Reproductive Health & HIV Research Unit		Molweni	Molweni
Reproductive Health & HIV Research Unit		Mpola	Mpola
Reproductive Health & HIV Research Unit		Mpumalanga	Mpumalanga
Reproductive Health & HIV Research Unit		Mzamo	Mariannhill
Reproductive Health & HIV Research Unit		Newlands East	Newlands East
Reproductive Health & HIV Research Unit		Newlands West	Newlands West
Reproductive Health & HIV Research Unit		Ngcolosi	Inanda
Reproductive Health & HIV Research Unit		Nsimbini	Wiggins
Reproductive Health & HIV Research Unit		Ntshongweni	Hammarsdale
Reproductive Health & HIV Research Unit		Odidini	Odidini
Reproductive Health & HIV Research Unit		Peaceville	Hammarsdale
Reproductive Health & HIV Research Unit		Pinetown	Pinetown
Reproductive Health & HIV Research Unit		Point Clinic	Point
Reproductive Health & HIV Research Unit		Primrose	Durban (Primrose Drive)
Reproductive Health & HIV Research Unit		Prince Mshiyeni Hospital	Umlazi
Reproductive Health & HIV Research Unit		R K Khan Hospital	Durban

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Reproductive Health & HIV Research Unit		Redhill Clinic	Redhill
Reproductive Health & HIV Research Unit		Reservoir Hills Clinic	Reservoir Hills
Reproductive Health & HIV Research Unit		Rydalvale	Durban Central
Reproductive Health & HIV Research Unit		Sea Cow Lake	Sea Cow Lake
Reproductive Health & HIV Research Unit		The Dream Centre	Durban
Reproductive Health & HIV Research Unit		Township Centre	Township Centre
Reproductive Health & HIV Research Unit		Umbumbulu	Umbumbulu
Reproductive Health & HIV Research Unit		Umlazi AA,D, G,H,K,L,Q,U21,V	Umlazi
Reproductive Health & HIV Research Unit		Umlazi Chest	Umlazi
Reproductive Health & HIV Research Unit		Umnini	Umkomaas
Reproductive Health & HIV Research Unit		Wyebank	Wyebank
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Amandlalathi Clinic	
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Ballito Clinic	Ballito
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Chibini Clinic	Ozwatini
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Dokodweni Clinic	Gingindlovu
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Esidumbini Clinic	Tongaat
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Glenhills Clinic	Stanger
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Groutville Clinic	Stanger
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Isithundu Clinic	
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Kearsney Clinic	Stanger
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	KwaDukuza Clinic	Stanger
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	KwaNyuswa Clinic	KwaNyuswa

Implementing Partner	Sub-Partner	Implementation Site	City / Town
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Macambini Clinic	Nyoni
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Mandini LA Satellite Clinic	Mandini
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Maqumbi Clinic	Maqumbi
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Mbhekaphansi Clinic	Ogagwini
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	MOH Clinic	Nyoni
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Molokohlo Clinic	Tongaat
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Montobello Hospital	Dalton
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Mphise Clinic	Kranskop
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Mpumelelo Clinic	Stanger
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Mthandeni Clinic	Glendale
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Nandi Clinic	Stanger
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Ndulinde Clinic	Nyoni
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Ndwedwe CHC	Stanger
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Ohwebede Clinic	Mandini
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Oqaqeni Clinic	Stanger
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Otimati Clinic	Stanger
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Shakaskraal Clinic	Ballito
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Stanger Hospital	Stanger

Implementing Partner	Sub-Partner	Implementation Site	City / Town
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Sundumbili CHC	Mandini
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Sundumbili Mobile Clinic	Sundumbili
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Thafamasi Clinic	Montobello
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Tugela Clinic	Mandini
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Umphumulo	Stanger
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Umphumulo Hospital	Stanger
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Umphumulo Imm. Clinic	Stanger
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Untunjambili	Untunjambili
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Untunjambili Hospital	Kranskop
University Research Corp: TB TASC	KwaZulu-Natal Provincial Department of Health	Wosiyane Clinic	Ndwedwe

HIV TREATMENT

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Absolute Return for Kids (ARK)		Imbalenhle Community Health Center	Imbali
Absolute Return for Kids (ARK)		Kwadakuza CHC	Stanger
Absolute Return for Kids (ARK)		Madadeni Hospital (+ feeder clinics)	Madadeni
Absolute Return for Kids (ARK)		Nkandla Hospital	Nkandla
Absolute Return for Kids (ARK)		Stanger Hospital	Stanger
Absolute Return for Kids (ARK)		Sundumbili CHC	Sundumbili
Africa Centre for Health & Population Studies		Esiyembeni Clinic	Hlabisa
Africa Centre for Health & Population Studies		Gunjaneni Clinic	Gunjaneni
Africa Centre for Health & Population Studies		Hlabisa Hospital	Hlabisa
Africa Centre for Health & Population Studies		Inhlwathi Clinic	Hlabisa

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Africa Centre for Health & Population Studies		Macabuzela Clinic	Hlabisa
Africa Centre for Health & Population Studies		Machibini Clinic	Machibini
Africa Centre for Health & Population Studies		Madweleni Clinic	Madwaleni
Africa Centre for Health & Population Studies		Makhowe Clinic	Hlabisa
Africa Centre for Health & Population Studies		Mpukunyoni Clinic	Hlabisa
Africa Centre for Health & Population Studies		Mtuba Clinic	Mtubatuba
Africa Centre for Health & Population Studies		Nkundusi Clinic	Mtubatuba
Africa Centre for Health & Population Studies		Ntondweni Clinic	Ntondweni
Africa Centre for Health & Population Studies		Somkhele Clinic	Somkele
Africa Centre for Health & Population Studies		Zwelisha Clinic	Zwelisha
Aurum Institute for Health Research		MRC/MIRA clinic	Durban (Zulu Rd)
Aurum Institute for Health Research		MRC/MIRA clinic	Umkomaas
Aurum Institute for Health Research		MRC/PC clinic	Isipingo
BroadReach		Offices of Dr. Gumede	Pietermaritzburg
BroadReach		Offices of Dr. J. During	Bergville
BroadReach		Offices of Dr. M. Nadesen	Durban
BroadReach		Offices of Dr. Mcunu	Pietermaritzburg
BroadReach		Offices of Dr. Mjamekwana	Pietermaritzburg
BroadReach		Offices of Dr. Mkhoba	Pietermaritzburg
BroadReach		Offices of Dr. Moola	Pietermaritzburg
BroadReach		Offices of Dr. S. Lubelwana	Hammarsdale
BroadReach		Offices of Dr. Seme	Pietermaritzburg
BroadReach		Offices of Dr. T. Nadesen	Durban
BroadReach		Offices of Dr. Z. Duma	Pietermaritzburg
BroadReach		Offices of Dr. Z. Mkhize	Pietermaritzburg
Catholic Relief Services	Southern African Catholic Bishops' Conference	Blessed Gerard Care Center	Mandini
Catholic Relief Services	Southern African Catholic Bishops' Conference	Centocow - Izandla Zothando	Creighton
Catholic Relief Services	Southern African Catholic Bishops' Conference	Ithemba Clinic, St. Mary's Hospital	Mariannhill
Catholic Relief Services	Southern African Catholic Bishops' Conference	Madadeni Catholic Church	Newcastle
Catholic Relief Services	Southern African Catholic Bishops' Conference	Mtubatuba Catholic Church	Mtubatuba
Catholic Relief Services	Southern African Catholic Bishops' Conference	Sinosizo Home Based Care	Grouteville (Stanger)

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Catholic Relief Services	Southern African Catholic Bishops' Conference	St. Anne's Clinic, St. Mary's Hospital	Mariannhill
Columbia University		Rietvlei Hospital	Stafford's Post
John Snow, Inc	Catholic Relief Services (CRS)	Blessed Gerard	Mandini
John Snow, Inc	Catholic Relief Services (CRS)	Centocow	Creighton
John Snow, Inc	Catholic Relief Services (CRS)	Mtubatuba	Mtubatuba
John Snow, Inc	Catholic Relief Services (CRS)	Sinosizo	Amanzimtoti
John Snow, Inc	Catholic Relief Services (CRS)	St. Mary's Hospital (+ 2 sub-sites)	Mariannhill
John Snow, Inc	Catholic Relief Services (CRS)	Zanethemba	Madadeni
Johns Hopkins University: Health Communication Partnership	Mindset	Driefontein Clinic	Ladysmith
Johns Hopkins University: Health Communication Partnership	Mindset	Ekuvukeni Clinic	Ekuvukeni
Johns Hopkins University: Health Communication Partnership	Mindset	Gamalakhe Clinic	Port Shepston
Johns Hopkins University: Health Communication Partnership	Mindset	Ndumo Clinic	Ndumo
Johns Hopkins University: Health Communication Partnership	Mindset	Njoko Clinic	Nongoma
Johns Hopkins University: Health Communication Partnership	Mindset	Nxamalala Clinic	Impendle
Johns Hopkins University: Health Communication Partnership	Mindset	Prince Cyril Zulu C D Centre	Durban
Johns Hopkins University: Health Communication Partnership	Mindset	Umlazi Clinic	Umlazi
Management Sciences for Health: RPM+		Empangeni Hospital	Empangeni
Management Sciences for Health: RPM+		Rietvlei Hospital	Stafford's Post
Medical Research Council – TB	Life Esidimeni	Richmond Hospital	Richmond
Reproductive Health & HIV Research Unit		Addington Hospital	Durban
Reproductive Health & HIV Research Unit		Charles James Hospital	Amanzimtoti
Reproductive Health & HIV Research Unit		Clairwood Hospital	Mobeni
Reproductive Health & HIV Research Unit		Don McKenzie Hospital	Botha's Hill
Reproductive Health & HIV Research Unit		Fosa TB Hospital	Newlands
Reproductive Health & HIV Research Unit		Kwa Dabeka CHC	KwaDabeka

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Reproductive Health & HIV Research Unit		Prince Mshiyeni Hospital	Umlazi
Reproductive Health & HIV Research Unit		R K Khan Hospital	Durban
Reproductive Health & HIV Research Unit		The Dream Centre	Durban
SA National Defence Force		Military Facilities	

STRATEGIC INFORMATION

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Medical Research Council - CHIP		Christ the King Hospital	Ixopo
Medical Research Council - CHIP		Edendale Hospital	Edendale
Medical Research Council - CHIP		GJ Crookes Hospital	Scottburgh
Medical Research Council - CHIP		Grey's Hospital	Pietermaritzburg
Medical Research Council - CHIP		Mahatma Ghandi Hospital	Durban
Medical Research Council - Good Start	CADRE	Prince Mshyeni Memorial Hospital	Umlazi
Medical Research Council - Good Start	CADRE	Umlazi D Provincial Clinic	Umlazi
Medical Research Council - Good Start	CADRE	Umzomuhle (Umlazi H) Provincial Clinic	Umlazi
National Department of Correctional Services		Correctional Facilities	(Throughout Province)
SA National Defence Force		Military Facilities	
University of KwaZulu-Natal / Natal University for Health		Botha's Hill	Botha's Hill
University of KwaZulu-Natal / Natal University for Health		Claremont	Durban
University of KwaZulu-Natal / Natal University for Health		Kwadabeka	Kwadabeka
University of KwaZulu-Natal / Natal University for Health		Ugu North	Scottburgh
University of KwaZulu-Natal: CAPRISA		CAPRISA Vulindlela Clinical Research Site	Pietermaritzburg

SYSTEMS STRENGTHENING

Implementing Partner	Sub-Partner	Implementation Site	City / Town
American Center for International Labor Solidarity		Master TOT workshops	Mobeni, Durban
American Center for International Labor Solidarity		Netcare – Parklands Hospital	Durban
American Center for International Labor Solidarity		Transtel	Durban
American Center for International Labor Solidarity		Umkhanyakude Health District	Mkuze

Implementing Partner	Sub-Partner	Implementation Site	City / Town
Medical Research Council - Good Start	CADRE	Prince Mshyeni Memorial Hospital	Umlazi
Medical Research Council - Good Start	CADRE	Umlazi D Provincial Clinic	Umlazi
Medical Research Council - Good Start	CADRE	Umzomuhle (Umlazi H) Provincial Clinic	Umlazi