South Africa

Operational Plan Report

FY 2013

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

Country Context:

South Africa has four concurrent health burdens that heavily impact the health sector – HIV/AIDS and TB, poverty related illnesses (perinatal, neonatal, childhood, and maternal diseases), non-communicable diseases, and violence and injury. South Africa continues to grapple with massive health inequities, a legacy of apartheid. There are marked differences in rates of disease and mortality between races (National Planning Commission Report, 2011). [Redacted] Child mortality initially increased from the MDG baseline in 1990 of 60 deaths under the age of 5 years per 1,000 live births, peaked at 82 deaths/1,000 births in 2003, and finally decreased to 57 deaths/1,000 births in 2010. The maternal mortality ratio is an estimated 310 maternal deaths per 100,000 live births (2008) . HIV and its related diseases contribute significantly to maternal mortality (50%) and mortality under five years of age (35%).

South Africa has a population of nearly 52 million and the largest HIV epidemic in the world, with approximately 5.7 million people living with HIV (PLHIV). Similar to other generalized, hyper-endemic HIV epidemics, the South African epidemic is largely driven by heterosexual transmission. HIV prevalence among the adult population (15-49 years) is estimated to be 16.6%, with an estimated HIV incidence of 1.4% in 2011, though prevalence and incidence vary significantly across geographic areas with 54% of PLHIV living in Gauteng and KwaZulu Natal Provinces. Antenatal HIV prevalence has stabilized around 30% over the past four years with women and girls bearing approximately 60% of the overall HIV disease burden.

There are a number of underlying behavioral, socio-cultural, economic, and structural factors that influence risk for HIV transmission. Risk factors include mobility and migration, race, economic and educational status, alcohol and drug use, early sexual debut, sexual violence, and low levels of consistent condom use, especially in longer-term relationships and in pregnancy/post-partum. Of particular relevance, gender dynamics and unequal power relations between men and women play a significant role in heterosexual HIV transmission. A 2011 report by the Desmond Tutu HIV Foundation, estimates one third of young girls in South Africa indicate have a forced first sexual experience, and nearly 75% have had at least one non-consensual sexual encounter. In addition, there are low and/or late marriage rates across all populations and unstable long-term relationships that can lead to multiple concurrent partnerships and potentially foster HIV transmission through complex, linked sexual networks, especially where there is high population mobility.

Key population groups also carry a significant burden of HIV infections in South Africa. Migration and mobility are important risk factors that dramatically increase vulnerability to HIV. A study conducted by the International Organization for Migration (IOM) on migrant farm workers found that 39.5% were HIV positive. Significant transmission also occurs among sex workers, their clients, and men who have sex with men. The South African Centre for Epidemiological Modeling and Analysis (SACEMA) estimated 19.8% of all new HIV infections are related to sex work. Eight studies of South African MSM conducted between 2005 and 2010 revealed HIV prevalence ranged from 10.4 to 43.6%.

In conjunction with the HIV/AIDS epidemic, South Africa ranks third in the world in TB burden, with an incidence of 993 new infections per 100,000 population in 2011 (WHO estimate). While the TB cure rate increased to 73% in 2010 from 54% in 2000, this is still well below the global target of over 85%. The TB epidemic is compounded by high levels of multidrug-resistant tuberculosis (MDR-TB) with an estimated 5,000 confirmed MDR-TB cases among new pulmonary TB cases in 2011. High rates of co-infection (approximately 65% of TB patients are co-infected with HIV) lead to further expansion of the epidemics and complicate treatment and care of patients.

Status of the National Response:

On December 1, 2011, the South African National AIDS Council (SANAC) launched the National Strategic Plan for HIV, STIs, and TB (2012 – 2016) (NSP). The NSP reflects strong SAG leadership, civil society engagement, and commitment to a robust multisectoral HIV response and outlines four strategic objectives that form the basis of the national response:

1. Address social and structural barriers to HIV, STI, and TB prevention, care, and impact;
2. Prevent new HIV, STI, and TB infections;
3. Sustain health and wellness; and
4. Increase the protection of human rights and improve access to justice.

In line with these objectives, the NSP sets five broad goals that also guide PEPFAR investment decisions:

- Reduce new HIV infections by at least 50%, using combination prevention approaches;
- Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation;
- Reduce the number of new TB infections, as well as the number of TB deaths by 50%;
- Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP; and

- Reduce the self-reported stigma and discrimination related to HIV and TB by 50% by 2016.

The SAG currently funds approximately three quarters of the national HIV/AIDS response with PEPFAR providing approximately 20% and other donors providing between 5 - 10% of annual funding. SAG has increased spending for HIV through the conditional grant from just under ZAR 5 billion (US$576 million) in 2008 to around ZAR 11 billion (US$1.25 billion) in 2012, with planned further growth in spending already included in SAG budget projections for the coming years.

In August 2012, the Partnership Framework Implementation Plan (PFIP) was signed by the U.S. Ambassador and SAG Minister of Health. The PFIP outlines a joint agreement to shift the financial and implementation responsibility for clinical care and treatment services to the South African health system over the next five years. The SAG views the provision of health services as an inherent responsibility of the government. PEPFAR will continue to support the SAG expansion of treatment services through capacity building that increases access, efficiency and quality in patient outcomes, while the SAG works to absorb current PEPFAR-support for clinical services. Both governments will work together to communicate these shifts, emphasize the continual scale-up of the national HIV and TB response, maintain high quality continuum of care, and ensure that all patients continue to receive care and treatment services without interruption.

Health Systems Context:

South Africa has established 4,000 Primary Health Care (PHC) clinics and community health centers (CHC) as the foundation of the public health system to improve coverage and make it possible for 95% of the population to access health care within a 5 mile radius of their homes. However, larger facilities absorbed the enormous increase in demand during the initial scale-up of treatment services. PEPFAR is supporting the referral of patients to smaller clinics as the ART program continues to expand. The SAG approach to strengthen the District Health System and re-engineer Primary Health Care level is implemented through three steams: 1) providing integrated community based services through ward-based PHC outreach teams; 2) strengthening clinical governance through district specialist teams; and 3) launching a school-based health services program.

In addition to PHC re-engineering, the SAG launched the Aid Effectiveness Framework in 2011 to improve development partner coordination in health. PEPFAR coordinates closely with the European Union, United Kingdom, Germany, Sweden, UN agencies, Clinton Health Access Initiative, Global Fund, Gates Foundation, Elma Foundation, Johnson & Johnson, MAC AIDS Fund, Anglo American, Atlantic Philanthropies, and others through participation in the AIDS and Health Development Partners' Forum to discuss specific programs that may complement PEPFAR's work.

Progress & Future Direction:

Following finalization of the PFIP, a bilateral Management Committee was constituted as well as four bilateral work streams which include participation from the USG, SAG and other key stakeholders. The Management Committee has met several times to deepen joint USG-SAG planning, and the bilateral work streams conducted reviews of the PEPFAR portfolio which were used to inform COP 2013 planning.

Programmatic success includes the launch of the Accelerated PMTCT Plan that has resulted in universal access to PMTCT services across the country and a decrease to 2.7% in early transmission; a rapid increase in access to antiretroviral treatment (ART) with more than 1.7 million people on treatment in 2012; improvement in the TB cure rate to 73%; and declining HIV incidence from 2.4% in 2001 to 1.5% in 2009 (UNAIDS, 2011). The SAG will continue to expand HIV care and treatment and as of April 2013 will roll out revised treatment guidelines to make ART available to all pregnant women for PMTCT and gradually expand the use of fixed dose combination triple ARV therapy for patients in need of treatment.

The 2013 COP has been reviewed and endorsed by the bilateral Management Committee which oversees PFIP execution. PEPFAR's investments for COP 2013 will focus on the following priorities: 1) continued support for scale up of clinical services including pediatric and adult care and treatment as well as PMTCT while developing a concrete and actionable plan for sustainable clinical services that transition to SAG financing and implementation over the next five years; 2) continued support for HIV prevention services focusing on combination prevention including HIV testing and counseling, scale up of male circumcision, positive health, dignity and prevention (prevention with positives) and condom promotion; 3) continued support for the positive development of orphans and vulnerable children (OVC) infected or affected by HIV/AIDS; and 4) a broad range of systems strengthening activities including support for HIV/AIDS-related surveillance, laboratory systems strengthening, human resource capacity building, health information systems, and other key strategic investments. The significant funding shifts in this year's operational plan include a 15% reduction in adult treatment and a 50% reduction in ARV procurement accompanied by a 37% increase in pediatric care and treatment and a 25% increase in TB/HIV programming. HIV testing and counseling received a 25% increase in funding along with a 21% decrease in abstinence-focused prevention programming. The 53% reduction in male circumcision investment is due to one-time funding of $40 million received in FY 2012 – base funding for VMMC is level with FY 2012.

With respect to the program priorities outlined in the COP 2013 funding level memorandum, PEPFAR SA is developing a draft five-year operational outline that includes a sustainability plan for clinical services. In accordance with the PFIP, the PEPFAR SA team will work through the Management Committee and

bilateral work streams to develop joint USG and SAG consensus for sustainability. This outline will identify the key areas of transition for clinical services over the next five years as well as the challenges anticipated, plans for agreements ending in the next 24 months and a work plan outlining the consultation process at the national, provincial, district and partner levels. Key priorities for achieving sustainable health outcomes include: 1) ensuring no interruptions in patient services as a result of transitions; 2) planning in close partnership with provincial and district leadership to transition PEPFAR-supported patients to the public sector; and 3) mapping PEPFAR-supported human resources in public sector health facilities and planning for the deliberate absorption of these posts into the government payroll and supervision systems. The operational outline will also include PEPFAR SA's preliminary strategic five year vision for sustainability of U.S. supported investments in HIV prevention, OVC and systems strengthening.

HIV/AIDS PREVENTION:

The primary objective of PEPFAR's overall prevention portfolio is to expand coverage of combination prevention interventions addressing the key drivers of HIV infection, reducing vulnerability to HIV and TB infection, and strengthening systems and capacity to implement programs in concentrated areas. PEPFAR SA will focus on priority geographic areas and key populations through targeted intervention packages that maximize value for money. PEPFAR SA staff work to ensure a coordinated and integrated HIV prevention approach among the Departments of Health, Basic Education, Higher Education, Correctional Services, Social Development, and Women, Children, and Disabilities. Activities addressing populations at high risk of HIV infection include technical cooperation with SAG for policy development, targeted social and behavior change communication (SBCC), community mobilization programs and biomedical interventions. The SBCC and community programs use data and community involvement, to provide culturally appropriate messages through mass and social media that are linked to community outreach programs. SBCC activities promote the use of a range of HIV health services, including VMMC, PMTCT, HCT, Post Exposure Prophylaxis (PEP), treatment, and other impact mitigation interventions. Community-based interventions actively engage local and traditional leaders, employers, religious groups, schools, PLHIV, and other affected populations. In informal settlements and other hard-to-reach communities, specific door-to-door campaigns are used to reach adults at high risk of HIV infection. PEPFAR programs also target adults in the workplace, including working with unions, mining, and farming enterprises.

In 2013, PEPFAR SA will finalize a prevention strategic framework that supports the NSP goal of reducing new HIV infections by at least 50 percent by 2016. PEPFAR SA will support HIV testing and counseling which is critical both for increasing ART coverage and scaling up voluntary medical male circumcision

(VMMC). PEPFAR SA will promote the use and availability of condoms and foster other healthy sexual behaviors through SBCC. PEPFAR SA will intensify support in high prevalence areas, areas with limited access to MMC services, urban informal settlements with high migrant and mobile populations, poor rural areas with high population density, farms on border areas, and villages along major transportation routes. PEPFAR SA will provide technical assistance in selected provinces, districts and sub-districts to ensure coverage of prevention interventions,, integration of gender strategies, monitoring and evaluation, and use of information and research data to inform and improve program planning and implementation. USG will also support the SAG's efforts to integrate sexual HIV prevention and family planning services and implementation of emerging prevention interventions.

A) HIV Counseling and Testing (HCT): PEPFAR SA contributes to the national goal to increase the number of people screened and tested for HIV and TB and to ensure that referrals are made to appropriate interventions and services. In addition, PEPFAR SA supports the scale up of Provider Initiated Care and Treatment (PICT) and related training for SAG health facility management teams at district and sub-district levels. For the next two years, the PEPFAR SA program will target 5,500,000 people with HCT each year through a combination of technical assistance for PICT and direct delivery of HCT services through mobile HCT, couples testing, and home-based HCT. Interventions will also strengthen the quality of rapid HIV testing via implementation of a quality management system at all HIV rapid testing sites as well as linkages from HCT to prevention, care, and treatment services including PICT in hospitals. A mixed-model approach to HCT enables the program to target hard-to-reach populations that may not be accessing health facilities including MARPs, farm workers, migrant and mobile populations, and sero-discordant couples.

B) Voluntary Medical Male Circumcision (VMMC): All PEPFAR SA partners working in VMMC service delivery establish and maintain quality, efficient and high volume operations that offer VMMC as part of a comprehensive package of HIV prevention and sexual and reproductive health services. The PEPFAR SA team will continue to support rapid scale up of neonatal and adult circumcision to meet the SAG goal of circumcising 600,000 men in 2013/14 and 1,000,000 men in 2014/15 with 4.3 million total circumcised by 2015/16. PEPFAR SA will assist the SAG with VMMC planning, coordination and implementation including monitoring and evaluation, quality assurance systems such as adverse event surveillance, standardized registers and patient forms, operations research, advocacy, communication, and social mobilization. Partners engaged in service delivery prioritize linkages to and from VMMC for clients needing ART, HIV care, or TB and STI treatment. PEPFAR SA also provides VMMC training to service providers through requests from Provincial Departments of Health and will work with the Regional Training Centers (RTCs) in support of the VMMC scale-up. PEPFAR SA's VMMC partners conduct outreach and education campaigns through mass media, local radio and working with traditional leaders and communities. PEPFAR's VMMC partners use Models to Optimize Volume and Efficiency (MOVE)

endorsed by the World Health Organization which emphasizes the forceps-guided surgical method in service delivery and training. PEPFAR SA supports full-time static and mobile VMMC teams in SAG facilities, and a PEPFAR monthly VMMC reporting system has been established for data exchange with National and Provincial Departments of Health. While the SAG has allocated significant resources for VMMC, PEPFAR investments will contribute to increased coverage levels and achievement of population-level impact on HIV incidence.

C) Positive Health Dignity and Prevention (PHDP): Prevention services for HIV-positive persons include both behavioral and biomedical activities aimed at reducing morbidity and mortality and the risk of transmission to HIV-negative partner(s) and infants. HIV prevention messages and services are delivered as part of the routine care offered to HIV-positive persons in additional to other clinical settings such as TB, PMTCT, and STIs. PEPFAR SA supports PHDP training of health care staff, implementation of community-based activities, and development of a national PHDP Framework to strengthen HIV prevention activities in all service settings.

D) Condoms: Consistent condom use is predicated on a reliable, widely available, robustly promoted, and accessible supply of condoms. The SAG and PEPFAR SA continue to prioritize promotion and increasing the availability of male and female condoms where and when people need them. PEPFAR will focus on demand creation and distribution programs for female condoms and lubricant. Programs will also support the SAG to strengthen condom logistics and to address bottlenecks in acquisition and distribution.

E) Most-at-risk populations (MARPs): PEPFAR SA is strengthening efforts to target MARPs with the goal of reducing the number of new HIV infections in South Africa among sex workers (SW), migrant populations, MSM, and their sex partners. Prevention, treatment, and care services for MSM and SW are largely implemented in urban centers, along major transportation corridors and at identified hot-spot locations. In 2013, services will include treatment and prevention packages for sex workers through public-private partnerships. Programs targeting MSM include specific support for TB/HIV integration employing combination prevention approaches. Activities focus on preventing new infections, achieving early diagnosis and rapidly enrolling men into treatment, integrating HIV and TB care within an efficient chronic care delivery system, and improving patient adherence and defaulter tracing through community outreach teams. PEPFAR SA is also strengthening its work with migrant populations (estimated at 2.2 million people in 2010). Activities supporting migrants and farm workers are concentrated along major national transportation routes, commercial farms, cross-border centers in Limpopo, Mpumalanga, and KwaZulu-Natal provinces, and in districts sharing borders with Mozambique, Swaziland and Zimbabwe. In addition, PEPFAR SA will continue to support activities that specifically target miners, truckers, inmates, and farmers to provide prevention services, including HCT.

F) Youth: PEPFAR has refocused youth activities to be more strategic by targeting at-risk youth and strengthening systems within SAG to implement evidence-based HIV prevention programs for at-risk youth between 10 – 19 yrs. PEPFAR assists the SAG with the coordination and implementation of the integrated school health program to include sexuality education and HIV prevention in school curricula as well as evidence-based programs to reduce sexual risk behavior among in- and out-of-school youth. The programs are age-appropriate and include developing mandatory, scripted lesson plans that target grades 7 – 9. Improved coordination between basic education, health, and social development departments is needed to more effectively implement sexuality education programs. PEPFAR SA will provide technical assistance to the Department of Basic Education's to develop appropriate policies and a strategic framework for HIV prevention in schools and strengthen implementation, monitoring, and evaluation of the integrated HIV and AIDS strategy at the local level. Further support will focus on strengthening teacher training programs with local universities to institutionalize sexual reproductive health in teacher training curricula and promote cost-effective interventions for school-based HIV prevention programs that can be scaled-up nationally.

G) Gender: PEPFAR SA will continue to address drivers of gender-based violence (GBV) which increases vulnerability to HIV infection. The vulnerability of women and girls to sexual violence contributes to the higher HIV burden (60%) among women. This vulnerability must be addressed if the goal of an AIDS-free generation is to be realized. PEPFAR SA's gender activities have been strengthened through integration of gender elements across all technical areas. In alignment with the PEPFAR Gender Strategy, a Gender Advisor was appointed in January 2013 through USAID to co-ordinate gender activities and develop an overall strategy for gender activities in collaboration with the SAG. PEPFAR will continue to support SAG's rollout plan for Thuthuzela Care Centres, the SAG's national public awareness campaigns which are culturally and community nuanced, and the engagement of NGOs providing community prevention messages targeted to men and boys. PEPFAR SA is also scaling up support for the economic development of women through micro-finance lending and GBV prevention activities.

New Procurements in Prevention: New procurements include: 1) a program focused on strengthening the coordination capacity of SANAC; 2) support for prevention services in correctional facilities; 3) youth-focused programs including Families Matters and other interventions; 4) the combination prevention and HCT communities initiative; 5) VMMC targeting males aged 15 – 49; 6) a program in support of DBE for strengthening systems; 7) a gender program focused on women and girls; and 8) a program to continue prevention research, surveillance and evaluation activities.

CLINICAL SERVICES:

PEPFAR SA's primary objective is to support scale up of the national HIV treatment and care program,

including pediatrics, TB/HIV, PMTCT and care components, through partnerships covering all districts (52) and all public facilities offering HIV services. While beginning to transition aspects of the care and treatment portfolio to the SAG, PEPFAR SA will bridge key gaps in direct service delivery and capacity building to ensure that this transition does not result in disruptions in patient care. PEPFAR SA will also support critical areas in which the SAG has requested support including: pediatric treatment services in community-level clinics; services for advanced clinical management of AIDS and TB/HIV; HIV and TB services in prison settings; services for vulnerable and at-risk populations such as commercial sex workers (CSW) and men who have sex with men (MSM); as well as services for other underserved groups such as youth, immigrants and people living in informal settlements.

The PEPFAR SA care and treatment portfolio is divided into two categories. Comprehensive district-based partnerships represent over 70% of the PEPFAR SA care and treatment funding and support all 52 districts. These partnerships are designed to improve HIV-related patient outcomes by strengthening health and patient management systems at facility, sub-district and district levels while building capacity in coordination, management and planning to strengthen HIV services. Focal care and treatment partnerships (30% of funding) support advanced clinical care services or target specific clinics and populations. Populations targeted include prisoners, military personnel, migrants, residents of informal settlements, adolescents, commercial sex workers and men who have sex with men (MSM). In addition, focal support is provided at the national and provincial levels for capacity building in monitoring and evaluation, TB/HIV, PMTCT, pediatric HIV, and nutrition, care and support.

A) Adult Treatment: Adult treatment activities will focus on following: 1) support for the roll-out of NIMART through multi-disciplinary mentoring teams focused on strengthening clinical services in facilities and clinical program management in districts; 2) building effective quality improvement programs for service delivery; 3) supporting effective linkages to adherence, retention and community support; 4) addressing gap needs in advanced HIV case management 5) support for roll-out of HIV and TB services in correctional facilities; 6) increased access to treatment for key populations (immigrants, informal settlements, remote populations, etc); 7) cryptococcal screening pilot for HIV-infected patients with CD4 counts < 100 cells/ul; 8) cervical cancer screening; and 9) strengthening supply chain management in the public sector.

B) Pediatric Treatment: Pediatric treatment in public facilities has significantly lagged behind adult HIV care and treatment scale-up, resulting in limited access to pediatric HIV services at the primary health care (PHC) level across much of the nation. PEPFAR district partners support the strengthening of pediatric HIV services through both service delivery and capacity building with a focus on nurse training (pediatric NIMART and IMCI), mentorship through roving teams and support of data quality. PEPFAR also funds focal technical partners to provide youth-friendly HIV care and treatment services, pediatric and

adolescent psychosocial support, and quality improvement for pediatrics. Other programming includes: 1) referral centers and learning hubs for clinicians and nurses in pediatric and adolescent HIV; 2) mainstreaming youth friendly services at provincial and district levels; 3) developing guidelines for pediatric-specific NACS and infant and young child feeding (IYCF); and 4) developing guidelines and SOPs for pediatric/adolescent psycho-social support.

C) Adult Care & Support: Adult care and support activities include strengthening district and service delivery systems through district partners and providing targeted TA through specialized provincial and national partners. PEPFAR support of community health systems are supported within the context of PHC re-engineering through CHW training, mentoring and supervision, and strengthening referrals and linkages between communities and facilities. PEPFAR's major initiative under NDOH to roll out the I-ACT program in all provinces and districts is a key support activity. Other areas of program focus include: 1) integrating NACS as a routine and integral part of HIV care and support; 2) support for pre-ART programs and tracing early defaulters; 3) screening, diagnosis and treatment of TB, STIs, opportunistic infections and other HIV-related conditions; 4) support for implementation of cotrimoxazole and isoniazid prophylaxis (IPT); 5) support for PHDP guidance development, training materials and implementation; and 6) program evaluations related to PHC re-engineering, I-ACT, linkages, retention and LTFU.

D) Pediatric Care & Support: In pediatric care and support, PEPFAR will continue to strengthen strategies for early infant diagnosis, intensified case finding of HIV-infected children and adolescents, and capacitating healthcare workers and facilities to better serve this population. Support for the development of child-specific NACS will also be a key focus, along with updating and rolling out new IYCF guidelines and supporting broader capacity support around breastfeeding.

E) Prevention of Mother-to-Child Transmission: In FY 2013 the PEPFAR SA program will address gaps related to linkages and retention of women on PMTCT to full ART. PMTCT will be supported across all districts and facilities through an integrated mentoring and capacity building approach. Training, mentoring and technical assistance to provincial, district, sub-district, and facility management teams will support the roll-out of South Africa's new PMTCT guidelines (universal ART for PMTCT) along with quality improvement programs focused on ANC and PMTCT. Programming will also include: 1) developing a stronger QI framework and approaches at provincial and national levels; 2) using community-based interventions to support sensitization, mobilization and literacy in the context of PMTCT; 3) increasing focus on follow-up of mother-baby pairs post-delivery (after 6 weeks) and infant feeding to ensure durable PMTCT outcomes; and 4) continuing support to the national PMTCT Impact and Effectiveness Evaluation program.

F) TB/HIV: PEPFAR supports NDOH priority districts based on high TB case load, poor treatment

outcomes, high TB/HIV co-infection rates, MDR/XDR-TB prevalence, smear coverage and smear conversion rates. TB/HIV funding is integrated into the district partnerships to ensure that program capacity building and outcomes are supported across South Africa. PEPFAR partners train health workers on improved reporting for better data quality and accelerated implementation of the “Five I’s”: ICF, IPT, IC, integration of TB/HIV services, and early initiation of ART. PEPFAR is also supporting MDR-TB decentralization through task-shifting and funding the pilot and roll out of nurse-initiated management of MDR-TB.

ORPHANS & VULNERABLE CHILDREN:

Nearly one third of South Africa’s population is under 15 years of age. and approximately 22% of the country’s 18.6 million children are affected by HIV/AIDS with more than 2 million children orphaned by AIDS. The 2010 General Household Survey suggests that the overall number of orphans could be as high as 3.7 million while the UNICEF 2010 South Africa Annual Report indicates that 3.9 million children have lost one or both parents. The impact of HIV and AIDS on children and their families is complex and multi-faceted. The National Action Plan for OVC and Other Children Made Vulnerable by HIV and AIDS” (NAP) reflects strong SAG leadership and commitment to a robust multi-sectoral national HIV response. The plan recognizes OVC as a key population for whom specific interventions will be implemented as a primary prevention strategy for HIV and to mitigate impact and break the cycle of ongoing vulnerability. The Department of Social Development (DSD) has been tasked with leading HIV prevention in the areas of social and individual behavior change, including changes in gender norms that are necessary for the prevention of new HIV infections, especially among OVC and youth.

Over the next five years, PEPFAR SA will continue to support the DSD to: 1) strengthen the coordination of OVC programs at all levels (national, provincial and district) and build monitoring and evaluation capacity at all levels; 2) build implementation and management capacity of local structures that protect, care and support OVC; 3) support local programs to initiate and maintain the linkages and referrals to programs that keep parents alive, delay orphanhood and prevent HIV infection in the 0-18 age group; 4) support family and community-based responses to protect OVC with a specific focus on the 0-5 year group, child survivors of abuse and GBV and children living with sick or elderly caregivers; 5) create a supportive multi-sector environment for OVC by building the evidence and knowledge base and promoting integration and strengthened coordination with other sectors such as Health and Education; and 6) strengthen the social service professional workforce serving children.

The majority of PEPFAR OVC implementing partners reached the end of their five-year agreements in 2012, and PEPFAR will fund eight new implementing partners that refocus the OVC portfolio. These new awards will: (1) provide comprehensive evidence-based programs that strengthen families, households,

and communities to meet the holistic needs of OVC affected by HIV and AIDS; (2) be innovative and focus on sustainable community-based responses that support OVC and specifically adolescent OVC to meet their own needs through meaningful youth participation and strong HIV prevention education; (3) support the transition to adulthood for OVC; and (4) build the capacity for communities to create a supportive environment where children can grow up safe and develop into productive members of society.

The PEPFAR OVC portfolio will focus on improving linkages and referrals for the provision of sexual and reproductive health and prevention services for vulnerable adolescents. OVC programs will continue to address known HIV risk factors that are particularly prevalent in OVC populations, such as poverty and psychosocial distress. In addition to delivering HIV education and services, these programs will prioritize livelihood opportunities and psychosocial well-being — key factors in sexual decision making and also indicators of overall well-being. System strengthening is the center piece of the OVC portfolio and the new DSD Government Capacity Building and Support award will provide technical assistance and capacity development within DSD to strengthen its capacity to address the social and structural barriers that increase OVC vulnerability to HIV and AIDS. Key areas of focus include coordinating planning and implementation of gender and age sensitive OVC services through a multisectoral response at national, provincial and community levels; building management information systems and an integrated national OVC reporting system; improving DSD's use of data for strategic decision making; assuring quality improvements in service delivery; and integrating social and individual behavior change and community HIV prevention.

One of the new OVC awards is for the National Association of Child Care Workers (NACCW) to provide accredited training for the Child and Youth Care Worker (CYCW) qualification to a total of 10,000 workers and volunteers working in this sector. This formalized training will provide a sustainable solution for strengthening communities' ability to care for their children and increase the professional social welfare workforce serving children. The award is co-funded by each provincial DSD that has been allocated funding to train new CYCW and to set up Isibindi programs to provide services to OVC. In addition, PEPFAR SA is in the final stages of negotiating a direct Host Country Agreement with the DSD to support the request for Technical Advisors to assist in managing the roll out of training of additional CYCWs for 400 new sites over the next five years.

Tulane University is the implementation research partner for the OVC portfolio and is conducting a longitudinal study to evaluate four different OVC program models in KwaZulu-Natal. Tulane University is also undertaking a prospective 20-month study of adolescents in Eastern Cape, South Africa to assess the cost benefit and impact of two interventions that target HIV risk factors among vulnerable adolescents. In addition, evidence-based research that measures the outcomes of OVC interventions is required for all new OVC partners and continues to be a foundation of the SA OVC program.

SYSTEMS STRENGTHENING, STRATEGIC INFORMATION & LABORATORY:

A) HEALTH SYSTEMS STRENGTHENING (HHS):

Through consultative engagement with the SAG, the HSS portfolio has been developed to address key gaps including supply chain management, human resources for health, governance, training, policy development, and health finance. In supply chain management, activities include support for improved quantification and forecasting, support for pharmaceutical depot management and distribution, and assistance with tendering processes to improve access to HIV-related pharmaceuticals. PEPFAR also supports the implementation of a SAG managed Human Resource Information System that tracks human resources training with the intention of improving staff retention through capacity development. PEPFAR supports multiple activities to improve evidence-based budgeting at national, provincial and district levels. Activities include developing cost models for national policy, costing provincial strategic plans, and building the financial management capacity of provincial and district health managers. During the past year, PEPFAR conducted an analysis of USG and SAG budget cycles to identify key opportunities for joint planning. Future engagement is planned to facilitate PEPFAR engagement with the SAG's Medium-Term Expenditure Framework and mid-year SAG budget adjustment. PEPFAR is also using the results of the Expenditure Analysis to contribute to HIV resource allocation models to identify potential program and geographic areas that are not receiving sufficient resources. The HSS portfolio also supports operational research (OR) to evaluate best practices for scale up including the cost effectiveness of task shifting and active TB/HIV case finding; acceptability, uptake and cost of alternative scenarios for HIV treatment initiation; and the potential budgetary impact of changes to HIV treatment policy.

PEPFAR HSS program priorities include the following:

Strengthen Human Resource (HR) Capacity: PEPFAR SA supports efforts in three categories: 1) transition of USG-supported posts to host country mechanisms; 2) training; and 3) support to the NDOH HR information system. To date, transition of posts from PEPFAR grantees to SAG has primarily occurred for clinical positions. During the upcoming fiscal year, PEPFAR SA and SAG will plan for sustainable support of Community Health Workers (CHWs) that aligns with national strategy. In addition, PEPFAR will work with NDOH to develop a supervision framework for health care workers based on the existing Supervision Manual for Clinical Health Care Workers. The framework will contain supervisory competencies and create an accountability system for measuring the effectiveness of supervisors.

Strengthen Governance and Leadership Capacity: PEPFAR will support development of a Leadership

and Management Academy with NDOH. Future PEPFAR-supported leadership and management training will be done in collaboration with this academy. In addition, a new procurement in COP 2013 will focus on strengthening the coordination capacity of the South Africa National AIDS Committee (SANAC) and supporting the Global Fund Country Coordinating Mechanism (CCM).

Strengthen the Supply Chain for HIV/AIDS-Related Commodities: PEPFAR will support supply chain strengthening to reduce the occurrence of drug shortages at the local level. Priorities for COP 2013 include pooled procurement for ARVs, procurement of MMC kits, procurement of Diflucan, procurement of ARVs for the PopART study in Western Cape and development of supply chain transition plans for each partner actively working in commodity procurement. PEPFAR SA intends to fully transition ARV procurement to the SAG over the next 1-2 years for all routine services.

Strengthen Financial Management Systems: PEPFAR will pursue three health financing priorities: a) partner with the SAG to identify alternative funding sources to address the resource gaps of the NSP; b) strengthen public financial management capacity at local levels; and c) coordinate budget processes between PEPFAR and SAG to ensure joint planning and sustainable support for programs. PEPFAR SA also supports Global Fund Principal Recipients to improve financial management systems and utilization of funds.

B) STRATEGIC INFORMATION:

The Strategic Information (SI) portfolio builds capacity of PEPFAR partners and SAG counterparts to monitor and evaluate national and project-specific HIV/AIDS programs, improve the quality of data, and improve utilization and dissemination of data. The SI portfolio includes development and maintenance of the Partnership Information Management System which serves as the electronic data reporting system for all PEPFAR SA grantees.

The SI program will continue to support the NDOH to improve SAG reporting systems. PEPFAR supports the improvement of DHIS, roll out of the three tier ART reporting system, and development of core national surveillance systems including incidence monitoring. PEPFAR also supports national population size estimation and surveillance of key populations. Surveillance activities also include monitoring of HIV drug resistance, HIV and TB incidence, MTCT surveillance, Pre-ART tracking, opportunistic infections, gender-based and child violence, pharmacovigilance, as well as STI, infant and maternal mortality.

PEPFAR will fund multiple new awards with FY2013 resources to continue implementation of the SI portfolio.

Redacted

C) LABORATORY:

PEPFAR SA will work with SAG to establish a laboratory unit within the NDOH to improve governance, strengthen delivery and access to laboratory services, and improve overall laboratory operations and infrastructure. PEPFAR will continue to support rollout of the new laboratory information system (Trakcare) to improve timely access to test results. . PEFPAR will also conduct pilot evaluations and support rollout of innovative technologies (e.g. GeneXpert, Web Enabled Lab Result) to enhance early detection of TB as well as improve access to laboratory results in rural facilities.

PEPFAR will collaborate with the NDOH to introduce new technology, monitor and evaluate programs, and develop laboratory infrastructure around clinics. HIV-associated opportunistic infections (OI) are not routinely reported to the NDOH, except for tuberculosis. Thus, PEPFAR support for national laboratory-based surveillance for OIs provides critical information regarding trends in the burden of HIV-associated OIs such as cryptococcal meningitis, pneumocystis jiroveci pneumonia (PCP), pneumococcal disease and disease caused by non-typhoidal Salmonella enterica. The laboratory program provides training programs that aim to a) improve the competency of laboratory technologists; b) train and increase the number of epidemiologists that are competent in laboratory diagnostics; and c) improve laboratory quality leading to accreditation.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	5,100,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	17	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	460,000	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	270,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	350,000	2011	AIDS Info, UNAIDS, 2013			

Estimated new HIV infections among adults and children	380,000	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	1,059,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	240,000	2011	WHO			
Number of people living with HIV/AIDS	5,600,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	2,100,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	2,568,974	2011	WHO			
Women 15+ living with HIV	2,900,000	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	PREVENT NEW HIV AND TB INFECTIONS		
1.1	Expand biomedical and behavioral	P5.1.D	P5.1.D Number of males

	prevention interventions that address the various drivers of the epidemics		circumcised as part of the minimum package of MC for HIV prevention services
1.2	Reduce vulnerability to HIV and TB infection, especially focusing on the needs of infants, girls and women	P12.2.D	P12.2.D Number of people reached by an individual, small group or community-level intervention or service that explicitly addresses gender-based violence and coercion
1.3	Increase the number of persons who know their HIV and TB status and link them to appropriate services	P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
2	INCREASE LIFE EXPECTANCY AND IMPROVE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH AND AFFECTED BY HIV AND TB		
2.1	Expand integrated treatment, care, and support services	T1.1.D	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART
2.2	Decrease infant, child and maternal mortality due to HIV & AIDS and TB	P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
2.3	Mitigate the impact of HIV & AIDS and TB on individuals, families and communities, especially orphans and vulnerable children	C1.1.N	C1.1.N Number of eligible adults and children provided with a minimum of one care service
3	STRENGTHEN THE EFFECTIVENESS OF THE HIV AND TB RESPONSE SYSTEM		

3.1	Strengthen and improve access to institutions and services, especially primary institutions	H2.1.D	H2.1.D Number of new health care workers who graduated from a pre-service training institution within the reporting period
3.2	Strengthen the use of quality epidemiological and program information to inform planning, policy and decision making	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
		H2.1.N	H2.1.N Number of new health care workers who graduated from a pre-service training institution within the reporting period
3.3	Improve planning and management of human resources to meet the changing needs of the epidemic	H2.2.D	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program
		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
3.4	Improve health care and prevention financing	P12.2.D	P12.2.D Number of people reached by an individual, small group or community-level intervention or service that explicitly addresses gender-based violence and coercion

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

How is the USG providing support for Global Fund grant proposal development?
In South Africa, USG was elected by the AIDS and Health Development Partners Forum to as one of three representatives of development partners on the Country Coordinating Mechanism (CCM) for the Global Fund. The CCM is a newly constructed committee that was created in 2012 during reorganization of South African National AIDS Council structures. As a voting member of the CCM, USG provides extensive input along with representatives from government and civil society into proposal development for Global Fund funding opportunities. The technical working groups of the PEPFAR team review multiple drafts during proposal development to provide both technical and programmatic feedback on the proposal to ensure grant proposals are aligned with National strategy and priorities and also complementary to PEPFAR investments in South Africa.

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?
Yes

If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).
In South Africa, Phase 1 of the Single Stream Funding (SSF) grant has been implemented from July 2011. Under the Phase 2 renewal, the five Principle Recipients will now all align to the same grant implementation timeframe of October 2013 to March 2016. This realignment of implementation timeframes under the SSF will allow all grants to eventually align with national timelines (SAG fiscal year runs April - March). The Phase 2 renewal proposal will be submitted to the Global Fund at the end of March in order for review, revision, and grant negotiation to be finalized by an October 1 start date. The budget proposal for the Phase 2 timeframe is just under $250 million. In addition, the Global Fund recently notified the CCM that South Africa would have interim funding available under the new funding model. The Global Fund has indicated that additional funding of $55 million for TB and $37 million for HIV will be available for 2013 and 2014. The Global Fund has requested submission of a proposal for the $92 million by the end of April, so interim funding can be reviewed along with the Phase 2 renewal. USG, as a member of the CCM, has been closely engaged with the review of Phase 1 grants and the renewal proposal for Phase 2.

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by

increasing coordination between stakeholders?
Yes

If yes, how have these areas been addressed? If not, what are the barriers that you face?
Redacted

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
2012 COP	Africa Health Placements	16981:Africa Health Placements NPC	Atlantic Philanthropies, DeBeers, Anglo American	641,936	703,063	Africa Health Placements (AHP) supports and enhances healthcare systems in Africa by finding, placing, and retaining healthcare workers in rural and underserved areas. AHP has placed over 2,000 doctors in southern Africa, half of whom are foreign nationals.
2012 APR	Albertina Sisulu Executive Leadership Program in	16984:South Africa Executive Leadership	Harvard University School of Public	0	1,500,000	ASELPH aims to strengthen three components of health

	Health (ASELPH)	Program for Health	Health, University of Pretoria, South Africa, University of Fort Hare, Atlantic Philanthropies, ELMA Foundation			transformation in SA: Service Delivery Improvements - targeting the management and leadership capability of executive leadership at district level within the SA Public Health System, managers at provincial and national level responsible for district level services, and hospital CEOs at tertiary and health complex levels. Meeting Key Policy Operationalization Goals – through selection and training of executive level managers responsible for implementing policy such as the National Health Insurance

						Initiative and the Re-engineering of Primary Health Care; collaborative meetings with the NDoH to refine implementation plans for these policies. Excellence in Executive Level Training – to build capacity at two South African universities to establish and deliver executive leadership courses in health to address the country's need for senior health managers.
2012 COP	Asibavikele		DELL Foundation	0	0	The purpose of the project is to build capacity of community care workers to provide care and support for child-headed households in Port St Johns Eastern Cape.

						USAID and the Dell Foundation jointly contribute to sustaining the Port St John's Asibavikele site for orphans and vulnerable children. In addition to contributing to the overall running costs of the sites, funds will be allocated to piloting a new model in caring for children living within child headed households.
2012 COP	Development, implementation, and evaluation of a comprehensive HIV prevention program for mobile populations, focusing on truck drivers and commercial sex workers.	13567:GH1151	Bill and Melinda Gates Foundation	0	0	The proposed project is a partnership between CDC-South Africa, the Bill and Melinda Gates Foundation to support the South Africa Government (SAG) and other key partners to implement a comprehensive

						HIV prevention program for truck drivers and commercial sex workers in South Africa. The proposed activities build on the experience of the Gates Foundation's work with the Avahan project in India to develop, implement and evaluate a comprehensive HIV and STI prevention program for key populations. The objectives of the program are; To map, quantify and assess the HIV situation and HIV programming needs key populations, including trucker and sex workers along a major transportation corridor; To

						implement a comprehensive HIV prevention program for truck drivers and sex workers along a major transportation corridor in South Africa.
2012 COP	Ikhwezi mHealth: Mobile technology for HIV/AIDS in South Africa Mobile technology for HIV/AIDS in South Africa	17043:Ikhwezi MAMA - Monitoring & Evaluation & Vodacom Ikhwezi mHealth Program	TBD, Cell Life, Vodacom Foundation, GeoMed, Praekelt Foundation	Redacted	Redacted	This three-year, information, communication, and technology (ICT) for HIV/AIDS program uses mobile technology to support the South African Government's response to HIV/AIDS. Mobile heath (mHealth) technologies are implemented on a national scale in South Africa, supporting a broad spectrum of HIV-related interventions, namely: prevention, diagnostic,

						treatment, patient support and overall health systems strengthening.
2012 COP	Increasing Services for Survivors of Gender Based Violence	14623:Increasing Services to Survivors of Sexual Assault	MAC AIDS	0	1,000,000	USAID and The MAC AIDS Fund (“MAF”) share a common goal of empowering marginalized individuals and addressing health issues affecting vulnerable populations around the world. For this reason, USAID and MAF seek to share their respective strengths, experience, technologies, methodologies, and resources (including human, in-kind, and financial, subject to the availability of funds) in order to decrease gender-based violence (“GBV”)

						and HIV/AIDS. The objectives of this PPP are: increasing awareness of the services provided at the Thuthuzela Care Centers (TCCs) rape crisis centers, and increasing and improving services provided by the TCCs and in TCC catchment areas in response to sexual violence in South Africa. The first year of implementation will by FY 2012.
2013 COP	Intervention with Microfinance for AIDS and Gender Equity (IMAGE)	17030:Intervention with Microfinance for AIDS and Gender Equity (IMAGE)	Anglo American, Chevron Corporation	369,517	334,056	Intervention with Microfinance for AIDS and Gender Equity (IMAGE) is a PPP funded under the Global Development Alliance. It is a sub-partner to Wits Health Consortium. IMAGE provides

						microfinance and gender/HIV training to women to empower them economically and build their resilience against HIV as well as reduce Gender Based Violence. This project has been funded for 3 years to be implemented in 3 provinces, namely Gauteng, North West and KwaZulu Natal. IMAGE's strategic objectives include: To improve women's economic wellbeing and financial independence; Reduce vulnerability to HIV and gender-based violence; and to foster wider

						community mobilization to address the key drivers of HIV.
2012 COP	Johns Hopkins Health and Education in South Africa		Mediology, South Africa Broadcasting Corporation (SABC), SABC Radio, Mango Airlines	3,050,393	4,782,486	JHHESA partners with Mediology for the broadcast of the Brothers for Life television commercials and a TBD women and girls campaign that promotes HIV prevention . These advertisements are supplemented with an in-kind contribution from the broadcasters. SABC and the Department of Trade and Industry have contributed towards the first series of Intersexions. SABC Radio will cost share with the broadcast of 26 episodes of the radio talk

						show and 13 episodes of Brothers for Life on 11 SABC radio stations. JHHESA partners with Mango Airlines for 20 free flights per annum.
2012 COP	Lesedi-Lechabile Primary Care		TBD, GIF Mining, Harmony Mines	Redacted	Redacted	Lesedi-Lechabile works in a high transmission area of the mining community of Welkom in the Lejwelephutswa District in the Free State Province. The partnership with the mines arose from a community study undertaken at the onset of the project. Lesedi outreach teams train peer educators working in the mines in Peer Education and the provision of IEC on HIV, AIDS, STI's and

						TB to mine employees. HIV Counseling and Testing activities are undertaken in the mine and include STI screening and treatment, condom distribution, HIV testing, cancer screening, medical male circumcision, and family planning.
2013 COP	Life Line Southern Africa		Absa Bank			This partnership implements HIV and AIDS prevention interventions through activities such as face to face/individual interaction, house visits, community dialogues, campaigns and events, including pre and post counseling at Primary Health Care facilities, high schools, Military Bases,

						Prisons, including Local Soccer Teams. They also promote and distribute male and female condoms within villages and townships. Services are offered in Limpopo and Northern Cape Provinces.
2012 COP	Mobile Alliance for Maternal Action	17043:Ikhwezi MAMA - Monitoring & Evaluation & Vodacom Ikhwezi mHealth Program	Johnson and Johnson, mHealth Alliance, UN Foundation, Baby Center			MAMA, a partnership between Wits Reproductive Health Institute (WRHI), Cell-Life, and Praekelt Foundation and largely funded by Johnson and Johnson, harnesses the power of mobile technology to deliver vital health information to new and expectant mothers. With guidance and

						input from SAG, the partners hope to create a locally-owned service that will be scaled up nationally over the next three years.
2012 COP	Mothusimpilo		Gauteng Provincial Department of Health, Driefontein Mine, Anglo Gold Ashanti	246,512	160,000	This is a PPP between the Department of Health (DoH), Driefontein mine and Ashanti. Mothusimpilo works in the high transmission mining area of Carletonville in Gauteng Province. Mobile outreach teams supported by peer educators undertake individual or group discussions, door to door, community meetings and awareness campaigns on sexual prevention. They also promote

						and distribute male and female condoms, STI awareness, screening, syndromic management, and referral.
2013 COP	Partnership for Management Development		Johnson and Johnson, DELL Foundation, MAC AIDS, Department of Health/Mpumalanga	0	0	Partnership for Management Development (PMD) is a year-long management training program designed to accelerate the elimination of vertical transmission of HIV in the Eastern Cape by developing the leadership skills and management capacity of health managers. The PMD is a partnership between the Eastern Cape Department of Health, the University of Cape Town

						Graduate School of Business, local implementing partners, Johnson & Johnson and the MAC AIDS Fund.
2012 APR	Pharmacy Assistant Training	16988:Khethh"Impilo Pharmacist Assistant PPP	TBD, Elton John AIDS Foundation	Redacted	Redacted	The program aims to expand high quality pharmaceutical services through training followed by placement and mentoring of pharmacist assistants at PHC level with eventual takeover of these staff by the SAG as part of a health systems strengthening program. The project will: • Deliver at least 500 trained and registered pharmacist assistants with additional knowledge in ARV&TB drug

						management. • Address the skills shortages gap currently experienced in the pharmacy sector. • Supply previously unemployed individuals with job opportunities and a qualification they can pursue in their own community based health care facilities. • Support NDOH to improve pharmaceutical service delivery by increasing and developing human resources specifically for pharmacies within the primary health care sector. • Provide increased access to good quality health care for

						disadvantaged communities
2012 COP	PMTCT Management Development (PMD)		Johnson and Johnson, MAC AIDS			USAID has been working with Johnson & Johnson and the University of Cape Town to support the roll-out of a management training program for the Department of Health in Mpumalanga. The goal of the program is to increase the effectiveness, coverage, and quality of PMTCT services. Program participants learn management tools, frameworks and knowledge that will enable them to increase the effectiveness, efficiency, quantity, and

						quality of services they provide to ultimately support the DOH's goal of eliminating mother to child transmission of HIV.
2012 COP	PPP: integrating water and sanitation into HIV/AIDS programs, nutrition	14292:PPP: integrating water and sanitation into HIV/AIDS programs, nutrition	Coca-Cola			This is a continuation of the work being done under the Water and Development Alliance (WADA), which is a partnership between USAID and the Coca Cola Company. This project addresses community water needs in targeted areas of high HIV prevalence. The partner works with vulnerable communities to provide appropriate mapping of access to water and sanitation

						points. This addresses challenges that are characterized by unavailability of clean safe drinking water, and limited access to sustainable and safe potable water. The project also trains community healthcare workers on basic WASH skills at the household level, and links to education and training. This improves quality of life through sanitation and access to water. The project also supports the appropriate infant feeding for mothers who choose replacement feeding.
2012 APR	Public Private Alliances in Practice	17012:Public Private Alliances	Abbott Laboratories, Gilead	0	0	inPractice Africa is an innovative pilot program for

		inPractice Africa Program	Sciences, Janssen Pharmaceutica (Pty.) Ltd., Merck &Co, Clinical Care Options			South African Clinicians that provides CPD-certified interactive online and offline digital training and certification on the management of HIV-infected and HIV/TB-co-infected patients for physicians and nurses. The program adapts Clinical Cate Options' groundbreaking proprietary technologies, developing new functionality and content that are customized for South African clinicians. The program which is provided at no cost to the clinician or nurse practitioner, provides a comprehensive interactive digital curriculum on HIV and TB

						medicine on mobile phones that is available when the clinicians see patients. Clinicians and nurse practitioners also have access to expert support to answer questions and the content meets their CPD requirements.
2012 COP	Skillz Health Initiative: Sports based interventions to strengthen combination HIV prevention in at risk South African communities		Nike, Comic Relief, MAC AIDS	0	0	Grassroot Soccer uses the power of soccer to reach at risk youth in South Africa. The SKILLZ Health Initiative, delivered through a public private alliance between GRS, Nike, Comic Relief, the MAC AIDS Fund (MAF), and USAID, focuses on preventing new HIV infections

						in South African youth age 10W19 years old. Through the SKILLZ curriculum, GRS tackles the key drivers of the HIV/AIDS epidemic in South Africa - multiple partners, age-disparate sex, alcohol, and gender-based violence. In addition, the SKILLZ curriculum addresses the damaging social norms and imbalances of power that exist between genders.
2012 COP	Utah/Nyathi clinic		Buffelshoek Trust, Department of Health/Mpumalanga, Royal			The Ndlovu Care Group will construct, staff, equip, run, ensure quality, accredit, and manage a

			Netherlands Embassy			primary healthcare facility, Nyathi Community Health Center, including accreditation of Nyathi as an Antiretroviral (ARV) rollout site. Buffelshoek Trust provided the capital expenditure to erect the building for the Nyathi Community Health Center. The structure will be donated to the Department of Health (DOH) of Mpumalanga. The DOH is responsible for the running costs of the clinic as a primary health care facility after the accreditation of Nyathi as an independent ARV roll out site. USAID's funding for Ndlovu Care

						Trust, a sub-partner of Right to Care, would bridge the gap between the initial capital expenditures and DOH operational costs after accreditation.
2012 APR	Xstrata (Current CDC PPP ending in June 2012). The No Cost Extension of 6 months was granted and revised NOA was issued to the grantee.		Xstrata			"Reaction! provides comprehensive TB/HIV/AIDS care support in selected districts located in three provinces i.e. Mpumalanga, Northern Cape and North West. In the two latter provinces, they provide community based support. Reaction! has been receiving PEPFAR funding to implement its projects since 2007 and has established working relationship with mining and other

						private companies in the areas of operation. The program includes Adult and pediatric treatment; adult and pediatric care & support; HIV counseling & testing; TB services; orphans & vulnerable children; and healthy systems strengthening. The support has been increasing consistently and it includes PMTCT. Reaction! implements Private-Public Mix model and receives support from the mining companies. They have built strong relationship with some of the mining and other private companies in

						their areas of operation. Reaction! has established a strong working relationship with SAG from district to provincial level. The provision o

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Surveillance	20K(+)	Evaluation of ANC and PMTCT transition	Pregnant Women	Publishing	10/01/2013
Surveillance	5-site survey	Population-based Behavioral Surveys	General Population	Data Review	09/01/2013
Surveillance	Adherence to dual TB therapy	TB/HIV Co-Surveillance	General Population	Implementation	02/01/2013
Survey	Alcohol and ART Adherence	Population-based Behavioral Surveys	Other	Publishing	07/01/2013
Survey	Assessing maternal substance use during pregnancy in women attending midwife obstetrics units (MOUs)	Evaluation	Pregnant Women	Implementation	07/01/2013
Survey	Assessing retention and	Evaluation of	Pregnant	Publishing	09/01/2013

	long-term maternal and child health outcomes following PMTCT	ANC and PMTCT transition	Women		
Survey	Assessment of HIV counseling and testing services in SA	Evaluation	General Population	Implementation	12/01/2013
Survey	Assessment of partners/couples HIV testing in municipal clinics	Evaluation	Other	Data Review	09/01/2013
Survey	Assessment of pediatric care status	Evaluation	Other	Publishing	09/01/2013
Survey	Bar project	Population-based Behavioral Surveys	Other	Publishing	07/01/2013
Surveillance	Baseline survey of CSW at drinking establishments in Gert Sibande	Evaluation	Female Commercial Sex Workers	Development	09/01/2013
Survey	Capacity assessment of mental health services	Evaluation	General Population	Publishing	06/01/2013
Survey	Care giver competency assessment	Evaluation	Other	Implementation	09/01/2013
Surveillance	CHIP	HIV-mortality surveillance	Pregnant Women	Publishing	09/01/2013
Survey	Client (pre-and post-intervention) in Mpumalanga	Evaluation	Pregnant Women	Publishing	09/01/2013
Survey	Community study of eThekwini district, KwaZulu-Natal	Population-based Behavioral Surveys	General Population	Data Review	02/01/2013
Survey	Community study of Frances Baard District, Northern Cape	Population-based Behavioral Surveys	General Population	Data Review	02/01/2013

Survey	Community study of Lejweleputswa district, Free State	Population-based Behavioral Surveys	General Population	Data Review	02/01/2013
Survey	Community study of Merafong District, Gauteng	Population-based Behavioral Surveys	General Population	Data Review	02/01/2013
Survey	Community study of Sekhukhune District, Limpopo	Population-based Behavioral Surveys	General Population	Data Review	02/01/2013
Survey	Community study of Sisonke district, KwaZulu-Natal	Population-based Behavioral Surveys	General Population	Data Review	02/01/2013
Surveillance	Community-based surveys	Population-based Behavioral Surveys	General Population	Other	09/01/2013
Survey	Cost and outcomes of different delivery models for ART	Evaluation	General Population	Publishing	09/01/2013
Survey	Demographic Health Survey	Population-based Behavioral Surveys	General Population	Planning	07/01/2016
Surveillance	Drug resistance Surveillance in Out patients	TB/HIV Co-Surveillance	General Population	Data Review	09/01/2013
Surveillance	Drug Resistance Surveillance-inpatients	TB/HIV Co-Surveillance	General Population	Implementation	09/01/2013
Surveillance	Drug Resistance Survey (TB)	TB/HIV Co-Surveillance	General Population	Development	09/01/2013

Surveillance	Economic outcomes of patients on treatment	Evaluation	Other	Publishing	09/01/2013
Surveillance	EDR Web	TB/HIV Co-Surveillance	General Population	Implementation	09/01/2013
Survey	Effect of alcohol consumption om ART	Population-based Behavioral Surveys	Other	Planning	07/01/2013
Surveillance	ETC.net	TB/HIV Co-Surveillance	General Population	Implementation	09/01/2013
Survey	Evaluation of interventions	Evaluation	General Population	Publishing	09/01/2013
Survey	Focus group for feedback of HIV test results in home	Qualitative Research	General Population	Publishing	09/01/2013
Survey	GOAL Trial 1-year follow-up	Evaluation	Youth	Planning	11/01/2014
Survey	GOAL Trial Baseline Survey	Population-based Behavioral Surveys	Youth	Data Review	01/01/2013
Surveillance	Group for Enteric, Respiratory and Meningeal surveillance	Sentinel Surveillance (e.g. ANC Surveys)	General Population	Publishing	09/01/2013
Survey	Health Systems Strengthening for early treatment	Evaluation	Pregnant Women	Planning	09/01/2013
Surveillance	HIV Drug Resistance Surveillance	HIV Drug Resistance	General Population	Development	12/01/2013
Surveillance	HIV Evaluation Activities with High Risk Underserved Populations	Population-based Behavioral Surveys	Other	Planning	09/01/2013
Surveillance	Hospital Acquired Infections	Other	General	Implementatio	12/01/2013

	Surveillance		Population	n	
Surveillance	Household risk assessment survey (HRA)	Population-based Behavioral Surveys	General Population	Publishing	09/01/2013
Survey	iMatter Learner Survey	Population-based Behavioral Surveys	Other	Development	09/01/2013
Survey	iMatter Teacher Survey	Population-based Behavioral Surveys	Other	Implementation	06/01/2013
Survey	Impact of Male circumcision	Evaluation	Other	Planning	09/01/2013
Surveillance	Implementation and evaluation of an optimised model for scaling up TB/HIV intengration at primary care clinics in Ekurhuleni North sub-district , South Africa	Evaluation	General Population	Implementation	09/01/2013
Surveillance	Integrated biological behavioral survey	Population-based Behavioral Surveys	Migrant Workers	Publishing	09/01/2013
Survey	Integration of HIV/Family planning pilot	Evaluation	General Population	Implementation	09/01/2013
Surveillance	KZN HIV Incidence Measurement System (KHIMS)	Recent HIV Infections	General Population	Development	09/01/2015
Surveillance	Lost of initiation	AIDS/HIV Case Surveillance	General Population	Publishing	09/01/2013
Surveillance	Maternal and Infant Mortality Surveillance	HIV-mortality surveillance	Other	Planning	09/01/2016
Survey	Mentorship program	Evaluation	Other	Implementatio	09/01/2013

	assessment			n	
Surveillance	Microbiological and Epidemiological Surveillance of TB	Other	Other	Implementation	09/01/2014
Surveillance	Molecular surveillance	HIV Drug Resistance	General Population	Publishing	09/01/2013
Survey	MSM project	Population-based Behavioral Surveys	Men who have Sex with Men	Implementation	12/01/2013
Survey	Multicentre hospital based survey describing the prevalence, nature and preventability of ADRs resulting in hospital admissions	Other	Other	Planning	09/01/2016
Surveillance	National aetiogical STI Surveillance	Other	Other	Implementation	09/01/2014
Surveillance	National survey on Effectiveness of PMTCT	Evaluation of ANC and PMTCT transition	Other	Publishing	06/01/2013
Surveillance	NCS	Population-based Behavioral Surveys	General Population	Publishing	09/01/2013
Survey	Occupational stress in KZN HIV/AIDS counselors (Health Professionals)	Evaluation	Other	Implementation	09/01/2013
Surveillance	Outcomes of XDR-TB	TB/HIV Co-Surveillance	General Population	Publishing	09/01/2013
Survey	Patient Outcome Score	Evaluation	General Population	Publishing	09/01/2013
Surveillance	PCR systems analysis	Laboratory	Other	Publishing	09/01/2013

		Support			
Survey	Perceptions and beliefs around acquisition on HIV	Qualitative Research	Pregnant Women	Planning	09/01/2013
Surveillance	Pharmocovigilance activities	Other	General Population	Planning	09/01/2016
Surveillance	PIP	Evaluation of ANC and PMTCT transition	Pregnant Women	Publishing	09/01/2013
Survey	PMCT	Evaluation of ANC and PMTCT transition	General Population	Publishing	09/01/2013
Survey	PMTCT expansion	Evaluation of ANC and PMTCT transition	Pregnant Women	Implementation	09/01/2013
Survey	Prescriptions record review	Evaluation	Other	Publishing	07/01/2013
Survey	Prevention of violence against women	Population-based Behavioral Surveys	General Population	Publishing	06/01/2013
Surveillance	Provider initiated TB screening (PITS)	TB/HIV Co-Surveillance	Other	Planning	09/01/2013
Survey	Rapid assessment of drug use and sexual HIV risk patterns	Population-based Behavioral Surveys	Female Commercial Sex Workers	Implementation	07/01/2013
Survey	Rapid Assessment of the Extent to Which KAP of Maternal Nutrition IYCF in the Context of PMTCT	Qualitative Research	Pregnant Women	Publishing	09/01/2013
Surveillance	RDS-Men	Population-based	Other	Publishing	09/01/2013

		Behavioral Surveys			
Surveillance	RDS-Migrants	Population-based Behavioral Surveys	Other	Development	09/01/2013
Surveillance	RDS-Women with multiple partners	Population-based Behavioral Surveys	Other	Publishing	06/01/2013
Survey	Relationship between substance abuse, health status and health behavior of patients attending HIV clinics	Evaluation	General Population	Data Review	07/01/2013
Survey	Service quality metrics	Evaluation	General Population	Implementation	09/01/2013
Surveillance	South Africa Health Monitoring Study: Formative Assessment of HIV Risk in Integrated Bio-Behavioral Surveillance among Sex Workers in South Africa	Qualitative Research	Female Commercial Sex Workers	Development	12/01/2103
Surveillance	Surveillance of HIV Positive pre-aRT	AIDS/HIV Case Surveillance	General Population	Planning	09/01/2016
Surveillance	Surveillance Patterns of EID: Monitoring number and results of the infant diagnostic test	Evaluation	General Population	Publishing	09/01/2013
Surveillance	TB HIV Activity Assessment (Health Professionals)	Evaluation	General Population	Implementation	09/01/2013
Surveillance	TB Prevalence Survey	TB/HIV Co-Surveillance	General Population	Planning	09/01/2013
Surveillance	TB screening at correctional	Sentinel	General	Data Review	09/01/2013

	facilities	Surveillance (e.g. ANC Surveys)	Population		
Surveillance	Temporal trends in HIV infection in rural KwaZulu-Natal – implications for research and programmatic priority setting	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Other	12/01/2012
Survey	The 3rd National HIV National Communication Survey	Evaluation	General Population	Data Review	09/01/2016
Surveillance	The South African National HIV, Behavioural and Health Survey	Population-based Behavioral Surveys	General Population	Planning	09/01/2014
Surveillance	Treatment and adherence to dual therapy	TB/HIV Co-Surveillance	General Population	Data Review	02/01/2013

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
DOD		300,000		**300,000**
HHS/CDC	6,664,801	182,533,428		**189,198,229**
HHS/HRSA		8,037,707		**8,037,707**
HHS/NIH		2,163,145		**2,163,145**
PC		2,375,000		**2,375,000**
State		3,841,014		**3,841,014**
State/AF		1,490,000		**1,490,000**
USAID		276,594,905		**276,594,905**
Total	**6,664,801**	**477,335,199**	**0**	**484,000,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	HHS/CDC	HHS/HRSA	HHS/NIH	PC	State/AF	USAID	AllOther	
CIRC	80,704	18,105,168					18,575,487	46,364	**36,807,723**
HBHC	122,871	11,101,280			531,225	345,000	23,699,617	0	**35,799,993**
HKID	460,225	800,000			651,825	1,145,000	39,846,073		**42,903,123**
HLAB	80,704	5,349,889					7,044		**5,437,637**
HMBL							7,044		**7,044**
HMIN							5,865		**5,865**
HTXD	80,704	0		0			2,849,744	46,364	**2,976,812**
HTXS	80,704	44,979,393		2,163,145			66,692,929	46,362	**113,962,533**
HVAB	80,704	3,840,574			579,025		11,301,840	23,182	**15,825,325**
HVCT	80,704	11,585,045					7,546,931	34,773	**19,247,453**
HVMS	2,199,696	8,793,140			33,900		7,044,910	68,182	**18,139,828**

HVOP	80,704	17,868,688	750,000		579,025		12,935,784	34,773	**32,248,974**
HVSI	85,239	10,951,469					6,151,376		**17,188,084**
HVTB	80,704	17,879,222	750,000				22,843,268		**41,553,194**
IDUP		6,989					5,865		**12,854**
MTCT	80,704	14,807,105					21,726,994	0	**36,614,803**
OHSS	85,239	7,739,615	6,537,707				14,150,491		**28,513,052**
PDCS	80,704	3,672,781					4,977,850		**8,731,335**
PDTX	80,704	11,717,871		0			16,225,793		**28,024,368**
	3,841,014	**189,198,229**	**8,037,707**	**2,163,145**	**2,375,000**	**1,490,000**	**276,594,905**	**300,000**	**484,000,000**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

Policy Area: Other Policy						
Policy: Not Applicable - No Policy Table in South Africa PFIP						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	2013					2017
Narrative	No Policy Table in South Africa PFIP					
Completion Date						
Narrative						

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	35,799,993	0
HKID	42,903,123	0
HVTB	41,553,194	0
PDCS	8,731,335	0
Total Technical Area Planned Funding:	**128,987,645**	**0**

Summary:
Overview of HIV in South Africa

South Africa has a population of approximately 50 million people and 5.6 million HIV positive people due to a generalized HIV epidemic that accounts for 17% of the global burden of HIV & AIDS. The epidemic in South Africa has stabilized over the last four years with a national antenatal prevalence of around 30%. South Africa currently ranks the third highest in the world in terms of TB burden, with an incidence rate that has increased by 400% over the past 15 years. The disease burden for HIV and TB is set on the backdrop of a public health infrastructure and system that faces several challenges including significant human resource needs; poor health outcomes; lack of effective information management at all levels of the public healthcare system; inadequate linkages between community resources and healthcare facilities; and ineffective coordination among national and provincial Departments of Health, and district and local health management teams.

In response to these challenges, the South African government (SAG) renewed its commitment to scale up the national response to HIV and TB through targeted campaigns and new policies and strategies. In 2010, the National Department of Health (NDOH) initiated the National HIV Counseling and Testing campaign that tested 15 million South Africans over 15 months and scaled-up antiretroviral treatment (ART) so that 1.4 million South Africans are now on ART (21% of those on ART globally). In 2011, NDOH initiated Primary Health Care Re-Engineering to increase access to quality comprehensive health care services through the approximately 4,000 primary health care facilities. Coupled with this effort, the NDOH has also made decentralization of ART services to the primary healthcare level a priority; thereby increasing access to HIV Care and Treatment and integrating it with other services such as TB and maternal and child health that are delivered at the primary health care level. The Primary Health Care Re-engineering plan focuses on a three stream approach (a) a ward based PHC outreach team for each municipal ward; (b) strengthened school health services; and (c) district based clinical specialist teams with an initial focus on improving maternal and child health. The PHC re-engineering streams (a) and (b) align with PEPFAR SA objectives.

In December 2011, SAG launched the new National Strategic Plan on HIV, STIs, and TB 2012-2016 (NSP) that outlines national strategic multi-sectoral objectives for the next 5 years and reaffirms the country's commitment to preventing and mitigating the impact of the HIV and TB epidemics and scaling up the national prevention and treatment response across all sectors. The NSP defines several priorities for care and support under Strategic

Objectives 2 and 3 – Preventing new HIV, STI, and TB infections and Sustaining Health and Wellness, respectively. These include preventing TB infection and diseases through intensified TB case finding, TB contact tracing, TB infection control, isoniazid preventive therapy (IPT), and prevention of drug-resistant TB; implementing targeted programs of HIV, STI, and TB screening and support for key populations; implementing a patient centered pre-ART package for PLHIV not requiring ART; ensuring all people living with HIV with CD4 counts < 100 are screened and treated for cryptococcal infection; screening for cervical cancer; and integration of HIV and TB care with an efficient chronic-care delivery system.

The SAG has committed approximately $715 million to the expanded NDOH HIV/AIDS program in fiscal year 2011/12 with much of the funding earmarked for procurement of ARVs. The NDOH budget for HIV has increased by 153% over the last few years, to support the expanded access and scale up of antiretroviral services, decentralization of ART and other HIV/TB services, and PHC re-engineering.

The United States government (USG) has partnered with the SAG since 2004 to respond to the HIV/TB epidemic. By the end of FY 2011, 2,400,400 individuals (of whom 527,664 are under 18 years of age) received care services through PEPFAR support, 1,814,400 received clinical care, and 73,000 were started on TB treatment. Of the 1.4 million on antiretroviral treatment (ART) in South Africa (UNAIDS 2011), 1,139,500 were on treatment through PEPFAR support. Of these 104,109 were children under the age of 15, accounting for 9% of those on treatment through PEPFAR support.

In December 2010, PEPFAR SA affirmed its support for the SAG's initiatives by signing the five year SA – U.S. Partnership Framework 2012-2017 (PF) to improve the effectiveness and sustainability of the SA national HIV and TB response. The PF lays the foundation for transitioning PEPFAR SA from an emergency response to a sustainable and country owned response. The PF outlines three goals: (1) prevent new HIV and TB infections; (2) increase life expectancy and improve the quality of life for people living with and affected by HIV and TB; and (3) strengthen the effectiveness of the HIV and TB response system. PEPFAR SA's care and treatment program will continue to work with the SAG to increase life expectancy and improve the quality of life of people living with and affected by HIV and TB.

In 2011 at the request of the SAG and in support of the Primary Health Care Re-engineering and District Health System strengthening, PEPFAR SA undertook an Alignment process of all the implementing partners providing clinical services designating District (or sub-district depending on the size of the district) Support Partners (DSPs) for each of the 52 health districts to ensure uniform coverage and eliminate duplication. One of the key mandates of these DSPs is to build the capacity of District Management Teams (DMTs) through providing technical assistance and training for DMTs for the preparation and monitoring of District Health Plans (DHPs) and the drafting of the District Health Expenditure Reviews (DHERs) that will guide clinical services and PEPFAR SA capacity building to support clinical service delivery in the district. The DSPs will maintain the clinical services they currently provide and coordinate the progressive transition of these services to the primary health care facilities.

The allocation of the District Support Partners has evolved in the current year to include three models that will be evaluated for their effectiveness. Only one DSP is assigned to each of 26 districts. Two DSPs funded by a single agency have been appointed in 16 districts with one focused on health systems strengthening and the second on human resources and capacity strengthening. In the remaining 10 districts, an interagency (CDC and USAID) district-based model has been adopted with one partner working to support capacity building for the District Management Team level and the other supporting capacity building and transition of service delivery at the facility level addressing different aspects of the six WHO pillars of health system strengthening. These models will be evaluated using district health outcomes defined by SAG. A Memorandum of Understanding, joint work plan, monitoring and evaluation plan, and coordinated budgets between CDC, USAID, and their grantees for each district will facilitate effective coordination. More specialized implementing partners are assigned to work at a provincial level to provide technical support in specific areas to the province and districts as needed.

The goals of this Alignment plan are to not only improve efficiencies, reduce duplication, and thus extend coverage, but also to build the capacity of DMTs and facility management teams to deliver better quality healthcare services. Specific capacity building initiatives include enhancing district management leadership and governance capacities, planning, and operations at a central level; improving data collection, reporting, quality, and use by assisting PHCs and other facilities to implement the NDOH Tier 1 and 2 reporting system for antiretroviral treatment; developing a tool to merge data from vertical NDOH data collection systems to facilitate data entry into the District Health Information System (DHIS); strengthening integration of TB, HIV, maternal child health (MCH) services, and other services based on the PHC re-engineering plan; promoting community access to care at the lowest levels; and improving overall health outcomes. In addition, they will assist the districts to implement some of the recommendations of the NDOH District facility assessment. The NDOH has completed an audit of 3,336 of the 4,210 health care facilities to date and the NDOH will work with provincial DOHs to improve financial management, information technology, facility infrastructure and clinical engineering, human resources for health (HRH), pharmacy technician development, and health system management. This project will be rolled out in several pilot districts in the next year.

The SAG has requested that clinical care and treatment services be shifted to the SAG public health system as these are the inherent responsibility of the Department of Health; therefore, a primary goal of the PEPFAR SA team over the next five years will be to transition clinical services and the funding responsibility to the SAG. This transition will include the hiring of many PEPFAR funded clinical staff currently working in public health clinics by the SAG DOH public health system, and the shift from direct care and treatment service delivery to technical assistance rooted in identified needs of the SAG for health system strengthening and capacity building. This transition is likely to occur at a different pace, and may also require different approaches, in each of the 9 provinces. During this transition, both governments will work together to communicate these shifts, emphasize the continual scale-up of the national HIV and TB response, maintain high quality continuum of care, and ensure that all patients continue to receive care and treatment services without interruption.

Overview of Care and Support

Over the past two years, HIV Care & Support the program has increased emphasis on early diagnosis and easy access to the different aspects of care. Pre-ART services were strengthened and PLHIV support group activities established in order to enroll and retain people in care and reduce loss to follow up, even among patients who are not yet eligible for ART. More systematic screening for TB, STIs, cervical cancer, cryptococcal meningitis, and other opportunistic infections has allowed for better management of such conditions. Services like cotrimoxazole prophylaxis and isoniazid preventive therapy (IPT) were improved and a stronger nutrition support program was developed. The management of TB/HIV was strengthened by the development and distribution of a practical guide for TB and HIV service integration at PHC facilities. PEPFAR SA is also supporting the development of the decentralized MDR TB management; the program has been strengthened by introduction of Gene Xpert to support intensified case finding in priority TB districts. While many of the programs still have a strong focus on adults, a lot was done to improve specific programs and services for adolescents and children. In particular, significant progress was made to consolidate achievements in the field of OVC support and to start building local capacity to sustain existing services. Overall, in FY 2011, a total of 2,400,400 individuals (of which 527,664 were under 18 years of age) received care services through PEPFAR SA suppport. Of these, 1,814,400 received clinical care and the number of people living with HIV and AIDS started on TB treatment was 73,200. A total of 1,139,500 (a subset of those who received a clinical care) people were on treatment through PEPFAR SA support. Of these, 104,109 were children under the age of 15, accounting for 9% of the total number of people on treatment through PEPFAR SA support.

The following specific care & support program objectives are consistent with the NSP priorities and will guide our activities for the next two years:

- *Implement patient-centered pre-ART package*
- *Improve early identification of PLHIV, linkages, and retention into care & support*
- *Intensify screening and effective management of opportunistic infections*

- *Improve the uptake of IPT*
- *Improve coverage of cotrimoxazole preventive therapy*
- *Continue the strengthening of DOTS and the 5 "I"s for TB*
- *Establish Positive Health Dignity and Prevention services*
- *Improve quality of life, through pain and symptom management*
- *Expand nutrition assessment, counseling and support (NACS)*
- *Continue building systems and capacity for OVC service delivery*
- *Strengthen community services to expand access to care and support*
- *Strengthen M&E for care and support programs*

PEPFAR SA Care and Support implementing partners are aligned with the NDOH health districts, sub-districts, and public health facilities and provide technical assistance to strengthen the availability and quality of service delivery. Other partners develop the capacity of NGOs and CBOs to expand high quality Care and Support services at the community level and to promote long term sustainability. These implementing partners are either the district (or sub-district) support partners, specialized partners that provide assistance more broadly across the province in areas such as TB, or community based organizations that provide a range of services at the community level including care and support for orphans and vulnerable children (OVC).

PEPFAR SA implementing partners will continue to provide both facility- and community-based services that include early identification, linkage, and retention of PLHIV into Care and Support and Treatment programs. These programs aim at extending and optimizing the quality of life for PLHIV and their families through the provision of clinical, psychosocial, spiritual, and prevention services. These implementing partners will progressively transition their activities from direct service delivery to providing specific technical assistance to the SAG based upon SAG needs.

The Technical Assistance model will focus on activities to build capacity of the SAG to deliver care and support services through mentoring, supervision, preceptorship, and training by the PEPFAR-SA implementing partners. PEPFAR-SA implementing partners will engage in the following activities that will be modified over time as capacity building needs are met:

- *Work with the Regional Training Centers to train health care workers of all categories, especially nurses on NIMART and community health workers using standardized curricula.*
- *Support the roll-out of the PHC Re-Engineering Plan and ensure provision of user- (mother-child, baby, and adolescent) friendly and integrated services at all clinics.*
- *Support, strengthen, and assist sub-districts, districts, and provinces to roll out guidelines through joint activity plans, technical assistance, and supervision and training support to facilities, sub-districts, and district management teams.*
- *Work with the facility, district, and provincial management to transition appropriate staff from PEPFAR-SA supported organizations to the SAG.*
- *Improve current laboratory monitoring protocols and strengthen laboratory systems working with the SAG.*
- *Provide technical assistance to the district management teams to identify drug supply and other program related challenges early and develop management and work plans accordingly.*
- *Support monitoring implementation by training, mentorship, and supervision.*
- *PEPFAR SA will assist the SAG in implementing national public health screening projects such as the Cryptococcal Meningitis Screening.*

Adult Care and Support

The NDOH's HIV/AIDS Directorate has embarked on the process of developing a comprehensive package of Care and Support for PLHIV, with the technical assistance of PEPFAR SA. While this process is ongoing, PEPFAR SA is already involved in the implementation of all services that will ultimately make up this comprehensive care package. PEPFAR implementing partners will continue to strengthen facility- and community-based services for PLHIV to ensure a continuum of Care and Support and to minimize excess morbidity and mortality, as specifically reflected in

the NSP Strategic Objective 3: ““Sustain health and wellness.” There will be strong emphasis on early identification of HIV-infected individuals and their linkage to and retention in care and treatment.

PEPFAR SA implementing partners collaborate with NDOH on efforts to disseminate, implement and maintain pre-ART registers at all health facilities and to establish a pre-ART program to follow-up all PLHIV prior to initiation on ART and trace early defaulters. An NDOH pre-ART Technical Working Group (TWG) has been established, with PEPFAR staff participation, to develop and test strategies for retention in care and timely initiation on ART (e.g. Point of Care CD4 technology). In order to improve the quality of life of PLHIV, PEPFAR SA will provide support to service providers to routinely screen PLHIV for TB, STIs, other opportunistic infections, and other HIV-related diseases (in particular cryptococcal disease in persons with CD4 count <100 and cervical cancer) and to ensure that all such conditions are managed efficiently and appropriately. All eligible patients will be put on cotrimoxazole prophylaxis and IPT. PEPFAR SA partners will also support the routine assessment and management of pain, mental health, and other aspects of palliative care. Several new PEPFAR awards have been planned for FY 2012 that will allocate funding for the training, mentoring, and supportive supervision for these activities.

PEPFAR SA with NDOH will support the scale up and national roll-out of the Integrated Access to Care and Treatment (I-ACT) program. This program helps newly diagnosed PLHIV understand and come to terms with their diagnosis and stigma issues, build a personal support network, and take ownership of the management of their disease. With the assistance of PEPFAR SA, a national I-ACT Technical Working Group (TWG), chaired by the NDOH HIV/AIDS Directorate, was established to oversee the implementation of this program and to liaise closely with provincial TWGs. Each province has been assigned a PEPFAR SA implementing partner to support coordination, planning, training, mentoring, implementation, and monitoring and evaluation of the program roll-out.

Positive health dignity and prevention (PHDP) interventions have been integrated in all PEPFAR SA care and support activities. The PHDP program aims to reduce further transmission and spread of HIV to uninfected individuals. PHDP guidance and training materials were developed and targeted trainings and early implementation support are underway. PEPFAR SA also supports the implementation of the NDOH Stigma Mitigation Framework for HIV and TB by disseminating the newly developed guidance and providing advocacy and training at province and district level. PEPFAR SA will also continue its work with the NDOH Nutrition Directorate and provinces to strengthen the integration of food and nutrition support in HIV care & treatment programs.

Several PEPFAR SA implementing partners are working closely with NGOs and CBOs that offer services to PLHIV within their communities and homes; thus greatly expanding access to care and support and in line with Primary Health Care Re-engineering. CBOs will be supported to become stronger organizations in general, through organizational assessment and development. In addition, their home-based caregivers and Community Health Workers (CHW) will be supported, through training and mentoring, to conduct home visits and to provide care and support to PLHIV through the provision of basic nursing care, education and promotion activities, counseling and support groups, and targeted activities such as defaulter tracing and treatment adherence support.

PEPFAR SA is involved in the development and implementation of several referral system models for PLHIV to ensure retained within Care and Support including referrals between the community and the health facilities. This will greatly assist the PLHIV and minimize loss to follow-up. Adequate referral systems will become even more relevant in the context of and be strengthened with the roll-out of the PHC re-engineering process. Under the PHC re-engineering strategy, eligible home-based caregivers and other community-based cadres will receive standardized training to upgrade their skills and employed as CHWs. As CHWs will be incorporated in mobile PHC teams and directly linked with local clinics, this will dramatically increase access to health care and HIV/AIDS Care and Support. PEPFAR SA participates in the NDOH’s CHW TWG and the South African National AIDS Council’s (SANAC) CHW Forum and is assisting with the development of job descriptions, training, mentoring, and supportive supervision programs for CHWs.

Pediatric Care and Support

PEPFAR SA will continue to work with NDOH to strengthen strategies for early infant diagnosis, intensified case finding of HIV-infected children and adolescents, and capacitation of healthcare workers and facilities to better serve this population. Identification of HIV exposed and infected children and adolescents will be increased through strengthening and expanding the follow up at the primary healthcare level and increasing the integration of PMTCT with EPI programs to ensure early infant diagnosis; increasing provider initiated counseling and testing (PICT) in the outpatient setting, as well as inpatient wards; and strengthening linkages to community based programs to ensure patient follow up.

As more pediatric patients are identified, further initiatives are needed to ensure that there are increased service outlets that provide care and treatment services for HIV-infected children and adolescents. PEPFPAR SA will support SAG to further decentralize pediatric and adolescent services to the PHC level. Supporting NIMART training and mentoring on pediatric HIV management will assist with further addressing this need at the PHC level, thereby increasing coverage for these services.

Pediatric Care and Support services are closely aligned with prevention of mother-to-child HIV transmission (PMTCT). PEPFAR SA has adopted the SAG PMTCT program objectives for the next five years and will provide technical assistance in these areas as the SAG works to eliminate mother-to-child transmission. The following are the SAG objectives for PMTCT:

- *Strengthen management, leadership, and coordination for an integrated and comprehensive pediatric program within maternal, neonatal, child, and women's health (MNCHWH) services;*
- *Develop innovative strategies to improve mother-infant pair tracking for HIV-exposed infants;*
- *Improve quality of pediatric services;*
- *Strengthen the M&E of the pediatric program;*
- *Increase awareness and community involvement in pediatric HIV issues (e.g., follow up of HIV-exposed infants); and*
- *Improve capacity to provide targeted services to adolescents.*

PEPFAR SA will enhance collaborative work among pediatric, PMTCT, and MNCWH programs to ensure integration of pediatric HIV services at all levels of the health-care system. In an effort to improve communication, PEPFAR SA will create a PMTCT/Pediatric TWG comprised of implementing partners, NDOH, and other stakeholders to share tools and best practices; improve communication; and support the NDOH.

Strengthening provincial and district health systems is a PEPFAR SA priority. PEPFAR SA partners will prioritize collaboration with the NDOH to strengthen and capacitate provincial and district health teams to monitor and supervise pediatric programs. Implementing partners will develop regional and district approaches to provide preventative care and clinical and community-based services for children, adolescents, and pregnant women in line with NDOH guidelines. A new information system for improved M&E of mother and baby pairs will be supported by PEPFAR SA.

TB/HIV

There are several SAG policies and guidelines that guide the direction of the TB program in South Africa. The implementation of new rapid-testing technology (GeneXpert); guidelines on infection control, INH prophylaxis, TB management, and MDR/XDR TB; the NSP; and the National PMTCT TB Policy guide a comprehensive and standardized response to the TB epidemic. However, additional policies and guidelines are required to further improve service delivery (e.g., Pediatrics TB policy, point-of-care testing policy).

In recent meetings with the NDOH, a consensus was reached on geographic priorities for TB and specific districts were identified for targeted PEPFAR support. The following criteria were used to select these districts: case finding, treatment outcomes, TB/HIV co-infection rates, MDR/XDR-TB prevalence, smear coverage, and smear

conversion rates. This prioritization was necessary to address the major programmatic gaps resulting from resource constraints: staff capacity and training, transportation and lack of mobile services, laboratory-performance, and infection control measures.

The newly launched MDR-TB decentralization policy dictates task-shifting of treatment initiation of TB treatment from clinicians to nurses, and shifts the focus from long-term hospital stays to community-based management of MDR-TB patients. In line with the MDR-TB Policy and PHC-Re-engineering, PEPFAR SA Implementing partners will train health care workers (HCWs) on improved reporting for better data quality and accelerated implementation of the 5 "I"s (intensified TB case finding, Isoniazid preventative therapy, Infection prevention and control, Integration of TB/HIV, and early initiation of ART).

In the next two years the PEPFAR SA TB program activities will align with the following strategic objectives drawn from the NDOH TB strategic plan and the NSP:

- *Strengthen the implementation of the DOTS strategy: PEPFAR SA will provide technical and financial resources to support the expansion, integration, and decentralization of HIV and TB services. PEPFAR SA implementing partners have deployed some of their TB/HIV personnel to work at national, provincial, and district levels to provide technical direction, supervision, training, and mentoring.*
- *Address TB, TB/HIV, and DR-TB: PEPFAR SA implementing partners will assist the SAG to develop policies that address and prevent further development and spread of DR-TB including (a) early diagnosis and treatment of susceptible TB, (b) early detection and effective treatment of all MDR-TB cases, (c) Gene-Xpert to improve identification of MDR-TB and, (d) guaranteed supply of drugs.*
- *Contribute to health system strengthening: PEPFAR SA implementing partners will assist in improving health management and service delivery required for the provision of quality, client-centered services.*
- *Work collaboratively with all care providers and other non-PEPFAR agencies: The PEPFAR SA team will work in collaboration with the public and private sectors to ensure accessible and quality-assured TB diagnosis and treatment, including the development of community-based support mechanisms under the guidance of provincial health authorities.*
- *Coordinate and implement TB research: PEPFAR SA and the implementing partners will support TB/HIV operational research to enhance the implementation of existing interventions and programs, as well as the development of innovative new approaches for the prevention, diagnosis, treatment and care, and mitigation of the impact of HIV, STIs and TB.*
- *Strengthen infection control: PEPFAR SA is supporting SAG to strengthen infection control in all health facilities and increase awareness of community infection control.*

Food and Nutrition

Malnutrition among people living with HIV (PLHIV) remains a major obstacle to achieving the full impact of HIV interventions in South Africa. Nutrition assessment, counseling, and support (NACS) has demonstrated benefits in improving adherence to treatment and potentially prolonging the pre-ART stage. PEPFAR SA will provide nutrition technical assistance to assist the SAG and PEPFAR SA funded partners strengthen systems to integration nutrition assessment, counseling, and support (NACS) in adult care and support programs. Individuals receiving HIV and AIDS clinical and community care will be targeted. The project will support the inclusion of nutrition assessment of anthropometric status (e.g. weight loss and body mass index), nutrition-related symptoms (e.g. appetite, nausea, thrush and diarrhea), and diet as a basis for routine inclusion of nutritional counseling and support in patient management. The program will also support improvements in hygiene and sanitation, which are essential to reducing the infectious disease burden experienced by HIV infection.

PEPFAR SA will continue to assist NDOH to adopt, formulate, implement, and disseminate food and nutrition policies through active participation in a multi sectorial Nutrition Technical Working Group. In response to the NDOH request to build human capacity for nutrition services, PEPFAR SA will work to incorporate nutrition support into various in- and pre-service training curricula for frontline health workers. To ensure sustainability, PEPFAR SA will also engage with provincial, district, and sub district health teams to provide assistance for

planning and coordination on NACS and Adult care and support. The project will support training of PHC teams on NACS, particularly community health workers.

Orphans and Vulnerable Children

More than 2 million children in South Africa have been orphaned due to AIDS but a much larger number are vulnerable due to socioeconomic and other risk factors. Substance abuse and physical and sexual abuse of children occurs in many families, often pulling families apart. In such cases, children may be removed from their families and placed in foster homes or residential care. Similarly, HIV/AIDS fuels the need for foster care and fills spaces in children's homes. According to researchers at Tulane University, at least 4 million South African children are either HIV-positive, have a parent who is positive, or have lost a parent to AIDS-related illnesses. When parents die as a result of HIV/AIDS, relatives such as grandmothers and older siblings often take on the role as caretaker. According to the South African Child Gauge 2009/2010, 23% of children in South Africa were not living with either parent in 2008. Although their numbers are relatively small, over 100,000 children under 18 years have become heads of households. This has led to a situation where many communities can no longer protect the rights of orphaned and vulnerable children (OVC) without the help of others. The USG helps to support community-based initiatives to assist families and their vulnerable children in their households and communities.

Over the next two years, PEPFAR SA funded OVC programs will continue to support the National Department of Social Development (NDSD) to 1) Strengthen the coordination of OVC programs at all levels (national, provincial and district) and build monitoring and evaluation capacity at all levels; 2) Strengthen coordination and build implementation and management capacity of local structures that protect, care for and support OVC; 3) Support local programs to initiate and maintain the linkages and referrals to programs that keep parents alive (that focus on delaying orphanhood) and prevent HIV infection in the 0-18 age group; 4) Support family and community-based response mechanisms to protect vulnerable and at-risk children (with a specific focus on the 0-5 year group, child survivors of abuse and gender-based violence (GBV) and children living with sick or elderly caregivers); 5) Create a supportive multi-sector environment for vulnerable children by building the evidence and knowledge base (build on what works and is cost effective) and promote integration and strengthen coordination with other Departments and sectors such as Health and Education; and 6) Strengthen the social service professional workforce and system.

In FY 2012 there will be a specific emphasis on integration and the continuum of the HIV response to strengthen the links between HIV prevention, care, and treatment activities and opportunities for innovative integration, especially at the family and household level. Using household economic strengthening interventions, this program will link HIV services to broader development opportunities. Special emphasis will be placed on vulnerable populations such as children of most-at-risk populations with a focus on women, girls, and gender integration. Additional focus will be on high burden districts and provinces (HIV prevalence, maternal mortality, and the burden of OVC) within the South Africa AIDS epidemic profile. PEPFAR SA will continue to support the National Association of Child Care Workers (NACCW) to train child and youth care workers providing a sustainable solution for strengthening communities' ability to care for their children and increasing the professional social welfare workforce. In achieving the above priority activities the PEPFAR SA OVC program funding will be concentrated on the areas of service delivery, health and social system strengthening and capacity building. In addition, PEPFAR SA is currently negotiating a direct Agreement with the National Department of Social Development (NSDSD) to directly support their request for the roll out of training of additional Child and Youth Care Workers (CYCW).

The OVC program works in close collaboration with other donors such as UNICEF, whose efforts include supporting the implementation of laws, policies, regulations, and services that protect children from violence, exploitation, and abuse. PEPFAR SA will work with implementing partners to roll out services for child and women survivors of sexual violence and child abuse in areas of high prevalence.

The PEPFAR SA OVC program has identified several best practices to scale up target interventions for primary caregivers including strategies for providing caregivers with increased emotional and social support; increased attention to the physical health needs of caregivers; household economic strengthening interventions to alleviate

high levels of household food insecurity; building the skills capacity of community caregivers; and providing training to the supervisors of caregivers to encourage a culture and attitude change in families and organizations.

The NACCW Isibindi Model holistically responds to the needs of vulnerable children and families and the NDSD has selected this model for national replication allowing experienced social service professionals and child and youth care workers (CYCW) to reach more families and their vulnerable children. The program includes support and gender awareness for girl children and women-headed households, psychosocial support and protection for caregivers and children, and a disability program that includes assessment and therapy. The Isibindi model has proven to be a success for training CYCWs and is being supported by both USG and the NDSD for replication across South Africa.

Cross-cutting issues

PPP: The SAG NDOH has quite explicitly expressed its position that HIV and TB related services are an inherent responsibility of the public health and social welfare system and that PEPFAR SA should therefore focus its assistance in the field of Care and Treatment on strengthening public service delivery. As a result, there is limited investment in establishing public-private partnerships in this area. A number of OVC and child welfare PPP initiatives are described in another section of this document.

Gender: PEPFAR SA's gender activities have been strengthened over the last year. In February 2011, PEPFAR conducted a gender-based violence assessment and developed a draft strategy to address gender issues across its activities. The gender strategy will be focused on HIV prevention and gender-based violence prevention and gender issues will also be rendered in several of the ongoing care programs: i.e. PLHIV support groups and disclosure support activities, access to care initiatives, MCH and reproductive health services, treatment and PHDP programs. PEPFAR –SA has gender challenge funds that focus on integrating Gender responsive programming across prevention treatment and care in selected communities in Kwa Zulu Natal with specific emphasis on male norms, women and girls empowerment.

MARPs: The NSP designates most-at-risk populations (MARPs) as key populations that experience barriers that limit their access to health and social services. The PEPFAR SA country program supports the minimum package of prevention, care, and treatment services for MARPs, including linkages to services for STIs, TB, and substance abuse, positive health dignity and prevention, post-exposure prophylaxis (PEP), as well as social services and other medical and legal services for men who have sex with men (MSM,) sex workers (SW), and mobile populations. Unfortunately, limited attention is being paid to the HIV needs of People Who Inject Drugs (PWIDs), and prevention, care, treatment and psychosocial services for PWIDs are limited. To ensure that treatment programs for MARPs are linked to appropriate, accessible, and friendly HIV prevention, care and support services for MARPs, the country team supports sensitization trainings, which provide healthcare workers with the necessary skills and knowledge to provide the sensitive services that support and adequately cater for the unique needs of MARPs and ensure successful referral from outreach and HCT programs targeting MARPs.

HSS/HRH: PEPFAR SA's support for human resources for health (HRH) development includes the implementation of a Human Resource Information System (HRIS) to provide better and up-to-date information on the availability of human resources or the lack thereof. Pre-service training will be emphasized with the aim of adding new health care workers to the workforce (Clinical Associates, Nurses, Pharmacists, and Laboratory personnel). In-service training, focused on strengthening existing workforce capacity, will be achieved through the revitalization of the Regional Training Centers (RTCs) and expansion of existing curricula. PEPFAR SA partners are involved in in-service training as part of their mandate to improve local management and health service delivery capacity. A key SAG initiative supported by PEPFAR SA is the NDOH led nurse-initiated management of antiretroviral treatment (NIMART). PEPFAR SA implementing partners provide mentoring for NIMART trained PHC nurses and have extended current in-service training programs for HIV and TB management and infection control. PEPFAR SA was also asked by the NDOH to assist with the training of Community Health Workers required as part of the implementation of the PHC re-engineering strategy. PEPFAR SA is heavily involved in the CHW curriculum

development and PEPFAR SA implementing partners will assist with the training as soon as the curriculum is finalized.

Laboratory: The National Health Laboratory Service (NHLS) laboratory network for the diagnosis of HIV, TB and other related infections is extensive and PEPFAR SA provides technical assistance to NHLS. There are more than 256 laboratories that cater to general laboratory needs for 80% of the population. The NHLS has established the National Priority Program to ensure that pathological/laboratory investigation related to diseases such as HIV and TB are treated as priorities. This has evolved to ensure that HIV testing, TB diagnosis, CD4, viral load testing, and drug-resistance testing are done in a completely standardized manner across the country.

There are currently 244 active TB laboratories that conduct 4.7 million TB smears/year based on 2010estimats. Sixteen laboratories can conduct TB culture and drug susceptibility testing. Approximately 1 million TB cultures and at least 90,000 drug susceptibility tests (including the use of Line Probe Assay) were done by the NHLS in 2010. In addition, the roll-out of GeneXpert is fast-tracking TB diagnosis. Sixty five laboratories conduct CD4 testing and viral load testing is conducted in 16 laboratories. The NHLS produced approximately 1.3 million viral load results last year. A plan has been proposed and a field validation will be initiated with respect to rapid diagnosis of Cryptococcus in patients with CD4 counts <100. There is significant capacity at tertiary centers to diagnose most microbiological organisms (i.e. viral, fungal, and bacterial).

There is a well-developed quality management system in place, managed through a central Quality Assurance Division. Standardized quality assurance manuals and operating procedures have been developed by the organization. Verification and External Quality Assurance programs and other quality management (QM) initiatives are available to all NHLS laboratories. Each university complex, the National Institute for Communicable Diseases, and the National Institute for Occupational Health have tertiary reference centers that support these programs.

Strategic Information: In FY 2012, PEPFAR SA will be among the first countries to propose/start an Impact Evaluation project under the recently released OGAC guidance on development and implementation of Impact Evaluations and will increase its considerable contribution to Implementation Science by delivering relevant and quality evaluations of important public health strategies and approaches. In addition, PEPFAR SA will also step up its overall effort to encourage PEPFAR SA implementing partners to evaluate their programs and to document and disseminate their best practices.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	5,437,637	0
HVSI	17,188,084	0
OHSS	28,513,052	0
Total Technical Area Planned Funding:	**51,138,773**	**0**

Summary:

The South African health care system is undertaking a series of reform initiatives that represent the most ambitious effort to date to bring equity to a health care system historically known for disparity, despite many areas of technical excellence. These initiatives include a re-engineering of the primary health care system aimed at bringing services closer to the populations that need them, a new National Health Insurance Policy aimed at

providing universal health care to the entire population of South Africa, a new National Strategic Plan on HIV, STIs, and TB 2012 – 2016 (NSP), and a renewed commitment to Human Resources for Health (HRH) issues through a new HRH Strategy for the Health Sector 2012/13 – 2016/17. These initiatives come at a time when the South African Government (SAG) is preparing to take on more programmatic and fiduciary responsibility for the country's HIV/AIDS response, as stipulated by the SAG - U.S. 2012 – 2017 Partnership Framework (PF). A demonstration of this commitment is the SAG's intent to take over full financial responsibility for the ART program in the country by 2016/17.

Implementation of these initiatives will require addressing several major challenges; yet the path to success offers PEPFAR a unique opportunity to transition from a direct care model to a technical assistance model where support services are delivered through a health systems strengthening approach. Major challenges that can be addressed by a health systems approach include gaps in critical health professionals, insufficient resources for training health care workers, inadequate supply chain management systems, and challenges in information management systems and data use. The National Department of Health (NDOH) Workforce Model, developed in 2008 and slated for updating in 2012, indicates that in 2011 there were 83,043 fewer professionals than needed. This includes a shortage of 19,805 staff nurses, 22,352 professional nurses, and 14,651 community health workers. Despite these challenges, the political leadership and necessary frameworks are being put into place and will help guarantee that PEPFAR's achievements to date will not be rolled back. This political leadership is demonstrated by the strengthening of the South African National AIDS Council (SANAC) to coordinate and oversee the multi-sectoral national response, a structure that is replicated at provincial and district levels. A principle driver of these efforts is the NSP, which was released in December 2011. The NSP contains four strategic objectives: 1. Addressing social and structural drivers of HIV, STI, and TB prevention, care, and impact; 2. Preventing new HIV, STI, and TB infections; 3. Sustaining health and wellness; and 4. Ensuring protection of human rights and improving access to justice. The NDOH has requested that development partners work to improve the supply, demand for, and overall efficiency of HIV, STI, and TB services. Key, cross-cutting areas identified by the SAG that will support these strategic objectives include revised governance and institutional arrangements, monitoring and evaluation, and research, all of which fall under the purview of PEPFAR's Health Systems Strengthening and Strategic Information portfolios.

The PF outlines the commitment between the SAG and the U.S. Government (USG) to address the HIV/AIDS epidemic in South Africa through the principles of South African leadership, alignment of programs with government systems, sustainability, innovation, accountability, multi-sector engagement, and gender sensitivity. PEPFAR SA addresses these principles in all of its planning and implementation processes. The Health System Strengthening (HSS), Strategic Information (SI), and Laboratory components of PEPFAR SA directly support Goal 3 of the PF to strengthen the effectiveness of the HIV and TB response system. Objectives under this goal include 3.1. Strengthen and improve access to institutions and services, especially primary institutions; 3.2. Strengthen the use of quality epidemiological and program information to inform planning, policy, and decision making; 3.3. Improve planning and management of human resources to meet the changing needs of the epidemics; and 3.4. Improve financing related to health care and prevention.
In addition to the priorities defined in the PF, PEPFAR SA is guided by the NSP,local strategies and policies such as the Negotiated Service Delivery Agreement (NSDA) for Health, as well as the USG Global Health Initiative (GHI) strategy. The Partnership Framework Implementation Plan (PFIP) will be launched in March/April 2012 and will guide the SAG and the USG during the critical years of the PEPFAR transition from 2012 – 2017.

Global Health Initiative

The GHI Strategy is aligned with the NSDA, the NSP, and the PF to focus on targets and outcomes for HIV/AIDS and TB and linkages with MCH, nutrition, and reproductive health/family planning (RH/FP) and global disease detection. This will be done in the context of the SAG shift to strengthen their District Health System (DHS) and the implementation of the new Primary Health Care (PHC) model, which are discussed below in the Leadership and Governance and Capacity Building and Service Delivery sections. Critical areas in the SA GHI Strategy include improved information systems; health and social systems; financing, planning, procurement, and supply chain

management systems; and transfer of health service delivery from a facility-based implementation model to an integrated facility/district-based PHC support and mentoring model. GHI activities in South Africa will involve a multi sector approach and collaboration with the Departments of Health (DOH), Social Development (DSD), Basic Education (DE), Correctional Services (CS), Defence (DOD), and Public Services Administration (DPSA), as well as the National Treasury.
Given that USG resources in South Africa are primarily PEPFAR funding to support HIV/AIDS programs (97%), South Africa's GHI strategy will look to leverage HIV/AIDS programs to support and strengthen the health systems overall at national, provincial, district, and local levels. In the context of the PF, PEPFAR SA will work to foster country-ownership and sustainability and promote integration as USG transitions the balance of programs from direct service delivery to technical assistance. While developing the PF, the SAG emphasized that it should be rooted in the GHI, and that HIV and TB activities be mainstreamed into the general health care system to ensure long term sustainability.
The USG will further build on existing partnerships and relationships established with the education sector through the DBE. The DBE is currently revamping the Life Skills curricula and establishing systems to develop and implement sexual reproductive health programs while promoting safety in schools. These systems are based on the DBE's draft Integrated Strategy on HIV and AIDS, which includes delivery of sexual and reproductive health education; focuses on HIV as a mandatory, timetabled, and assessed subject in all South African schools; and requires the use of guidelines to provide a framework for implementing peer education programs in schools. This will support GHI principles 1 and 2: implementing a woman- and girl-centered approach and increase impact through strategic coordination and integration, with the focus on women, girls, and gender equity through investment in a country-led plan. These activities offer an opportunity for the USG to support the SAG in strengthening health programs within the education sector to improve health conditions and knowledge for school children, particularly adolescent and pre-adolescent girls. These programs promote healthy lifestyles, address risky behavior related to drug and substance abuse, discourage early sexual debut and teenage pregnancy, and build awareness and understanding of gender equity. School-based HIV prevention programs and programs targeting orphans and vulnerable children will include a specific focus on improving the overall health of women, girls and children and will help change the current under-representation of women in decision-making positions in the school. Programs include a focus on gender to examine the roles, relationships, and dynamics between men and women, address how these impact the needs for men and women, and empower young girls to make better decisions about their futures.

Leadership and Governance and Capacity Building

Two new national priority programs were announced during 2011, namely the re-engineering of the PHC system as well as the introduction of the National Health Insurance (NHI) scheme. Both of these programs are dependent on a strong District Health System (DHS). A functional DHS requires full implementation of Chapter 5 of the National Health Act and legislation from provinces to establish District Health Councils (DHCs) to provide oversight to the District Management Teams (DMTs) and create hospital boards and facility health committees. The DMTs are responsible for input into Provincial Strategic Plan operational plans. The integrated approach to PHC involves three pillars namely (i) community outreach teams, (ii) specialist support teams and (iii) school health. This approach will include vertical integration at every level of service from the community to the PHC clinic, the Community Health Center (CHC), the District Hospital, the Regional, and finally Tertiary Hospitals. With the increased emphasis on the DHS and the need to enhance the capacity at that level, PEPFAR SA underwent an Alignment plan in 2010/2011 designating District (or sub-district depending on the size of the district) Support Partners (DSPs) for each of the 52 health districts. One of the key mandates of these DSPs is to build the capacity of DMTs through providing technical assistance and training for DMTs for the preparation and monitoring of District Health Plans (DHPs) and the drafting of the District Health Expenditure Reviews (DHERs). The allocation of the District Support Partners has evolved in the current year to include three models that will be evaluated for their effectiveness. Only one DSP is assigned to each of 26 districts. Two DSPs funded by a single agency have been appointed in 16 districts with one focused on health systems strengthening and the second on human resources and capacity strengthening. In the remaining 10 districts, an interagency (CDC and USAID) district-based model has been adopted with one partner working to support capacity building for the District

Management Team level and the other supporting capacity building and transition of service delivery at the facility level addressing different aspects of the six WHO pillars of health system strengthening. These models will be evaluated using district health outcomes defined by SAG. A Memorandum of Understanding, joint work plan, monitoring and evaluation plan, and coordinated budgets between CDC, USAID, and their grantees for each district will facilitate effective coordination. More specialized implementing partners are assigned to work at a provincial level to provide technical support in specific areas to the province and districts as needed.

The goals of this Alignment plan are to not only improve efficiencies, reduce duplication, and thus extend coverage, but also to build the capacity of DMTs and facility management teams to deliver better quality healthcare services. Specific capacity building initiatives include enhancing district management leadership and governance capacities, planning, and operations at a central level; improving data collection, reporting, quality, and use by assisting PHC and other facilities to implement the NDOH Tier 1 and 2 system for antiretroviral treatment; developing a tool to merge data from vertical NDOH data collection systems to facilitate data entry into the District Health Information System (DHIS); strengthening integration of TB, HIV, maternal child health (MCH) services, and other services based on the PHC re-engineering plan; promoting community access to care at the lowest levels; and improving overall health outcomes.
At the provincial level, PEPFAR SA continues to support PEPFAR Provincial Liaisons (PPLs) in all nine provinces to liaise and facilitate communication between the USG, the SAG, and implementing partners in the province. They are responsible for tracking and reporting on key activities and developments in the province and strengthening coordination and relationships between the SAG and the USG. The PPLs also assist the Provincial Management Teams (PMTs) with the review of DHPs. The PPLs act as a communication channel between the PMTs, the PEPFAR SA Team based in Pretoria, and the DSPs, which should lead to better communication and improved management practices. The PPLs are critical in facilitating the PEPFAR transition process between the provincial governments and partners. This includes ensuring PEPFAR partners have MOUs, facilitating discussions of transitioning PEPFAR-supported staff, and ensuring that the SAG is fully aware of the PEPFAR-supported programs in the province.
At the facility level, PEPFAR SA and its implementing partners are involved with capacity building activities such as including in-service training and providing short term technical assistance. Objective 3.3 of the Partnership Framework, "Improve planning and management of human resources to meet the changing needs of the epidemics", guides PEPFAR SA support to the government in strengthening efforts to design, manage, and monitor HIV programs at the national, regional, and local level. Partner activities that address this objective include training pharmaceutical services managers at provincial and district levels in a number of provinces and developing Management Development Programs for health managers at all levels, including one specifically aimed at District Managers.

Strategic Information

The PEPFAR SA Strategic Information portfolio covers the following areas: (1) increasing the availability and quality of the programmatic and epidemiological evidence base for health programs in South Africa; (2) increasing the capacity of individuals (especially managers) to understand and use data effectively; (3) fully aligning the PEPFAR-specific indicator and results reporting systems with those of the SAG and providing strong technical assistance to SAG data systems accordingly; and (4) supporting and strengthening the management of M&E and Quality Improvement (QI) across the HIV and TB response in South Africa.

PEPFAR SA supports the development and implementation of coordinated surveys and surveillance with participation from SAG. PEPFAR has supported several large surveys including the South African National HIV Prevalence, HIV Incidence, Behavior, and Communication Survey 2002, 2005, and 2008 of which the 4th wave is currently being implemented and the 2nd National HIV Communication Survey with its 3rd wave planned for FY 2012 and 20 13. In 2012, to ensure better coordination and outcomes, PEPFAR SA will continue to work closely with SAG to align PEPFAR survey and surveillance priorities. To this effect PEPFAR SA will, through technical assistance, capacity building, and funding, support the establishment or strengthening of national surveys and surveillance systems, which include but are not limited to: continued support of the two large surveys; surveillance

for underserved groups at high risk, discordant couples, drug resistance, pre-ART, HIV, and maternal/infant mortality; TB surveillance including HIV surveillance in TB patients, TB prevalence, and laboratory surveillance; and pharmocovigilence. In addition, PEPFAR SA will continue to support operational research and evaluations to inform policy and improve service delivery. PEPFAR SA will continue to support the PMTCT Effectiveness Study to measure progress toward the goal of virtual elimination of MTCT.

PEPFAR SA has expended significant effort in the development of strategic information capacity building programs that are exclusively oriented toward SAG systems, and consist mostly of SAG participants and organizations. One activity that illustrates this SI capacity building is the contract with JSI called the Enhancing Strategic Information (ESI) Project. Since 2009 ESI has trained over 1,000 SAG employees in all nine provinces on the innovative 5-day "Evidence-Based Health Management" course. This applied course, taught in the format of a participatory workshop, uses current data from the SAG District Health Information System (DHIS) for all learning examples and exercises. The NDOH has reported that this course has resulted in a greater awareness of the need to report data through the national system. There has also been a marked improvement in data quality.
Specialized courses are also offered by ESI on how to access and use information from the DHIS. ESI has gradually come to set the standard for basic SI capacity development with an emphasis on routine health information; currently the demand for ESI courses is significantly greater than the supply. To accommodate this demand, there are plans to award a 7 month sole source contract to ESI. However, in the long term, PEPFAR SA will ensure that the SAG RTCs are empowered to take on the trainings to ensure sustainability. Other significant training activities include the pilot of HMIS leadership training. This course has proven to enhance local capacity for strategic development of HMIS. In FY 2012, the training of staff and resources will increase to meet the growing demand for courses, and the program of capacity development will expand to include courses at the intermediate and advanced skills' levels. New courses will incorporate the newest data quality standards, and accreditation will continue to be the long term goal. One of the benefits of the ESI training model is its attention to enhancing the quality of SAG routine health indicators through ongoing participation in NDOH meetings and strengthening the DHIS. Both of these activities represent important objectives of the PEPFAR SA SI portfolio.
ART HMIS implementation is being driven from the NDOH with PEPFAR playing a supportive role. NDOH has selected a 3-Tiered approach for its ART HMIS, which includes a set of standardized ART M&E systems: paper-based (Tier 1), non-networked (Tier 2) and networked system (Tier 3). The 3-Tiered approach provides the tools to support the ART monitoring with the system that best suits the context and resources available to the ART service point. The three tiers complement one another and all generate the minimum data required to manage the ART program and produce the monthly and quarterly data elements as approved by the National Health Council and National Health Information System/SA on 10 March 2011. PEPFAR's involvement has included: (1) the implementation and scale-up of the first and second tiers; (2) efforts aimed at integrating parallel data management and reporting systems such as the DHIS, ETR.Net, TIER.Net, and the USG Partner Information Management System (PIMS) – this activity will be implemented as part of the once-off OGAC funded SI initiative launched late 2011; and (3) efforts aimed at enhancing inter-sectoral, national, and provincial software integration for health information systems including (a) establishing national health data standards, e.g. coding standards and a standard health data dictionary and (b) strengthening/supporting governance structures and processes to improve the quality of and access to health data.
Another SI focus is to support and strengthen the management of M&E and Quality Improvement (QI) across the HIV and TB response in South Africa. Specific examples include:1) technical assistance to the NDOH with the national HCT and PMTCT campaigns through designing and coordinating training, development, and review of guidelines and the monitoring of the implementation of the campaigns at all levels on a continuous basis; 2) direct support by technical experts from CDC, USAID, URC as well as WAM Technologies to the National TB Surveillance system; 3) financial support to the National Health Laboratory Services (NHLS) for strengthening its national data warehouse and decision support systems to facilitate delivery of its national priority programs; 4) technical support through JSI/ESI to the NDOH for the electronic ART register and the DHIS system; 5) development of Quality Assurance and QI tools for national and provincial level DOH through the Witswatersrand Reproductive Health Institute, and 5) development of a Partner Information Management System (PIMS) that is designed to assist PEPFAR SA implementing partners and the SAG to strengthen the flow and quality of clinic-level results to the DHIS, as well as to allow transparent and user-friendly access to routine health information for both

USG and SAG managers. Additionally, the PIMS system facilitates routine reporting on PEPFAR expenditures and staff supported by PEPFAR, both of which provide data that is essential to the PEPFAR transition for both the SAG and USG.
Two projects aimed at improving the TB surveillance program were launched during the last 12 months: the ETR.Net Informatics Review and the ETR.Net Data Flow and Reporting Review. The ETR.Net Informatics review was completed in 2011 and the findings were reported to the NDOH. The report lists specific recommendations to improve the informatics component of the ETR.Net system. Some of the recommendations are being implemented including: 1) upgrading computer hardware at NDOH and KZN DOH; 2) drafting of an implementation plan for ETR.Net (version 2.0) roll-out; and 3) finalization of algorithms for reports.
As a result of the National Health Council's decision to implement the 3-Tiered ART monitoring system nationally, PEPFAR SA implementing partners are rolling out Tiers 1 and 2: 1) supporting implementation of the paper or electronic ART register; 2) designing data exchange protocols between existing electronic patient management systems (PMS) and the TIER.Net system in order to transfer data from PMS into TIER.Net (i.e. an electronic data exchange standard (DES) will be made available to partners); 3) refraining from developing new systems and reducing the existing systems; and 4) planning for transitioning to the new system.
Service Delivery

Recognizing gaps in the PHC system, the NDOH recently released a plan to re-engineer the entire PHC system to focus on health promotion and primary prevention at the household and community level and improve integrated school health services. In addition, prevention, care, and treatment of HIV will be shifted to and integrated in primary health care. The three pillars of PHC re-engineering are: the PHC outreach teams that will spend part of their time in the community and part in the clinic; the School Health Program that is being reintroduced; and the Specialist Teams for maternal, neonatal, child, and women's health (MNCWH). The continuum of care begins with a Community Based Team consisting of Community Health Workers (CHWs) who are each responsible for 500 – 1,000 households, PHC Clinics staffed by professional nurses, and Community Health Centers and District Hospitals that are staffed by family physicians, thereby providing a cascade of health care from the individual household to more specialized health services at the District Hospital. District-based specialist support teams will include family physicians who will be responsible for strengthening a district by assisting the district in developing both a district-specific strategy and an implementation plan for clinical governance, as well as providing the technical assistance necessary to support quality of clinical services and M&E. Facility based counselors will perform HIV Counseling and Testing (HCT), counseling for other needs, and case management for chronic diseases. Supplementing home-based care-givers with additional lay workers for labor intensive palliative care and activities for daily living is under consideration.
In line with the PHC re-engineering model, a new basic care package of services has been developed with support from PEPFAR SA that includes community based services; increased emphasis on preventive services especially at the household level; additional services related to HIV; services related to common health problems not traditionally offered in clinics including those related to oral health, vision, hearing, mental health, and disability; and school health services. PEPFAR SA will support the continuum of care through the realignment of implementing partners along district and sub-districts as mentioned in the Leadership and Governance and Capacity Building section above. These efforts are directly related to Strategic Objectives 2 and 3 of the NSP: Preventing new HIV, STI, and TB infections and Sustaining health and wellness. Additionally, the school based health initiatives described in the GHI section above will directly support the reintroduction of the school health program.

Human Resources for Health (HRH)

South Africa is quickly approaching an HRH crisis with a current gap of over 80,000 health professionals and growing. From 1996 – 2008 there was little growth of health professionals in the public sector. Administrative and management personnel expanded at the expense of clinical appointments and specialist medical staff declined by 25%. Projections indicate that 60% of nurses are over the age of forty and will no longer be a part of the health systems within the next 15 years. By 2006, the number of nurses declined by 10,000, leveling off just above the 1997 level. "Brain drain" is a reality with South Africa being the second largest contributor to nurses in the UK.

In order to more strategically address these issues, an overall plan for health and social system strengthening to support PHC re-engineering and the SAG's HR Strategy for the Health Sector 2012 – 2016 was developed during the first year of the SA GHI Strategy in partnership with NDOH, the Department of Basic Education (DBE), and the Department of Social Development (DSD) and adapted to the specific needs of provinces and districts. Current efforts have been aligned with the NSP and PF and have been designed with significant input from the SAG at various departments and levels. PEPFAR SA staffing details down to district level by cadre and cost have been shared with the SAG. PEPFAR SA funding for implementing partners at national, provincial, and district levels supports 23,531 staff of which 8,472 are providing non-site specific clinical and managerial technical support including supportive supervision, data management, health workforce training, and ARV and TB initiation. PEPFAR SA is in the process of developing an HR transition plan with the SAG that outlines the placement of these staff. Discussions are currently being held at all levels of the DOH to identify strategies to prioritize the transition of health care workers from PEPFAR to SAG. Much of this transition will happen at the provincial level, with the Western Cape and Gauteng provinces already absorbing some PEPFAR funded clinical staff. PEPFAR SA through the HRSA funded partner I-TECH is assisting the DOH to implement a Human Resource Information System (HRIS) to provide management with the information required to better plan and manage HRH provision in the country as it will give HRH managers the necessary information for decision making. A revitalization of the Regional Training Centers (RTCs) and expansion of existing curricula will enable/facilitate the implementation of new national strategies such as the PHC re-engineering and the NHI programs as PEPFAR SA partners will provide technical assistance to harmonize and streamline curricula as well as standardize training practices across provinces.

Current partner activities that focus on in-service and pre-service training and mentoring for doctors, nurses, pharmacists, child and youth care workers, community health workers, data capturers, social workers and auxiliary social workers will continue. Pre-service training will be emphasized in the future, with the aim of adding new health care workers to the workforce. Through the cooperative agreement with the NDOH, PEPFAR SA supports pre-service training of Clinical Associates (CAs), a newly introduced, mid-level health care worker aimed at addressing the need for additional clinical service providers at District Hospitals. Three South African medical schools are training CAs and a total of 94 CAs have graduated. All been absorbed into the public health system at district level hospitals in four provinces: Mpumalanga, Gauteng, Eastern Cape, and Limpopo. Another cohort of 105 students will graduate at the end of 2012, and there were approximately 350 CAs enrolled in the program at all three universities at the start of 2012. Another two universities will start this program during 2013. The pre-service training of data capturers is also supported through the same mechanism. The new Medical Education Partnership Initiative (MEPI) was launched in 2011 and will continue to assist with pre-service training of clinical staff, primarily doctors. Two South African universities participate in MEPI – UKZN and University of Stellenbosch. While the initial focus of MEPI was to extend HIV/AIDS and TB training and competencies for doctors and other clinical health cadres, both centers have expanded their focus to respond to the rural health context in SA and include clinical curriculum reform for MCH, non-communicable diseases, and violence and injuries courses.

PEPFAR SA was also requested by the NDOH to assist with the training of Community Health Workers (CHWs) required as part of the implementation of the PHC re-engineering strategy. The strategy calls for the training and recruitment of approximately 20,000 CHWs to be employed by the SA Government. As such, over the next two years, the SAG will advertise these posts, and some of the 6,574 community workers employed by PEPFAR will be eligible to apply and given preference as incumbents provided they qualify for the positions. The Foundation for Professional Development is involved in curriculum development for the SAG as well as in training of the first 10,000 CHWs. In-service training has been provided to 5,000 CHWs in 2011 and the revised CHW curriculum will be fully operational in 2013. As other standardized community cadres are identified by SAG, such as lay counselors, other staff currently supported by USG will be eligible to apply for these positions. To initiate this process, specific discussions and planning for this transition have just begun in Western Cape Province.

PEPFAR SA has been supporting the training of laboratory technicians and epidemiologists through a cooperative agreement with the NHLS, utilizing the Africa Center for Integrated Laboratory Training (ACILT) and the Field Epidemiology and Laboratory Training Program (FELTP). These combined efforts will help PEPFAR SA contribute to the approximately 13,000 new health care workers needed to reach the global PEPFAR target of 140,000 new healthcare workers by 2014.

In-service training activities are focused on strengthening existing workforce capacity. PEPFAR SA is working with the NDOH to consolidate and accredit in-service training courses and to draft an in-service training policy. The previously mentioned national campaign to strengthen the RTCs will support in-service training at the provincial and district levels. The DSPs are involved in in-service training as part of their mandate to improve local management and health service delivery capacity. A key SAG initiative supported by PEPFAR SA is the NDOH led nurse-initiated management of antiretroviral treatment (NIMART). PEPFAR SA partners provide mentoring for NIMART trained PHC nurses and extend current in-service training programs that have focused on facility based staff for HIV and TB management and infection control. The PEPFAR-funded Twinning Program, implemented by the American International Health Care Alliance (AIHA), supports the strengthening of the Clinical Associates (CA) program in South Africa by establishing "twinning" partnerships between US-based universities and the South African Universities that train CAs. CDC and USAID officials as well as representatives from partner organizations have been involved in the development of other training curricula and materials such as infection control (CSIR and I-TECH), TB/HIV integration (CDC, USAID, URC, TB/HIV Care Association), and Clinical Mentoring (I-TECH). Other in-service training activities include the training of professional nurses and lay counselors on the Quality Management System for performing HIV rapid tests.
PEPFAR SA will continue to support programs to recruit health professionals from developed countries on one or two year contracts as a stop-gap measure as outlined in the SAG HR strategy. Many of these professionals stay well beyond their term. There is also demonstrated evidence that recruiting qualified foreign doctors improves the retention rates of South African doctors, especially in hard-to-reach rural areas. The USG will also work with the NDOH to improve the use of CHWs within health services aligned with PHC re-engineering. Task shifting of selected activities from health professionals to CHWs and mid-level workers will require redefining the "Scopes of Practice" of health professionals. In the medium term, the USG will help to increase retention rates through interventions that increase the appeal of staying in South Africa. Over the longer term, USG will help accelerate production of professionals and mid-level cadres.

Laboratory Strengthening

PEPFAR SA is significantly involved with NHLS in strengthening the delivery and quality of laboratory services. PEPFAR SA also supports the development of a national laboratory policy and provision of additional support to facilitate the extension of laboratory services to peri-urban and rural areas not sufficiently covered by the NHLS. These facilities are purposefully placed in resource poor settings to facilitate laboratory support for ART programs and subsequently, implement specific interventions aimed at reducing the turn-around time for HIV related laboratory results.
In collaboration with NHLS, training of laboratory personnel in all laboratory aspects of HIV and TB, including laboratory management, is a priority. In addition, technical training in assay performance with emphasis on good laboratory practices whilst maintaining a safe working environment covering the entire spectrum of TB and HIV are offered. Furthermore, an entire TB technicians' training program and training of epidemiologists through the FELTP program are also key training activities. In order to assist laboratories through the accreditation process, a program for strengthening laboratory management towards accreditation (SLMTA) is also offered. The above training programs include activities of ACILT and the South Africa National Institute for Communicable Diseases (NICD), described in the previous section.
HIV rapid testing represents an important aspect of HIV/AIDS prevention programs; thus the quality and reliability of HIV testing is critical. As a consequence, activities aimed at strengthening and supporting the health care system with a focus and emphasis on quality of HIV testing are being supported. Furthermore, HIV rapid test kits are subjected to a rigorous quality assurance evaluation before and after being released into the field. In addition, the rollout of external quality assurance (EQA) for molecular diagnosis is also supported
Activities relating to infrastructure improvement are also being supported including: new diagnostic technologies, such as the acquisition and roll out of GeneXpert machines to be initially placed in high burden sites in all nine provinces; improvement and implementation of specimen tracking systems and cold chain to improve specimen and results movement between facilities; and improvement of the electronic delivery of and access to laboratory results through implementation of netbook and/or mobile solutions at designated facilities, thus significantly reducing the turn-around time for laboratory results.

Laboratory-based surveillance activities for opportunistic infections (OIs) are supported financially and through technical and epidemiological expertise to provide strategic public health information pertaining to trends in OIs and the extent and burden of OIs. These measures also provide an indirect measure of the impact of HIV related intervention programs for the NDOH and NHLS. In addition, PEPFAR also supports activities aimed at assisting both the NHLS and the NDOH with the implementation of Point of Care Testing (POCT) to improve the efficiency of specimen collection and lab machine operation.

Health Efficiency and Financing

PEPFAR SA will build capacity at the provincial and district levels to plan and manage financial resources. The NDOH has requested support to improve the district health committees' capacity to develop annual plans with clearly articulated objectives and strategies to reach these objectives. PEPFAR SA has also been asked to strengthen capacity at the provincial level to manage the HIV budgets, including the conditional grants, which have been growing rapidly as South African has allocated larger budgets to provinces. In response to these requests, PEPFAR SA will provide technical assistance and direct support to build the skills needed at the provincial and district levels to develop annual plans and corresponding budgets and to monitor the activities and expenditures.

PEPFAR SA also supports costing studies to analyze the budgetary implications of potential policies, such as the new treatment guidelines and the roll out of GeneXpert machines. These studies are actively used by the SAG in the policy planning process and have helped build the strategic planning capacity of the SAG. An internal PEPFAR Expenditures Analysis was conducted among select PEPFAR SA implementing partners. The objective is to better understand what PEPFAR money is being spent on what in each technical area, at the provincial level. Data analysis is currently underway, and there are plans to make this an annual or semi-annual project. This activity will allow PEPFAR SA to provide appropriate information for future National AIDS Spending Assessments.

The NDOH is in the initial stages of rolling out a new National Health Insurance program with the aim of reaching the country's vast uninsured population. PEPFAR SA is committed to supporting this effort and has been in communication with the DOH during the program's development. Specific activities to support this effort have not been finalized.

In support of the PF and the PEPFAR transition, PEPFAR is considering preparing COP budgets by geographic region, and requesting that implementing partners do the same. This will require technical assistance to many smaller partners, but will better align PEPFAR budgets with the SAG. Additionally, multi-year budgets are being considered in order to facilitate planning for the transition.

Supply Chain and Logistics

Redacted

PEPFAR SA supports strengthening management of commodities at the national and local levels. In response to a request from the SAG, PEPFAR SA is funding implementing partners to centralize the national pharmaceutical budget and develop a central procurement authority (CPA) that will provide oversight for all drug products. The CPA will manage pharmaceutical procurement contracts on behalf of the provinces and will assume primary responsibility for coordinating all issues pertaining to selection, procurement, distribution, use, and payment of pharmaceuticals within the public health system. At the provincial and district levels, the USG will fund training on improved management tools for commodity logistics management resulting in a reduction of stock shortages of all drugs, which has been a perennial problem in South Africa.

Gender

The GHI core principle to focus on women, girls, and gender equality is particularly relevant in the South African context given that interpersonal violence is the leading risk factor, after unsafe sex, for loss of disability adjusted life

years. An estimated 55,000 rapes of women and girls are reported to the police each year; however it is estimated that the actual number is nine times higher. Gender-based violence (GBV) and intimate partner violence are important risk factors for many of the country's most prevalent and serious health problems, including HIV and sexually transmitted infections.
PEPFAR has supported and will continue to support a range of programs with GCF funds including the development and implementation of Kwa-Zulu Natal (KZN's) Provincial Strategic Plan on gender, HIV, and sexual reproductive health services for girls and women in KZN province; the adaptation of evidence-based interventions for HIV positive women; an economic empowerment micro-lending program for women; and other programs.
Work supported by the GCF furthers the GHI's focus on women, girls, and gender equality by integrating issues of HIV, Sexual and Reproductive Health (SRH), GBV, education, and economic strengthening into new and existing programs. The main anticipated outcomes of PEPFAR SA's GCF work include: 1) increased number of people reached by interventions that address male norms and behaviors; 2) increased number of people reached by GBV services and prevention efforts; 3) improved access to income and productive resources for women and girls; and 4) a clearer understanding of the magnitude of SA's GBV problem through supporting research on GBV prevalence.
A PEPFAR Gender Strategy is slated for completion during 2012.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	18,139,828	0
Total Technical Area Planned Funding:	**18,139,828**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	36,807,723	0
HMBL	7,044	
HMIN	5,865	
HVAB	15,825,325	0
HVCT	19,247,453	0
HVOP	32,248,974	0
IDUP	12,854	
MTCT	36,614,803	0
Total Technical Area Planned Funding:	**140,770,041**	**0**

Summary:
Overview of the HIV Epidemic in South Africa

South Africa is home to more than 5.6 million people living with HIV, and the rate of new HIV infections is not declining significantly. Preventing new infections in South Africa requires an understanding of the local epidemic. Thus in 2010 the South African National AIDS Council (SANAC) commissioned a review of existing data on the epidemiology of HIV, STIs and TB in South Africa. The Know your HIV Epidemic (KYE) and Know your HIV Response (KYR) reports, published in 2011, provide a comprehensive review of South Africa's HIV epidemic and informed the South Africa National Strategic Plan on HIV, STIs and TB 2012-2016 (NSP). The KYE-KYR is based on published and unpublished data and reports and secondary analysis of biological and behavioral information, data on epidemic drivers, programs, policies, expenditures, and program effectiveness. The interpretation of these findings is informed by global, national, and regional research evidence, knowledge, experiences and evidence of "what works" in HIV prevention. The KYE has identified high incidence populations, "hot-spot" or high transmission areas, and major risk factors for HIV infection that guide PEPFAR SA's prevention priorities and ensure the PEPFAR SA prevention portfolio is aligned with the NSP and SAG prevention priorities.

Modes and Drivers of HIV Transmission: Similar to other generalized, hyper-endemic HIV epidemics, the South African epidemic is largely driven by heterosexual transmission. There are a number of underlying biological, behavioral, socio-cultural, economic, and structural factors that influence risk for HIV transmission. Risk factors include mobility and migration, race, economic and educational status, alcohol and drug use, early sexual debut, sexual violence, and low levels of consistent condom use, especially in longer-term relationships and in pregnancy/post-partum. There are low and/or late marriage rates across all populations and unstable long-term relationships that can foster multiple concurrent partnerships and potentially foster HIV transmission through complex, linked sexual networks, especially where there is high population mobility. Biological vulnerabilities include lack of circumcision for males, acute stage infection, STIs, pregnancy for females, and the greater overall biological vulnerability of females to HIV infection.

Of particular relevance, gender dynamics and unequal power relations between men and women play a significant role in heterosexual HIV transmission. According to a 2011 report by the Desmond Tutu HIV Foundation, an estimated one third of young girls in South Africa indicate their first sexual experience was forced, and nearly 75% have had at least one non-consensual sexual encounter. Gender disparities also contribute toward intergenerational and transactional sex and are evident from an early age. Data from the University of KwaZulu-Natal Centre for the AIDS Programme of Research in South Africa (CAPRISA) showed that among school children in Vulindlela, KwaZulu-Natal, prevalence among girls aged 17-18 was 7.9%, compared to 1.2% among boys of the same age group.

Migration and mobility are an important risk factor that dramatically increases vulnerability to HIV. A study conducted by the International Organization for Migration (IOM) on migrant farm workers found that 39.5% were HIV positive. Most-at-risk populations (MARPs) carry a significant burden of HIV infections in South Africa. Data from the Eastern Cape show men who have sex with men (MSM) were 3.6 times more likely to be HIV positive than men in the general population. Eight studies of South African MSM conducted between 2005 and 2010 revealed HIV prevalence ranged from 10.4 to 43.6%. In the 2008 Human Sciences Research Council (HSRC) Nelson Mandela Household Survey, 3.2% of men self-reported same sex behavior. The South African Centre for Epidemiological Modeling and Analysis (SACEMA) estimated 19.8% of all new HIV infections are related to sex work. National HIV surveillance data does not exist for sex workers, but studies have found HIV prevalence among sex workers in varying geographic locales in South Africa ranges from 34-69%.

PEPFAR in South Africa: The NSP under Sub-Objective 1.2 identifies the following groups for targeted prevention programs: young women between the ages of 15-24, people living or working along national highways, people living in informal settlements, migrants, out-of school youth, uncircumcised men and other key populations. The PEPFAR SA HIV prevention portfolio aligns with the NSP prevention priorities, the bilateral Partnership Framework, and the new OGAC Guidance for the Prevention of Sexually Transmitted HIV Infections. The USG prevention program focuses on reducing new HIV infections among the key populations in select geographic "hot-spots" through a comprehensive and integrated approach. The prevention program combines evidence-based, mutually reinforcing biomedical, behavioral, and structural interventions. The program is

epidemiologically, geographically, and demographically focused and tailored to address the social, economic and cultural context that places individuals at high risk for HIV infection. Since 2009, the PEPFAR SA prevention team has been refocusing its prevention programs to reduce fragmentation and allocate resources strategically for sustainable impact at a population level.

With a foundation of comprehensive prevention programming, PEPFAR SA aims to ensure ART coverage, expand biomedical interventions including voluntary medical male circumcision (VMMC), promote the use and availability of condoms, foster other healthy sexual behaviors, and expand the availability of and demand for HCT, with a strategic use of social and behavior change communications (SBCC). PEPFAR SA supports programs in various settings including urban informal settlements, high population density poor rural areas, farms on border areas, and villages along major transportation routes. In addition, PEPFAR SA continues to play a critical technical assistance and capacity building role in South Africa, participating in joint planning, aligning work with SAG objectives, and providing regular reporting to SAG departments at multiple levels.

Collaboration with other donors: The PEPFAR SA prevention program collaborates with other donors supporting SAG in various areas of HIV prevention. The German Development Bank, KfW Bankengruppe, intends to fund a €1.5 million (approximately $2.1 million) MMC pilot in Mpumalanga province via open tender through the Development Bank of South Africa (DBSA). The Swedish, Canadian, Irish, British, and German governments, among others, are all actively involved in HIV prevention efforts and PEPFAR SA is working closely to strengthen collaboration among donors in order to avoid duplication and maximize impact. Round 10 Global Fund (GF) to Fight AIDS, Tuberculosis, and Malaria provides funding for VMMC activities. PEPFAR worked closely with the GF proposal committee to prevent geographic and tactical duplication of efforts. These agencies will continue to collaborate as activities are rolled out.

Redacted

Prevention of Mother to Child Transmission (PMTCT): PMTCT is a priority program through which SAG aims to reach the Millennium Development Goals 4, 5, and 6 that address infant and maternal morbidity and mortality resulting from HIV/AIDS and TB. The SAG PMTCT program is aligned with the UNAIDS goals of zero new HIV infections, zero AIDS related deaths, and zero discrimination. This approach strongly advocates for the elimination of HIV mother-to-child transmission (MTCT) by 2015 and aims to keep mothers alive and protect the family from orphanhood. The primary objective of PEPFAR SA is to support the NDOH in devising a plan that incorporates SAG's PMTCT Implementation Plan to reach the target of elimination of MTCT and improving the quality and coverage of the PMTCT program to achieve less than 2% MTCT rate at 6 weeks and less than 5% MTCT rate at 18 weeks nationally by 2015.

The PEPFAR SA program will continue to support the national PMTCT program by addressing some of the inherent programmatic gaps through technical assistance provision. These include training and technical support to provincial, district, sub-district, and facility management teams. PEPFAR SA will provide ongoing assistance and on-site mentorship of nurse-initiated and management of ART (NIMART); the promotion of provider-initiated HIV counseling and testing (PICT); strategies for follow-up for mother-baby pairs post-delivery; service quality improvement, management and prevention of STIs and TB; community outreach and referral to wellness; and nutrition and treatment programs. PEPFAR SA assistance has helped to improve PMTCT service delivery and increased PMTCT access in most hospitals, public clinics, community health centers, and mobile clinics. However, there is still a challenge with early booking before 14 weeks, retesting at 32 weeks, and later effective tracking of mother and baby pairs post-delivery as well as early infant diagnosis and infant feeding.

PEPFAR SA, in collaboration with UNICEF and the NDOH, supported a national PMTCT impact evaluation that measured the effectiveness and impact of the SA PMTCT program on the MTCT rates at six weeks of age through early infant diagnosis. MTCT at 6 weeks averages at 4% across the 9 provinces in South Africa. In addition, this evaluation provided information on SAG PMTCT coverage and the quality of PMTCT services at the national and

provincial levels. The results provide strategic direction for both PEPFAR SA and SAG on PMTCT. PEPFAR SA will continue to provide technical support to the SAG to achieve elimination of mother to child transmission of HIV by 2015 and closely align assistance to NSP Sub-Objective 2.3.

HIV Counseling and Testing (HCT): PEPFAR SA is assisting SAG to increase the number of people screened and tested for HIV and TB and ensure linkages are made to appropriate interventions and services based on HIV status. In addition, PEPFAR SA provides TA and mentoring for SAG to scale up PICT, including PICT training for SAG health facility management teams at district and sub-district levels, as well as implementing task shifting and roll out of targeted population-based HCT campaigns. This will strengthen quality management systems for improved rapid testing. For the next two years, the PEPFAR SA program will reach 4,000,000 people with HCT each year through a combination of technical assistance and population based HCT services. PEPFAR will strengthen the identification of HIV positive individuals through all models of HCT (mobile, couples testing, and home-based), strengthen the quality of rapid HIV testing and implementation of a high-quality management system at all HIV rapid testing sites, and strengthen the linkages from HCT to prevention, care, and treatment services including PICT in hospitals. These models of HCT have the potential to identify those not accessing health care facilities and target hard-to-reach populations including MARPs, farm workers, migrant laborers, and sero-discordant couples.

Acceptance of HIV testing is high when offered by health care providers as part of consultation, and there is a need to improve health care providers' understanding of the importance of testing patients for HIV. The increased uptake of HCT with routine testing needs to be sustained, as over 50% of those tested by PEPFAR SA partners in the past 6 months were tested at health facilities. In addition, focus will be on development and implementation of quality management systems to ensure quality HIV rapid testing and data management. Other areas that require attention are the need to strengthen voluntary HCT integration with school health services and ethical HCT for children, especially reaching OVC, both of which remain a major programmatic challenge.

PEPFAR SA will also continue its support to the SAG to develop evidence-based policies and tools. For example, point-of-care CD4 testing is beneficial in various HCT settings and can improve linkages to care and treatment services. However, guidelines must be developed to ensure expanded access to high quality point-of-care CD4 testing. Although the overall PEPFAR SA budget allocation for HCT has been decreased for the coming year, activities will be more strategically focused in areas that SAG prioritizes at provincial and district levels. Under the sub-objective 2.1, SAG plans to maximize opportunities for access to HIV and TB testing and screening by scaling up PITC in all health facilities. SAG will also scale up testing and counseling services to accompany the increased uptake of VMMC. The PEPFAR SA investment will complement investments from the private sector to contribute to the SAG's HCT campaign and achieve NSP SO 2.1 through targeted and population-based programs and support to improve HCT monitoring and evaluation services to address re-testing of patients.
Condoms: Consistent condom use is predicated on a reliable, widely available, robustly promoted, and accessible supply of condoms. SAG and PEPFAR SA continue to prioritize increasing the availability of male and female condoms where and when people need them and support continuous promotion efforts. Despite recent advances in biomedical HIV prevention (e.g., medical male circumcision rollout and encouraging studies of pre-exposure prophylaxis and microbicides), male and female condoms remain the most effective prevention technology currently available and the only prevention method capable of preventing both HIV and pregnancy.

The SAG currently procures and distributes an average of 44 million male condoms per month. The NDOH distributes the majority of those condoms through clinics and other public outlets. PEPFAR prevention partners then distribute public sector condoms through their networks in targeted community settings to reach at risk populations. The demand for and reported use of male condoms continues to increase at a steady pace: from 33 million/month distribution in 2007 to 44 million in 2010. Robust condom promotion through PEPFAR SA partners has contributed to a major generational shift in condom use among youth. Redacted

The SAG also procures 600,000 female condoms per year and distributes these through health facilities, but the supply often does not reach women at greatest risk and more efforts are needed to educate about and promote the female condom among sexually active women. To address this, several PEPFAR SA implementing partners

distribute and promote the SAG-procured female condoms through their outreach workers targeting vulnerable women and sex workers (SWs). FY 2012 MARPs programming will ensure increased access to and acceptability of female condoms.

Voluntary Medical Male Circumcision (VMMC): Scaling up VMMC for adult men is a high priority for the year one operational plan of the NSP under SO 2. PEPFAR SA is assisting the SAG with VMMC planning, coordination, and implementation including advocacy, communication, and social mobilization to meet its five-year "catch-up" strategy target of circumcising 4.3 million adult males (ages 15-49) by 2016 and has increased its funding for VMMC from $23 million in FY 11 to $33 million in FY 12. The PEPFAR VMMC program is focused in three provinces with high HIV burden and low MMC prevalence: KwaZulu-Natal (circumcision rate: 26.8%; HIV prevalence: 21.9%), Gauteng (circumcision rate: 25.2%; HIV prevalence: 15.8%), and Mpumalanga (circumcision rate: 36.3%; HIV prevalence 23.1%) and also supports a public-private partner hospital where VMMCs are performed in the Free State.

All PEPFAR SA partners working in VMMC service delivery establish and maintain high quality, high efficiency, and high volume operations that offer VMMC as part of a comprehensive package of HIV prevention and sexual and reproductive health services. Partners engaged in service delivery prioritize implementation of linkages to and from VMMC for all clients, including those in need of TB and STI treatment and/or ART or HIV care. The SAG has allocated significant resources for VMMC programming needs nationwide and the national VMMC targets are 500,000 for FY 2011-2012, and 600,000 for FY 2012-2013. PEPFAR's FY 2012 funding will support approximately 190,000, approximately one third of the country's overall annual target. However, FY 2012 targets for VMMC are 131,000 as FY 2012 funding will not be fully expended at the time of FY 2012 reporting. The program faces formidable demand creation challenges due to seasonal fluctuations in VMMC and ambivalence about medical circumcision in some traditionally circumcising communities.

PEPFAR SA partners provide substantial technical assistance to NDOH and provinces in designing and implementing communication and demand creation strategies and leverage the education and outreach competencies of non-VMMC partners to support focused demand and awareness for VMMC in the vicinity of VMMC sites. The PEPFAR SA team underscores that given the time-sensitivity of VMMC scale up's potential population-level impact, more resources are necessary to optimally scale-up circumcision coverage. A key component of the new performance based contract is technical assistance to districts to identify, establish, and staff high volume sites with adequate demand creation approaches that will be sustained with provincial funds over the long term.

The PEPFAR-funded VMMC partners use Models to Optimize Volume and Efficiency (MOVE) endorsed by the World Health Organization and emphasizes the forceps-guided surgical method in their service delivery and training. The unit cost of VMMC is higher in South Africa than other countries in the region, due to higher wages, fees, and other economic factors, as well as the continued use of doctors as surgeons. More cost efficiency could be reached through full task shifting to non-surgeon cadres, which requires endorsement from key nursing stakeholder groups and the NDOH. The PEPFAR SA team is working with the SAG to pursue this policy and service delivery change. PEPFAR SA supports full-time static and roving VMMC teams in SAG facilities as well as stand-alone VMMC centers, and in FY 2012 PEPFAR SA intends to launch mobile services. PEPFAR SA also provides VMMC training to service providers nationwide through requests from Provincial Departments of Health and will be working with the Regional Training Centers (RTCs) in support of the VMMC scale-up. PEPFAR SA's VMMC partners engage in related outreach and education through mass media and local radio and through working with traditional leaders and communities. PEPFAR SA and VMMC partners will continue serving on the National VMMC Task Team, provide technical assistance nationally and provincially, second full-time technical assistance staff within NDOH offices, and draft VMMC strategic documents. PEPFAR SA plans to work at multiple levels to create standards for quality assurance and program monitoring and evaluation and also plans to directly fund the NDOH to support the creation of monitoring, evaluation, and quality assurance systems, as well as adverse event surveillance and standardized registers and patient forms. A PEPFAR SA monthly VMMC reporting system has been established and data is shared with National and Provincial Departments of Health.

Prevention with Positives (PWP) – (currently Positive Health Dignity and Prevention (PHDP)): Strengthening interventions for the estimated 5.6 million people living with HIV in South Africa is a critical component of the overall prevention (and care and treatment) portfolio. The overall goal of the PWP program is for all clinic- and community-based programs serving PLHIV (including sero-discordant couples) to offer a comprehensive package of HIV prevention messages and services on an ongoing basis. PEPFAR SA is supporting implementation of PWP activities through training of health care staff, implementation of community-based activities, creating linkages with HIV care and treatment services, and development of national PWP guidelines to support the implementation of the 2012-2016 NSP.

PEPFAR SA in collaboration with the regional training centers is developing training materials for health care workers to equip nurses and other service delivery staff to better address PLHIV in clinical settings. A phased training approach will be initiated in the current year, prioritizing PEPFAR SA-supported partners, health facilities in Gauteng and KwaZulu-Natal (provinces that account for 54% of people living with HIV in South Africa), and district support partners, who directly provide technical assistance to government facilities in every health district to strengthen care and treatment services. Prevention partners will be implementing community-based PWP activities as part of comprehensive HIV prevention services in specific geographic locations. For example, PEPFAR is working closely with the Integrated Access to Care and Treatment (I-ACT) program, which targets those diagnosed with HIV but not yet eligible for treatment services to ensure that PWP activities in the current curriculum are in line with PEPFAR guidance. Over the next year, PEPFAR SA will support the NDOH's development and dissemination of PWP guidelines.

Most-at-risk populations (MARPs): PEPFAR SA is strengthening its overall MARPs program with the goal of reducing the number of new HIV infections in South Africa among sex workers (SW), persons who inject drugs (PWID), MSM, and their sex partners. PEPFAR SA activities are aligned with the NSP Sub-Objective 2.4 for key populations and activities and will support increased access to comprehensive HIV prevention services incorporating behavioral, biomedical, community, and structural interventions for MARPs, as well as capacity building, evaluation, and related activities directed to these population groups. Prevention, treatment, and care services for MSM and SW are largely implemented in urban centers and along major transportation corridors where these populations tend to concentrate and can more easily access services.

In addition to programs targeting MSM and SW, PEPFAR SA is also strengthening its work on migrant populations. Migrant populations in South Africa were estimated at 2.2 million people in 2010. The NSP acknowledges the vulnerability of mobile and migrant populations and people living in informal settlements but does not set forth specific HIV prevention strategies or policies that meet the unique needs of these groups. The migrant labor system separates couples and families and removes people from their normative, traditional community environment, creating language and legal barriers that can spur discrimination and limit access to health services increasing their vulnerability to discrimination. Activities supporting migrants and farm workers are concentrated along major national transportation routes, commercial farms, and cross-border centers in Limpopo, Mpumalanga, and KwaZulu-Natal provinces and in districts sharing borders with Mozambique, Swaziland, and Zimbabwe. The IOM study conducted on farm workers in Mpumalanga revealed the highest HIV prevalence ever reported for a working population in southern Africa (39.5%). Moreover, the HIV prevalence rate was significantly higher among female employees, with almost half of the women (46.7%) testing positive compared to just under a third (30.9%) of the male workforce. PEPFAR SA works with specific sectors (i.e., mining, transport, correctional services, and farming) to reach groups such as truck drivers and SWs in transport corridors to provide a range of prevention services including HCT.

PEPFAR SA's MARPs program will continue to be guided by the use of epidemiological data to identify specific concentrated geographic areas and sub-populations with the greatest need for HIV prevention interventions. PEPFAR will focus on developing partnerships and linkages with government and the private sector to reduce fragmentation and duplication of efforts and to facilitate the implementation of HIV prevention interventions. This includes linkages to services for STIs, TB, and substance abuse, as well as social services, other medical care and

treatment, and legal services. Based on the lack of overall strategic information on MARPs in South Africa, PEPFAR SA will implement various activities including population size estimation and evaluation projects to enhance the current knowledge base regarding these groups and help identify what and where the needs are greatest for HIV prevention services. The MARPs program places a strong emphasis on providing support to the SAG and AIDS councils at national, provincial, district, and sub-district levels to improve access to health services, coordinate activities, strengthen policies, indicators and systems, and sensitize and educate health care workers about the need for non-discriminatory provision of health and other social services for MARPs. Over the next year, PEPFAR SA will support the NDOH's development and dissemination of prevention guidelines for MARPs through technical assistance, consultative meetings and training.

General Population: The primary objective of PEPFAR's overall prevention portfolio is to expand coverage of combination prevention interventions addressing the key drivers of HIV infection, reducing vulnerability to HIV and TB infection, and strengthening systems and capacity to implement programs in concentrated areas. Sexual prevention programs are implemented in all provinces with concentrated efforts in KwaZulu-Natal, Mpumalanga, and Gauteng provinces, and they target adult men and women, who are highly vulnerable to HIV infection, individuals at high risk of sexual- or gender-based violence, and youth. In addition, activities are also supported to strengthen diagnosis and treatment of STIs, especially focusing on the integration of HIV and STI services.

Activities addressing adults who are at high risk of HIV infection: PEPFAR SA has identified key populations and geographic hot-spots with SAG at national, provincial, district, and local levels based on the KYE/KYR. Activities addressing adults at high risk of HIV infection include technical assistance to the SAG across sectors for policy development, targeted SBCC, community mobilization programs, and biomedical interventions. The SBCC and community programs use data, including social determinants and community involvement to provide culturally appropriate and easily understood messages, while other SBCC programs use mass and social media linked to community outreach programs. SBCC activities promote the use of a range of HIV social and health services, including VMMC, PMTCT, HCT, Post Exposure Prophylaxis (PEP), treatment, and other impact mitigation interventions. Community-based interventions actively engage all sectors of the population including local and traditional leaders, employers, religious groups, schools, PLHIV, and other affected populations. In informal settlements and other hard-to-reach communities, specific door-to-door campaigns are used to reach adults at high risk of HIV infection. Other PEPFAR programs target adults in the workplace, including working with unions and mining and farming enterprises.

Activities addressing in- and out-of-school youth: Since 2009, PEPFAR SA has been refocusing and consolidating its youth activities to be more strategic by targeting at risk youth and strengthening the Department of Basic Education (DBE) systems to implement evidence-based HIV prevention programs for school-going youth aged 10 – 19 that are at risk of infection. The current youth HIV prevention portfolio reflects this transformation and is aligned with the NSP SOs 1.5, and 2.2. Support includes assisting the DBE with implementation of the Integrated HIV Strategy to focus on the sexual and reproductive health education program, including HIV as a subject to be delivered in all schools. The programs have to be age-appropriate and have HIV-related life skills delivered through co-curricular means in all schools. DBE requested that PEPFAR SA assist them in the review, refocusing, and integration of school-based HIV prevention activities, school health, life skills, and peer education programs. Improved coordination among the Departments of Basic Education, Health, and Social Development through PEPFAR SA-funded interventions will result in harmonizing efforts and enhancing the delivery of stronger HIV prevention and more efficient programs. Targeted out-of-school youth programs support unemployed youth working in after-school programs to deliver peer education programs focusing on HIV prevention and addressing risky behavior.

Cross Cutting Areas
HSS/HRH: Current activities that work to sustain the existing volunteer and non-professional cadres of the HIV prevention workforce include training and supportive supervision to promote safe and accurate HIV rapid testing by lay counselors. For example, PEPFAR SA assisted SAG to modify the HCT policy in relation to task shifting to include lay counselors who are now performing rapid HIV tests under supervision and scaling-up PICT. Future

task shifting efforts will focus on allowing non-surgical members of VMMC teams to take on increased responsibilities.

Medical Transmission: Data on the role of medical injections and infection control in health care settings are limited. In South Africa, HIV transmission through blood transfusions is practically zero due to the quality of the SAG's blood services and does not require new action; however, the status quo demonstrates the importance of maintaining the high quality of the standards for screening currently in place. No FY 2012 COP funds have been budgeted for Injection or Blood Safety.

Gender: South Africa has one of the highest rates of gender-based violence (GBV) in the world. Studies show that violent and/or controlling male partners often impose risky sexual practices on their female partners, who are not in a position to refuse these practices. Additionally, women who are in abusive relationships are at particular risk of HIV exposure due to the threat of further violence, abandonment, or loss of economic support if they attempt to negotiate safer sex or refuse sex. Women living with HIV often face an increased risk of GBV because they are often the first in the relationship to test positive through pre-natal testing when they are pregnant. They are then branded as the "spreaders" of the virus. Once their HIV-positive status is revealed or disclosed to their partners, women may face being physically abused, losing access to important economic resources, or the threat of being chased from their homes.

PEPFAR SA's gender activities have been strengthened over the last year. In February 2011, PEPFAR conducted a GBV assessment and also developed a draft strategy to address gender across its activities. PEPFAR SA currently supports several partners working with various SAG departments, civil society, and communities to address GBV and is leveraging the Gender Challenge Fund to support structural and community-based activities in KwaZulu-Natal province– the global epicenter of the HIV epidemic. Lastly, PEPFAR SA is in the process developing an overall strategy for all gender activities. The strategy, expected to be completed by September 2012, will establish recommendations for PEPFAR SA's future gender-focused activities to complement the NSP Sub-Objectives 1.3 and 2.7.

Strategic Information: PEPFAR SA's strategic information portfolio for prevention in FY 2012 and FY 2013 supports the NSP Strategic Objectives 6 and 7 and is focused on increasing the availability and quality of the programmatic and epidemiological evidenced base data for health programs in South Africa; increasing the capacity of individuals (especially managers) to understand and use data effectively; fully aligning the PEPFAR-specific indicator and results reporting systems with those of the SAG; and providing strong technical assistance to the SAG data systems. The main areas of technical assistance are to support the ongoing national survey efforts, including the HSRC Nelson Mandela Household Survey. The 4th wave of this crucial survey will include modules adapted from the Demographic and Health Surveys (DHS) in order to increase the evidence base around maternal and neonatal/child health indicators. Support of the National Communication Survey will continue during FY 2012 and FY 2013 with the 3rd wave of that survey, which contributes valuable data to increase understanding about the prevention response and improve programming. In addition, PEPFAR SA supports a number of HIV prevention studies, mainly conducted by the South African Medical Research Council (MRC) assessing HIV/AIDS and alcohol, STIs, and gender. PEPFAR SA is also supporting a surveillance activity for MARPs to better inform prevention activities for key populations.

The Sexual HIV Prevention Project will assist the District and Local AIDS Councils (D/LAC) and municipalities to collect, manage, and utilize data to improve prevention programming in hot-spots using the Local Epidemic Assessment and Response Process (LEAP). The LEAP includes a range of tools including geo-spatial analysis, biomedical and social/behavioral data, and updated inventory of the current response. LEAP will assist LAC and local decision-makers to identify the characteristics of the localized HIV epidemic in order to determine the optimal combination of prevention interventions and the resources needed for the response. The Sexual HIV Prevention Project will provide technical assistance and mentorship to stakeholders to determine prevention priorities for greater population-level impact. Instituting data use for decision-making at the local level is expected to improve the quality and availability of information over time and will help SAG track trends in the epidemic. The LEAP

geo-spatial analysis tool developed in 2011 can potentially be used as a model for municipalities and sub-districts with very high HIV prevalence rates to advise on more directed prevention responses in the future.

Capacity Building: PEPFAR SA supports various capacity building activities to strengthen South Africa's HIV prevention response. PEPFAR SA's prevention team works closely with the SAG departments to ensure coordination of activities and provide technical expertise in HIV prevention. PEPFAR SA staff work to ensure a coordinated and integrated HIV prevention approach among the Departments of Health, Basic Education, Higher Education, Correctional Services, Social Development, and Women, Children, and Disabilities.

PEPFAR SA supports SAG through a multi-sectoral approach focused in selected provinces, targeted districts, and sub-districts, to ensure coverage of prevention intervention services, and provides TA on HIV prevention, gender, monitoring and evaluation, and other related support, including building capacity in the use of information and research data to inform and improve program planning and implementation. Additionally, PEPFAR SA will continue to provide capacity building and technical support/assistance on migration health to targeted provinces - Mpumalanga and Limpopo - increasing the understanding of policy and legislative frameworks governing migration and health amongst health care providers and policy makers through training and ensuring alignment in district and sub-district development plans. Technical assistance support will be extended to KZN and Gauteng to address specific targeted migration health issues, as these provinces also are experiencing significant migrant-related health challenges.

PEPFAR SA will build DBE capacity through technical assistance to develop appropriate policies, a strategic framework, and design relevant school-based youth programs to respond to HIV and AIDS in the education sector. PEPFAR SA-supported activities will focus at multiple targeted levels: at the national level to strengthen DBE systems to implement, monitor, and evaluate the Integrated HIV and AIDS Strategy, ensure alignment with the NSP SO 2, and implement efficient and effective HIV prevention programs. Further support will focus on strengthening teacher training programs with local universities to integrate sexual and reproductive health into their teacher training programs, institutionalize sexual reproductive health programs in teacher training curricula, and provide cost-effective interventions for school-based HIV prevention programs that can be scaled-up nationally.

Future Directions: PEPFAR SA intends to enhance comprehensive HIV sexual prevention services in the following ways: development, review, and implementation of National HIV prevention policies and guidelines for sexual prevention among targeted population(s); participation in technical working groups; continuing support for the SAG's efforts to integrate sexual HIV prevention and family planning services; strengthening condom supply chain management systems; and supporting the SAG's efforts to introduce new sexual HIV prevention strategies including pre-exposure prophylaxis (PrEP) and microbicides to prevent HIV transmission and assist SAG achieve the NSP Sub-Objective 2.5. As was recently noted by President Obama and Secretary Clinton, now more than ever, the USG has the opportunity to work towards an AIDS-free generation. PEPFAR SA's prevention portfolio will have to work closely with the SAG to support an optimal mix of combination prevention tools, prioritizing combinations of activities based on sound scientific evidence that will have the maximum impact on reducing new HIV infections and saving lives.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	2,976,812	0
HTXS	113,962,533	0
PDTX	28,024,368	0
Total Technical Area Planned	**144,963,713**	**0**

Funding:		

Summary:

Overview of HIV in South Africa

South Africa has a population of approximately 50 million people and 5.6 million HIV positive people due to a generalized HIV epidemic that accounts for 17% of the global burden of HIV & AIDS. The epidemic in South Africa has stabilized over the last four years with a national antenatal prevalence of around 30%. South Africa currently ranks the third highest in the world in terms of TB burden, with an incidence rate that has increased by 400% over the past 15 years. The disease burden for HIV and TB is set on the backdrop of a public health infrastructure and system that faces several challenges including significant human resource needs; poor health outcomes; lack of effective information management at all levels of the public healthcare system; inadequate linkages between community resources and healthcare facilities; and ineffective coordination among national and provincial Departments of Health, and district and local health management teams.

In response to these challenges, the South African government (SAG) renewed its commitment to scale up the national response to HIV and TB through targeted campaigns and new policies and strategies. In 2010, the National Department of Health (NDOH) initiated the National HIV Counseling and Testing campaign that tested 15 million South Africans over 15 months and scaled-up antiretroviral treatment (ART) so that 1.4 million South Africans are now on ART (21% of those on ART globally). In 2011, NDOH initiated Primary Health Care (PHC) Re-Engineering to increase access to quality comprehensive health care services through the approximately 4,000 primary health care facilities. Coupled with this effort, the NDOH has also made decentralization of ART services to the primary healthcare level a priority; thereby increasing access to HIV Care and Treatment and integrating it with other services such as TB and maternal and child health that are delivered at the primary health care level. The Primary Health Care Re-engineering plan focuses on a three stream approach (a) a ward based PHC outreach team for each municipal ward; (b) strengthened school health services; and (c) district based clinical specialist teams with an initial focus on improving maternal and child health. The PHC re-engineering streams (a) and (b) align with PEPFAR SA objectives.

In December 2011, SAG launched the new National Strategic Plan on HIV, STIs, and TB 2012-2016 (NSP) that outlines national strategic multi-sectoral objectives for the next 5 years and reaffirms the country's commitment to preventing and mitigating the impact of the HIV and TB epidemics and scaling up the national prevention and treatment response across all sectors. The NSP defines several priorities for treatment under Strategic Objectives 3 –Sustaining Health and Wellness. These include ensuring access to high-quality drugs to treat HIV, STIs, and TB; ensuring the earliest possible enrolment for and universal access to appropriate treatment for HIV and TB, after screening and diagnosis; ensuring treatment of children, adolescents, and youth; initiating all HIV-positive TB patients on lifelong ART, irrespective of CD4 count; strengthening primary health care, with a focus on the provision of medication at the PHC facilities and support at the household level; and developing a single patient identifier in the health sector.

The SAG has committed approximately $715 million to the expanded NDOH HIV/AIDS program in fiscal year 2011/12 with much of the funding earmarked for procurement of ARVs. The NDOH budget for HIV has increased by 153% over the last few years, to support the expanded access and scale up of antiretroviral services, decentralization of ART and other HIV/TB services, and PHC re-engineering.

The United States government (USG) has partnered with the SAG since 2004 to respond to the HIV/TB epidemic. By the end of FY 2011, of the 1.4 million on antiretroviral treatment (ART) in South Africa (UNAIDS 2011), 1,139,500 were on treatment through PEPFAR support. Of these 104,109 were children under the age of 15, accounting for 9% of those on treatment through PEPFAR support. 2,400,400 individuals (of whom 527,664 are under 18 years of age) received care services through PEPFAR support, 1,814,400 received clinical care, and 73,000 were started on TB treatment.

In December 2010, PEPFAR SA affirmed its support for the SAG's initiatives by signing the five year SA – U.S. Partnership Framework 2012-2017 (PF) to improve the effectiveness and sustainability of the SA national HIV and TB response. The PF lays the foundation for transitioning PEPFAR SA from an emergency response to a sustainable and country owned response. The PF outlines three goals: (1) prevent new HIV and TB infections; (2) increase life expectancy and improve the quality of life for people living with and affected by HIV and TB; and (3) strengthen the effectiveness of the HIV and TB response system. PEPFAR SA's care and treatment program will continue to work with the SAG to increase life expectancy and improve the quality of life of people living with and affected by HIV and TB.

In 2011 at the request of the SAG and in support of the Primary Health Care Re-engineering and District Health System strengthening, PEPFAR SA undertook an Alignment process of all the implementing partners providing clinical services designating District (or sub-district depending on the size of the district) Support Partners (DSPs) for each of the 52 health districts to ensure uniform coverage and eliminate duplication. One of the key mandates of these DSPs is to build the capacity of District Management Teams (DMTs) through providing technical assistance and training for DMTs for the preparation and monitoring of District Health Plans (DHPs) and the drafting of the District Health Expenditure Reviews (DHERs) that will guide clinical services and PEPFAR SA capacity building to support clinical service delivery in the district. The DSPs will maintain the clinical services they currently provide and coordinate the progressive transition of these services to the primary health care facilities.

The allocation of the District Support Partners has evolved in the current year to include three models that will be evaluated for their effectiveness. Only one DSP is assigned to each of 26 districts. Two DSPs funded by a single agency have been appointed in 16 districts with one focused on health systems strengthening and the second on human resources and capacity strengthening. In the remaining 10 districts, an interagency (CDC and USAID) district-based model has been adopted with one partner working to support capacity building for the District Management Team level and the other supporting capacity building and transition of service delivery at the facility level addressing different aspects of the six WHO pillars of health system strengthening. These models will be evaluated using district health outcomes defined by SAG. A Memorandum of Understanding, joint work plan, monitoring and evaluation plan, and coordinated budgets between CDC, USAID, and their grantees for each district will facilitate effective coordination. More specialized implementing partners are assigned to work at a provincial level to provide technical support in specific areas to the province and districts as needed.

The goals of this Alignment plan are to not only improve efficiencies, reduce duplication, and thus extend coverage, but also to build the capacity of DMTs and facility management teams to deliver better quality healthcare services. Specific capacity building initiatives include enhancing district management leadership and governance capacities, planning, and operations at a central level; improving data collection, reporting, quality, and use by assisting PHCs and other facilities to implement the NDOH Tier 1 and 2 reporting system for antiretroviral treatment; developing a tool to merge data from vertical NDOH data collection systems to facilitate data entry into the District Health Information System (DHIS); strengthening integration of TB, HIV, maternal child health (MCH) services, and other services based on the PHC re-engineering plan; promoting community access to care at the lowest levels; and improving overall health outcomes. In addition, they will assist the districts to implement some of the recommendations of the NDOH District facility assessment. The NDOH has completed an audit of 3,336 of the 4,210 health care facilities to date and the NDOH will work with provincial DOHs to improve financial management, information technology, facility infrastructure and clinical engineering, human resources for health (HRH), pharmacy technician development, and health system management. This project will be rolled out in several pilot districts in the next year.

The SAG has requested that clinical care and treatment services be shifted to the SAG public health system as these are the inherent responsibility of the Department of Health; therefore, a primary goal of the PEPFAR SA team over the next five years will be to transition clinical services and the funding responsibility to the SAG. This transition will include the hiring of many PEPFAR funded clinical staff currently working in public health clinics by the SAG

DOH public health system and the shift from direct care and treatment service delivery to technical assistance rooted in identified needs of the SAG for health system strengthening and capacity building. This transition is likely to occur at a different pace, and may also require different approaches, in each of the 9 provinces. During this transition, both governments will work together to communicate these shifts, emphasize the continual scale-up of the national HIV and TB response, maintain high quality continuum of care, and ensure that all patients continue to receive care and treatment services without interruption.

ADULT TREATMENT
The SAG has revised the antiretroviral treatment (ART) guidelines to raise the CD4 eligibility criteria for adults to a CD4 count < 350 and plan to initiate all HIV-positive TB patients on lifelong ART, irrespective of CD4 count. The pediatric treatment guidelines will also be aligned with the World Health Organization (WHO) pediatric guidelines. The new treatment guidelines have the potential to significantly scale-up the ART program by increasing the number of patients initiated and maintained on ART when coupled with strategies to improve access and increase demand for services through implementation of the Primary Health Care Re-engineering and decentralization of services to Primary Health Care facilities.

PEPFAR SA will support the SAG NSP Strategic Objective 3 by providing support for i) expansion of integrated treatment, care, and support services through the provision of technical and financial resources; ii) strengthening the expansion, integration, and decentralization of HIV/TB services; iii) strengthening surveillance, patient identification, and tracking systems and iv) assisting the SAG with the development and/or implementation of innovative and appropriate policies designed to improve integrated service delivery.

Over the next five years, PEPFAR SA's treatment program will shift from direct treatment service delivery to providing targeted technical assistance based on needs identified by the SAG for health system strengthening and capacity building at the national, provincial, and district level. This transition will include the hiring of many PEPFAR funded clinical staff currently working in public health clinics by the DOH and increasing human resources development through pre- and in-service training. During this transition period, both governments will work together to maintain high quality continuum of care and ensure that all patients continue to receive care and treatment services without interruption.

PEPFAR SA through its implementing partners will support the SAG's Primary Health Care (PHC) Re-Engineering plan that will improve access to treatment services by decentralizing ART from the hospital setting to more accessible primary health care (PHC) clinics and shifting service delivery from doctors to nurses through the nurse initiated management of ART (NIMART). The PHC Re-engineering plan also fosters linkages and integration of HIV/TB with antenatal care (ANC) services and maternal child health (MCH).

The quality and oversight of the treatment program will be led by the district and provincial management teams. PEPFAR SA implementing partners will work with district management teams in the 52 districts to support and provide appropriate technical assistance to ensure improved decision making, better oversight, better use of data, and quality outcomes in South Africa. PEPFAR SA implementing partners will ensure the quality of treatment programs by assisting districts and sub-districts develop and implement clinical quality improvement programs across the HIV/TB response at the district, sub-district, and facility levels. PEPFAR SA implementing partners will also undertake the following technical assistance activities:

- *Work with the Regional Training Centers to train all cadres of healthcare workers with a focus on strengthening NIMART, given that most PHCs are nurse managed;*
- *Support, strengthen, and assist provinces, districts, and sub-districts to roll out guidelines through joint activity plans, technical assistance, and supervision and training support to district management teams, sub-districts, and facilities. PEPFAR SA will also ensure provision of up-to-date SAG guidelines and support material at all clinical sites. Implementing partners will work with the provincial, district and sub-district management teams when review and updating of these materials is required;*
- *Work with provincial, district, and facility management to transition PEPFAR SA supported staff working*

in public health facilities to the DOH. In some cases, this will require a new model for provision of care and treatment and in others this transition will ensure that skilled labor is retained within these facilities. Implementing partners will also assist the district, sub-district and facility management teams to revise HR policies and retention strategies and plans. These activities will assist the SAG to better forecast, plan for contingencies, and develop appropriate human resources budgets;

- *Work with the SAG to improve current laboratory monitoring protocols and strengthen laboratory systems. PEPFAR SA implementing partners will train laboratory staff on new algorithms such as HIV/TB integration and TB diagnostics as they are strengthened and upgraded, including the introduction of Gene Xpert and other innovative laboratory technologies. The PEPFAR SA team will also work with the National Health Laboratory Services to reduce laboratory result turn-around times, reduce human errors, and capacitate the system to be more efficient;*
- *Assistance district management teams to identify bottlenecks in ARV drug supply and other ARV related challenges early and develop management and work plans to address these. Assist the pharmacy depot management with forecasting drug supply needed and strengthen procurement processes and depot storage plans. The PEPFAR SA team is working with SAG to access international drug procurement networks and assisting the SAG to use faster, more efficient, and cheaper drug supply networks and negotiate cheaper supplies. PEPFAR SA implementing partners are also advocating ARV procurement committees for inclusion of fixed dose combination ART and highlighting their potential cost benefit;*
- *Support monitoring and evaluation of treatment by strengthening the NDOH's Tiered Data management system at the district, sub-district, and facility levels by providing training, mentorship, and supervision. This will be achieved through training on and implementation of quarterly data quality assessments and how to complying with existing monitoring and evaluation tools;*
- *Conduct treatment cost modeling analyses for the NDOH and develop expenditure tracking models that will inform key SAG and PEFAR decision makers;*
- *Strengthen systems of pharmacovigilance; and,*
- *Strengthen surveillance systems for emerging HIV drug resistance.*

Due to fact that the technical assistance will extend throughout the DOH system, the SAG national targets and results will be attributed to PEPFAR SA.

Other international donors supporting HIV/AIDS and TB activities include Belgian Technical Corporation, UK Department for International Development, Italian Institute of Health, Japanese International Cooperation Agency, Bill and Melinda Gates Foundation, Swedish Development Cooperation, European Union (EU), Clinton Health Assistance Initiative (CHAI) , UNAIDS and the Global Fund. PEPFAR SA will collaborate with development partners to reduce duplication and ensure efficiency of assistance provided to SAG.

PEDIATRIC HIV TREATMENT
In FY 2011, PEPFAR SA supported 104,109 children under the age of 15 on treatment, of which 29,801 were newly enrolled on ART. Thus, children under 15 represent 9% of the total number of people receiving ART through PEPFAR SA support.

In the past 2 years, SAG has made pediatric treatment a focus by: (1) mandating that all HIV-infected children under the age of 1 must be put on ART; (2) strengthening the PMTCT programs and the effectiveness of programs to follow up HIV-exposed infants; (3) decentralizing ART services to the primary health care level; (4) continuing the implementation of nurse initiated management of ART (NIMART); and 5) evaluating the impact of PMTCT at the Provincial level. Additionally, PEPFAR SA continues to work closely with the NDOH Pediatric Comprehensive Care, Management, and Treatment team (CCMT) to ensure that PEPFAR implementing partners are working towards SAG's priorities of scaling up pediatric ART services and decentralizing service delivery to the PHC level. PEPFAR SA is currently working with SAG and other development partners in drafting the Pediatric Action Framework.

Key Priorities & Major Goals for Next Two Years: In 2011, PEPFAR SA implementing partners assisted the SAG

in conducting a rapid assessment of the Prevention of Mother to Child Transmission and Mother and Child Health implementation plans including pediatric services. This information was presented at the December 2011, UNAIDS-PEPFAR SA meeting on Global Plan towards Elimination of new HIV Infections in Children and Keeping Mothers Alive by 2015. PEPFAR SA will support the SAG implementation plan and recommendations from the rapid assessment by ensuring that pediatric care and treatment is provided as a comprehensive package that includes mothers and other care givers. The roll out of NIMART is also part of the comprehensive strategy to decentralize pediatric care and treatment from specialized hospitals to sub-district and district based facilities.

PEPFAR SA will also focus on strengthening the data management systems, the District Health Information System, and data collection by the facilities and district management teams. This effort will ensure quality assurance and quality improvement of the pediatric treatment program. Documentation of pediatric care and treatment outcomes will be supported by ensuring that the District Health Information System is strengthened and supported by the PEPFAR SA implementing partners. In addition, the program will support activities to strengthen pharmacovigilance for ART in collaboration with the NDOH.

The USG supports sustainable and scalable pediatrics programs that will improve early identification of HIV and TB infection through scale-up of provider initiated counseling and testing (PICT), early initiation of ART for eligible HIV positive pediatric and adolescent patients, and strengthening of comprehensive integrated HIV and TB treatment services in the context of broader maternal, neonatal, child, and adolescent health services. The scale up strategy relies on the PHC re-engineering plan, decentralization, NIMART training, supervision and mentoring of the PHC nurses managing pediatric patients, and overall support to district management teams to optimize pediatric ART programs in the context of child health. PEPFAR SA implementing partners supporting the SAG at the district level will assist the district management teams to implement a minimum package of care for mother-baby pairs, pediatric, and adolescent patients. Linkage with the Community Health Worker program will assist in ensuring that eligible infants, children, and adolescents in the community are identified and linked to the primary health care clinic to support initiation and retention in ART programs. Continued focus on decentralization of pediatric ART services through coordination of NIMART and adapted IMCI training for key staff at the PHC level is a key strategy that will be supported. Finally, echoing the SAG and USG focus on provision of integrated pediatric and adolescent health services, districts will be supported to ensure provision of comprehensive health services through addressing infrastructural challenges and strengthening linkages to key services.

Strengthening of adolescent services will ensure that adolescents are retained in care and treatment services. PEPFAR SA is committed to assisting the SAG make all facilities pediatric and adolescent friendly. A minimum standard package of care for all adolescents will be developed and the PHC nurses will be trained on it along with NIMART. Adolescents need to be supported and guided to use reproductive health services and to easily access family planning services. These services must also be strengthened and link with the primary health care facilities. Psychosocial services will be strengthened by the PEPFAR SA partners and will be made more accessible to adolescents as they are a most-at-risk population due to experimentation tendencies. Training of health care workers to be able to provide counseling sessions will be part of the minimum package of care for adolescents. This training will assist health care workers handle and deal with adolescents' issues.

Alignment with Government Strategy and Priorities: The NSP details specific pediatric HIV scale up plans. The NSP's operational plans will be aligned with the Provincial Strategic plans; as such, SAG will have one National Strategy with nine (9) operational plans. PEPFAR SA will be aligning its plans with the NSP to strengthen the pediatric scale up and roll out at each district.

PEPFAR SA supports the SAG's pediatric HIV strategy collaborating with NDOH Plenary committees, including the NDOH Pediatric TWG. PEPFAR SA and PEPFAR SA implementing partners collaborate with other donors, such as UNICEF and CHAI, to ensure that there is no duplication of services. Training, mentorship, preceptorships, and supervision are provided by the PEPFAR SA implementing partners

Policy Advances or Challenges: The current pediatric guidelines are only partially in line with WHO Guidelines,

as they do not currently recommend ART for all positive infants under 2 years of age nor do they align with the WHO recommendation for cotrimoxazole provision for children 1-5 years of age. The expectation is that SAG will support revision of the current guidelines and continue providing ART to pediatrics based on the current WHO pediatric guidelines.
The expansion of pediatric service and an approach that links pediatric service to caregiver service ensures comprehensive family focused care and entry to social development programs for orphans and vulnerable children.

Efforts to Achieve Efficiencies: The PEPFAR SA alignment of implementing partners to specific districts minimizes duplication of services. The purpose of this effort is to support the SAG District Management Teams in strategic planning to coordinate clinic-based HIV and AIDS and TB care and treatment services in all health care facilities (hospitals, community health centers (CHCs), and PHC clinics), to link with community services and scale-up better practices, expand geographic coverage of PEPFAR SA support, and improve district level coordination between SAG and PEPFAR SA implementing partners.

Health Systems Strengthening efforts to improve HIV programs: PEPFAR SA continues to work with the national and provincial governments as well as key stakeholders (including clinicians and pharmacists groups) to advocate for rational drug usage for improved adherence and greater clinical efficiencies. In addition to strengthening the supply chain management capacity within South Africa, the PEPFAR SA implementing partners are engaged with the Medicines Control Council. With the establishment of a Centralized Procurement Authority within the NDOH, the approval of fixed dose combination ARVs may move forward and overall procurement and oversight of ARVs and related medical commodities will be improved. The USG is working in close coordination with CHAI and Global Fund Round 10 principle recipients to ensure appropriate procurement quantities and to realize efficiencies throughout the medical supply chain.

CROSS CUTTING PRIORITIES
HSS/HRH: PEPFAR SA support for human resources for health (HRH) development includes the implementation of a Human Resource Information System (HRIS) to provide better and up-to-date information on the availability of human resources, or the lack thereof. Pre-service training will be emphasized with the aim of adding new health care workers to the workforce (clinical associates, nurses, pharmacy assistants, and laboratory personnel).
In-service training, focused on strengthening existing workforce capacity, will be achieved through the revitalization of the Regional Training Centers (RTCs) and expansion of existing curricula. PEPFAR SA implementing partners provide in-service training to health workers as part of their workplans to improve local management and health service delivery capacity.
PEPFAR SA implementing partners provide mentoring for NIMART trained PHC nurses and provide in-service training programs for health workers for HIV and TB management and infection control. PEPFAR SA is also assisting with the training of Community Health Workers (CHWs), as requested by the NDOH, to support implementation of the PHC re-engineering strategy. PEPFAR SA is heavily involved in the CHW curriculum development and PEPFAR SA implementing partners will assist with training as soon as the curriculum is finalized.
Strategic Information: PEPFAR SA's strategic information portfolio for FY 2012 is focused on increasing the availability and quality of the programmatic and epidemiological evidence base for health programs in South Africa; increasing the capacity of individuals (especially managers) to understand and use data effectively; fully aligning the PEPFAR SA-specific indicator and results reporting systems with those of the SAG; and providing technical assistance to the SAG data systems.
In FY 2012, PEPFAR SA will be among the first countries to propose/start an Impact Evaluation project under the recently released OGAC guidance on development and implementation of Impact Evaluations and will increase its considerable contribution to Implementation Science by delivering relevant and quality evaluations of important public health strategies and approaches. In addition, PEPFAR SA will also step up its overall effort to encourage PEPFAR SA implementing partners to evaluate their programs and to document and disseminate their best practices.
Laboratory: Laboratory services and diagnostics for HIV and TB are central to the initiation of ART and TB treatment and subsequent HIV and TB monitoring. Key criteria used to determine ART initiation include CD4 T-cell levels, liver function tests, and assessment of hemoglobin levels. Early infant diagnostic testing is required to

identify and treat children exposed to HIV during pregnancy. HIV viral load and drug resistance testing is used to monitor treatment failure and identify alternative ART drug combinations for continued treatment.

The National Health Laboratory Service (NHLS) is the primary provider of laboratory services to the public sector. Technical assistance and laboratory systems strengthening to NHLS is provided by the PEPFAR SA. On-going programming includes national, provincial and district support for quality assurance programs, pre- and post-service training for laboratory technicians, and populations based studies that intricately weave epidemiology and laboratory-based methodologies to inform treatment programs and policy. Significant future programs being initiated in support of treatment programs include 1) monitoring of community and clinic level viral load to assist in the monitoring and evaluation treatment at the population level, 2) support of CD4 Point-of-Care technology aimed at decreasing loss-to-follow up and test-to-treatment time, 3) training programs to support and enhance laboratory human resource capacity, and 4) HIV drug resistance studies.

MARPs: According to a South African Centre for Epidemiological Modeling and Analysis (SACEMA) draft report (as provided in the June 1 2010 Discussion Draft of "South African HIV epidemic, policy and response synthesis"), almost 1/3 of new HIV infections in South Africa are related to Community Sex Workers) (CSW), Men having Sex with other Men (MSM), and People who inject drugs (PWID).
PEPFAR SA is strengthening its overall MARPs program with the goal of reducing the number of new HIV infections in South Africa among sex workers (SW), persons who inject drugs (PWID), MSM, and their sex partners. PEPFAR SA activities are aligned with the NSP Sub-Objective 2.4 for key populations and activities and will support increased access to comprehensive HIV prevention services incorporating behavioral, biomedical, community, and structural interventions for MARPs, as well as capacity building, evaluation, and related activities directed to these population groups. Prevention, treatment, and care services for MSM and SW are largely implemented in urban centers and along major transportation corridors where these populations tend to concentrate and can more easily access services.

In addition to programs targeting MSM and SW, PEPFAR SA is also strengthening its work on migrant populations. Migrant populations in South Africa were estimated at 2.2 million people in 2010. The NSP acknowledges the vulnerability of mobile and migrant populations and people living in informal settlements, but does not set forth specific HIV prevention strategies or policies that meet the unique needs of these groups. The NSP further recognizes that key populations experience barriers that limit their access to health and social services. Likewise, the PEPFAR SA country program supports the minimum package of prevention, care and treatment services for MARPs, including linkages to services for STIs, TB and substance abuse, Prevention with Positives (PwP), post-exposure prophylaxis (PEP) as well as social services and other medical and legal services for MSM, SW and mobile populations. However, limited attention is being paid to the HIV needs of PWIDs, and prevention, care, treatment and psychosocial services for PWID are limited. To ensure that treatment programs for MARPs are linked to appropriate, accessible, and friendly HIV prevention, care, and support services for MARPs, PEPFAR SA supports sensitization trainings, which provide healthcare workers with the necessary skills and knowledge to provide the sensitive services that support and adequately cater for the unique needs of MARPs, ensuring successful referral from outreach and HCT programs targeting MARPs.
Nutrition: Malnutrition among people living with HIV (PLHIV) remains a major challenge to achieving the full impact of HIV interventions in South Africa. As many as 1 in 3 HIV+ adults entering care and treatment have a Body Mass Index (BMI) of less than 18.5 which means they require clinical nutrition support. Nutrition assessment, counseling and support (NACS) has demonstrated benefits towards improving adherence to treatment and potentially prolonging the pre-ART stage. The NSP emphasizes the importance of nutrition as part of comprehensive care package for people living with HIV/AIDS. In South Africa PEPFAR partners have provided nutritional support to malnourished HIV-positive adults, pregnant and postpartum (P/PP) women, and OVC, with DOH providing fortified blended flours for clinically malnourished individuals.
PEPFAR will continue to
PEPFAR partners will support the implementation of the support DOH in the adoption, formulation, implementation and dissemination of food and nutrition polices through a lead participation in a multi sectorial nutrition working group. In response to the DOH request to build human capacity for nutrition services, PEPFAR will support

incorporation of nutrition support into various in and pre service curriculum for frontline health workers. To ensure sustainability PEPFAR will work with District Health Management Teams (DHMT) to incorporate nutrition support for PLHIV and TB into their work plans and budgets. Training on NACS for PHC teams is underway and in particular incorporation of NACS into the CHW curriculum.Tshwane Declaration passed by the Minister of Health in August 2010 on promotion, protection and support of breastfeeding. This policy includes South Africa amongst countries which have adopted the 2010 WHO Guidelines on Infant and Young Child Feeding. In addition partners will be required to strengthen linkages between health facilities and community-based Infant and Young Child Nutrition (IYCN), support Behavior Change Communication activities, and influence positive behaviors that support safe and appropriate infant feeding. Lastly, partners will continue to strengthen complementary feeding support for infants older than six months of age along with adequate counseling.
PPP: The SAG government has established partnerships with the private sector in the implementation of the TB program. As TB services are mainly provided at the public health care facilities, TB patients seen at the private health care facilities are referred to the government facilities for treatment. For ART program, PEPFAR partners will be encouraged to procure drugs through Supply Chain Management Services (SCMS) which provides a reliable, cost-effective and secure supply of products for HIV/AIDS programs in PEPFAR-supported countries. The SCMS is the partnership between private sector, non-governmental organization and Faith-based organizations.
Gender: South Africa has one of the highest rates of gender-based violence (GBV) in the world. Studies show that violent and/or controlling male partners often impose risky sexual practices on their female partners, who are not in a position to refuse these practices. Additionally, women who are in abusive relationships are at particular risk of HIV exposure due to the threat of further violence, abandonment, or loss of economic support if they attempt to negotiate safer sex or refuse sex. Women living with HIV often face an increased risk of GBV, because they are often first in the relationship to test positive through pre-natal testing when they are pregnant. They are then branded as the "spreaders" of the virus. Once their HIV-positive status is revealed or disclosed to their partners, women may face being physically abused, losing access to important economic resources, or the threat of being chased from their homes.

PEPFAR SA's gender activities have been strengthened over the last year. In February 2011, PEPFAR conducted a GBV assessment and also developed a draft strategy to address gender across its activities. PEPFAR SA currently supports several partners working with various SAG departments, civil society, and communities to address GBV, and is leveraging the Gender Challenge Fund to support structural and community-based activities in KwaZulu-Natal province– the global epicenter of the HIV epidemic. Lastly, PEPFAR SA is in the process developing an overall strategy for all gender activities. The strategy, expected to be completed by September 2012, will establish recommendations for PEPFAR SA's future gender-focused activities to complement the NSP Sub-Objectives 1.3 and 2.7.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	995,000	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-trans mission during pregnancy and delivery	90 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-trans mission	269,000	
	Number of HIV-	298,000	

	positive pregnant women identified in the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	125,000	
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	69,000	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and deliverY)	75,000	
	Single-dose nevirapine (with or without tail)	0	
	Newly initiated on treatment during current pregnancy (subset of life-long ART)		
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)		
	Sum of regimen type disaggregates	269,000	
	Sum of New and		

	Current disaggregates		
P4.1.D	P4.1.D Number of injecting drug users (IDUs) on opioid substitution therapy	n/a	Redacted
	Number of injecting drug users (IDUs) on opioid substitution therapy	0	
P5.1.D	Number of males circumcised as part of the minimum package of MC for HIV prevention services per national standards and in accordance with the WHO/UNAIDS/Jhpiego Manual for Male Circumcision Under Local Anesthesia	467,806	Redacted
	By Age: <1	0	
	By Age: 1-9	0	
	By Age: 10-14	70,171	
	By Age: 15-19	183,846	
	By Age: 20-24	103,854	
	By Age: 25-49	106,191	
	By Age: 50+	3,744	
	Sum of age disaggregates	467,806	
P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP) for risk of HIV infection	22,900	Redacted

	through occupational and/or non-occupational exposure to HIV.		
	By Exposure Type: Occupational	3,500	
	By Exposure Type: Other non-occupational	1,800	
	By Exposure Type: Rape/sexual assault victims	17,600	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	100,000	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the	n/a	Redacted

	minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	2,700,000	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence	1,500,000	

	and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	101,522	
	By MARP Type: CSW	13,000	
	By MARP Type: IDU	0	
	By MARP Type: MSM	10,472	
	Other Vulnerable Populations	78,050	
	Sum of MARP types	101,522	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	5,500,000	Redacted
	By Age/Sex: <15 Male	200,000	

	By Age/Sex: 15+ Male	2,000,000	
	By Age/Sex: <15 Female	300,000	
	By Age/Sex: 15+ Female	3,000,000	
	By Sex: Female	3,300,000	
	By Sex: Male	2,200,000	
	By Age: <15	500,000	
	By Age: 15+	5,000,000	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	5,500,000	
	Sum of sex disaggregates	5,500,000	
	Sum of age disaggregates	5,500,000	
	Sum of test result disaggregates		
P12.1.D	Number of adults and children reached by an individual, small-group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS	801,487	Redacted
	By Age: <15	594,725	
	By Age: 15-24	87,310	
	By Age: 25+	119,452	

	By Sex: Female	477,051	
	By Sex: Male	324,472	
P12.2.D	Number of adults and children reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS	126,370	Redacted
	By Age: <15	12,637	
	By Age: 15-24	75,822	
	By Age: 25+	37,911	
	By Sex: Female	75,822	
	By Sex: Male	50,548	
P12.3.D	Number of adults and children reached by an individual, small group, or community-level intervention or service that explicitly addresses the legal rights and protections of women and girls impacted by HIV/AIDS	14,760	Redacted
	By Age: <15	2,774	
	By Age: 15-24	8,858	
	By Age: 25+	3,128	
	By Sex: Female	8,981	
	By Sex: Male	5,779	

P12.4.D	Number of adults and children who are reached by an individual, small-group, or community-level intervention or service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS	10,027	Redacted
	By Age: <15	1,600	
	By Age: 15-24	7,724	
	By Age: 25+	703	
	By Sex: Female	5,246	
	By Sex: Male	4,781	
C1.1.D	Number of adults and children provided with a minimum of one care service	4,000,000	Redacted
	By Age/Sex: <18 Male	350,000	
	By Age/Sex: 18+ Male	1,050,000	
	By Age/Sex: <18 Female	650,000	
	By Age/Sex: 18+ Female	1,950,000	
	By Sex: Female	2,600,000	
	By Sex: Male	1,400,000	
	By Age: <18	1,000,000	
	By Age: 18+	3,000,000	
	Sum of age/sex disaggregates	4,000,000	

	Sum of sex disaggregates	4,000,000	
	Sum of age disaggregates	4,000,000	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	3,500,000	Redacted
	By Age/Sex: <15 Male	306,250	
	By Age/Sex: 15+ Male	918,750	
	By Age/Sex: <15 Female	568,750	
	By Age/Sex: 15+ Female	1,706,250	
	By Sex: Female	2,275,000	
	By Sex: Male	1,225,000	
	By Age: <15	875,000	
	By Age: 15+	2,625,000	
	Sum of age/sex disaggregates	3,500,000	
	Sum of sex disaggregates	3,500,000	
	Sum of age disaggregates	3,500,000	
C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	34 %	Redacted
	Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	1,200,000	

	Number of HIV-positive individuals receiving a minimum of one clinical service	3,500,000	
C2.3.D	C2.3.D Proportion of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	n/a	Redacted
	Number of clinically malnourished clients who received therapeutic and/or supplementary food during the reporting period.	198,000	
	Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.	0	
	By Age: <18	0	
	By Age: 18+	0	
	Sum by age disaggregates	0	
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	90 %	Redacted
	Number of HIV-positive patients	3,150,000	

	who were screened for TB in HIV care or treatment setting		
	Number of HIV-positive individuals receiving a minimum of one clinical service	3,500,000	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	8 %	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	270,000	
	Number of HIV-positive individuals receiving a minimum of one clinical service	3,500,000	
C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	80 %	Redacted
	Number of infants who received an HIV test within 12 months of birth during the reporting period	237,000	
	Number of HIV-	298,000	

	positive pregnant women identified in the reporting period (include known HIV-positive at entry)		
	By timing and type of test: virological testing in the first 2 months	226,480	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months	56,620	
C5.1.D	Number of adults and children who received food and/or nutrition services during the reporting period	350,000	Redacted
	By Age: <18	175,000	
	By Age: 18+	140,000	
	By: Pregnant Women or Lactating Women	35,000	
	Sum of age disaggregates	315,000	
T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART	500,000	Redacted
	By Age: <1	7,000	
	By Age/Sex: <15 Male	20,000	
	By Age/Sex: 15+ Male	180,000	
	By Age/Sex: <15 Female	30,000	

	By Age/Sex: 15+ Female	270,000	
	By: Pregnant Women	149,250	
	Sum of age/sex disaggregates	500,000	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	2,500,000	Redacted
	By Age: <1	22,500	
	By Age/Sex: <15 Male	100,000	
	By Age/Sex: 15+ Male	900,000	
	By Age/Sex: <15 Female	150,000	
	By Age/Sex: 15+ Female	1,350,000	
	Sum of age/sex disaggregates	2,500,000	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	86 %	Redacted
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	430,000	
	Total number of adults and children who initiated ART in	500,000	

	the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.		
	By Age: <15	34,400	
	By Age: 15+	395,600	
	Sum of age disaggregates	430,000	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	0	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	0	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	10,084	Redacted
	By Cadre: Doctors	540	
	By Cadre: Midwives	0	
	By Cadre: Nurses	610	
H2.2.D	Number of community health and para-social workers who successfully	0	Redacted

	completed a pre-service training program		
H2.3.D	The number of health care workers who successfully completed an in-service training program	40,000	Redacted
	By Type of Training: Male Circumcision	230	
	By Type of Training: Pediatric Treatment	1,050	

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7221	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-State	5,320,000
7223	South Africa Military Health Service	Host Country Government Agency	U.S. Department of Defense	GHP-State	0
9464	Africare	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	5,114,881
9474	Care International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,300,000
9521	SOUTHERN AFRICAN CATHOLIC BISHOP'S CONFERENCE (SACBC)	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,500,000
9526	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	4,653,137

9547	FHI 360	NGO	U.S. Agency for International Development	GHP-State	1,500,000
9562	National Alliance of State and Territorial AIDS Directors	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,200,000
9569	TBD	TBD	Redacted	Redacted	Redacted
9610	International Organization for Migration	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	2,259,875
9613	McCord Hospital	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
9816	Program for Appropriate Technology in Health	NGO	U.S. Agency for International Development	GHP-State	3,000,000
9821	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	700,000
9832	American	NGO	U.S. Department	GHP-State	875,000

	International Health Alliance Twinning Center		of Health and Human Services/Health Resources and Services Administration		
9866	South Africa National Defense Force, Military Health Service	Host Country Government Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHP-State	2,163,145
11498	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	425,000
11500	U.S. Department of State	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	1,490,000
12509	WamTechnology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	900,000
12510	South Africa Partners	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,400,000
12840	Pathfinder International	NGO	U.S. Department of Health and Human Services/Centers for Disease	GHP-State	900,000

			Control and Prevention		
12887	AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,210,000
13000	COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,000,000
13558	Human Science Research Council of South Africa	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	606,676
13567	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,869,900
13570	Population Services International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	3,500,000

			Prevention		
13577	HIV Managed Care Solutions	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,585,606
13585	Shout It Now	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,000,000
13608	University of Washington	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,220,000
13618	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,300,000
13619	JHPIEGO	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,200,000

13634	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	300,000
13644	University of Cape Town	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	480,000
13682	Health Information Systems Program	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,500,000
13688	Health and Development Africa	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	675,000
13695	Epicentre AIDS Risk Management	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,300,000
13709	University of	University	U.S. Department	GHP-State	6,000,000

	Washington		of Health and Human Services/Health Resources and Services Administration		
13750	University of Stellenbosch, South Africa	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,300,000
13761	Aurum Health Research	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	14,388,001
13767	Re-Action!	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	720,000
13771	Howard University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
13789	South African Clothing & Textile	NGO	U.S. Department of Health and	GHP-State	7,100,000

	Workers' Union		Human Services/Centers for Disease Control and Prevention		
13793	TB/HIV Care	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	5,850,000
13797	Health Systems Trust	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	25,652,321
13798	Soul City	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,700,000
13800	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	400,000
13888	Population Services International	NGO	U.S. Department of Health and Human	GHP-State	3,100,000

			Services/Centers for Disease Control and Prevention		
13902	Human Sciences Research Council	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,000,000
13903	Community Media Trust	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	700,000
13904	TB/HIV Care	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,810,000
13923	International Center for AIDS Care and Treatment Programs, Columbia University	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	1,162,707
13938	Catholic Medical Mission Board	FBO	U.S. Department of Health and Human Services/Centers	GHP-State	500,000

			for Disease Control and Prevention		
14126	South Africa Partners	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	365,000
14278	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	500,000
14291	TBD	TBD	Redacted	Redacted	Redacted
14292	Hospice and Palliative Care Assn. Of South Africa	NGO	U.S. Agency for International Development	GHP-State	0
14294	University Research South Africa	Private Contractor	U.S. Agency for International Development	GHP-State	2,772,905
14295	TBD	TBD	Redacted	Redacted	Redacted
14450	Society for Family Health - South Africa	NGO	U.S. Department of Defense	GHP-State	0
14616	Futures Group	Private Contractor	U.S. Agency for International Development	GHP-State	7,200,000
14617	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	2,845,120
14623	Foundation for Professional Development	NGO	U.S. Agency for International Development	GHP-State	1,128,880
14631	TBD	TBD	Redacted	Redacted	Redacted

14634	TBD	TBD	Redacted	Redacted	Redacted
14667	Tulane University	University	U.S. Agency for International Development	GHP-State	2,100,000
14844	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
14846	TBD	TBD	Redacted	Redacted	Redacted
14847	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	900,000
16372	TBD	TBD	Redacted	Redacted	Redacted
16583	Aurum Health Research	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	18,861,121
16584	Institute for Youth Development SA (IYDSA)	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	15,666,321
16746	Emory University	University	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	125,000

			Prevention		
16759	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	600,000
16762	United Nations Children's Fund	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	750,000
16772	National Department of Health	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	8,900,763
16773	South African National AIDS Council	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	700,000
16774	TBD	TBD	Redacted	Redacted	Redacted
16775	TBD	TBD	Redacted	Redacted	Redacted
16807	TBD	TBD	Redacted	Redacted	Redacted
16808	TBD	TBD	Redacted	Redacted	Redacted
16810	Results for Development	NGO	U.S. Department of Health and Human	GHP-State	150,000

			Services/Centers for Disease Control and Prevention		
16835	African Society for Laboratory Medicine	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,000,000
16929	TBD	TBD	Redacted	Redacted	Redacted
16932	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	300,000
16976	TBD	TBD	Redacted	Redacted	Redacted
16978	TBD	TBD	Redacted	Redacted	Redacted
16979	Regional Psychosocial Support Initiative, South Africa	NGO	U.S. Agency for International Development	GHP-State	834,747
16980	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-State	950,000
16981	Africa Health Placements	NGO	U.S. Agency for International Development	GHP-State	641,936
16982	TBD	TBD	Redacted	Redacted	Redacted
16984	South Africa Partners	NGO	U.S. Agency for International Development	GHP-State	1,500,000

16985	TBD	TBD	Redacted	Redacted	Redacted
16987	Childline Mpumalanga	NGO	U.S. Agency for International Development	GHP-State	2,101,366
16988	Kheth'Impilo	NGO	U.S. Agency for International Development	GHP-State	993,620
16989	Childwelfare Bloemfontein & Childline Free State	NGO	U.S. Agency for International Development	GHP-State	584,037
16990	Children in Distress	NGO	U.S. Agency for International Development	GHP-State	1,397,658
16991	Future Families	Implementing Agency	U.S. Agency for International Development	GHP-State	1,178,661
16992	HIVSA	Implementing Agency	U.S. Agency for International Development	GHP-State	921,985
16993	NACOSA (Networking AIDS Community of South Africa)	Implementing Agency	U.S. Agency for International Development	GHP-State	2,209,934
16994	TBD	TBD	Redacted	Redacted	Redacted
17012	Foundation for Professional Development	NGO	U.S. Agency for International Development	GHP-State	0
17017	National Association of Childcare Workers	NGO	U.S. Agency for International Development	GHP-State	4,046,785
17018	AgriAIDS	NGO	U.S. Agency for International Development	GHP-State	1,700,000
17019	Anova Health	NGO	U.S. Agency for	GHP-State	3,400,563

	Institute		International Development		
17020	Anova Health Institute	NGO	U.S. Agency for International Development	GHP-State	13,313,901
17021	Right To Care, South Africa	NGO	U.S. Agency for International Development	GHP-State	22,921,162
17022	The South-to-South Partnership for Comprehensive Family HIV Care and Treatment Program (S2S)	Private Contractor	U.S. Agency for International Development	GHP-State	3,158,243
17023	Broadreach	NGO	U.S. Agency for International Development	GHP-State	16,260,624
17024	Foundation for Professional Development	NGO	U.S. Agency for International Development	GHP-State	9,055,399
17025	Wits Health Consortium, Health Economics and Epidemiology Research Office	Implementing Agency	U.S. Agency for International Development	GHP-State	2,417,791
17026	Mothers to Mothers (M2M)	Implementing Agency	U.S. Agency for International Development	GHP-State	3,209,469
17027	Wits Reproductive Health& HIV Institute	NGO	U.S. Agency for International Development	GHP-State	2,602,760
17028	Wits Reproductive Health& HIV Institute	NGO	U.S. Agency for International Development	GHP-State	2,283,595

17029	Witkoppen Health & Welfare Centre (WHWC)	NGO	U.S. Agency for International Development	GHP-State	4,390,092
17030	Wits Health Consortium (Pty) Limited	Private Contractor	U.S. Agency for International Development	GHP-State	369,517
17033	Medical Research Council	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	4,197,198
17036	Foundation for Professional Development	NGO	U.S. Agency for International Development	GHP-State	19,193,398
17037	Wits Reproductive Health& HIV Institute	NGO	U.S. Agency for International Development	GHP-State	12,755,474
17038	Maternal, Adolscent and Child Health (MatCH)	Implementing Agency	U.S. Agency for International Development	GHP-State	10,289,365
17039	Broadreach	NGO	U.S. Agency for International Development	GHP-State	7,592,321
17043	Wits Reproductive Health& HIV Institute	NGO	U.S. Agency for International Development	GHP-State	0
17046	Kheth'Impilo	NGO	U.S. Agency for International Development	GHP-State	8,923,304
17047	FHI 360	NGO	U.S. Agency for International Development	GHP-State	5,148,096

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7221	**Mechanism Name: TB Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 5,320,000	
Funding Source	**Funding Amount**
GHP-State	5,320,000

Sub Partner Name(s)

Health Systems Trust	International Union Against TB and Lung Disease	Johns Hophins Health and Education South Africa (JHHESA)

Overview Narrative

The URC TB Project is a provincial support partner working in Northwest, Limpopo, Northern Cape, Free State, Eastern Cape, KwaZulu Natal, and Mpumalanga. The target population includes PLHIV. The project's objective is to strengthen TB/HIV collaboration and provide PLHIV with continuum of care. The activities for FY 2012- 2014 have been amended in line with the functions of a PEPFAR provincial partner as per the Partnerships Framework between the USG and SAG and the NSP. Activities include: 1: Health systems strengthening in public and private sectors: together with NDoH, URC will strengthen TB/HIV M&E through review of TB/HIV policies and monitoring of referral systems for TB/HIV services between NDOH facilities and private sector. 2. Prevention of new TB, HIV and STI infections through the adaptation and dissemination of TB/HIV IEC material with messages of prevention, early presentation, and treatment adherence. URC will monitor the scale-up of IPT to all PLHIV. 3: Adult Care and treatment: Together with DOH, URC will monitor implementation of the 5I's. PLHIV will be screened to exclude TB, and will be started on IPT and ART as per guidelines. Co-infected patients will be monitored for CD4 counts, CPT, and ART initiation. Local NGOs will be engaged to improve adherence to treatment and reduce

treatment default. 4: Reduce stigma and discrimination: URC will support grassroots advocacy to counter stigma and promote a supportive environment for co-infected people. 5: Monitoring and evaluation and surveillance: Jointly with DOH, URC will conduct district TB/HIV review exercises and provide technical support supervision. 6: Training: Together with RTC, URC will coordinate and trainings and post training mentoring.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,000,000

TBD Details

(No data provided.)

Key Issues

Increasing women's access to income and productive resources

TB

Workplace Programs

Budget Code Information

Mechanism ID:	**7221**		
Mechanism Name:	**TB Project**		
Prime Partner Name:	**University Research Corporation, LLC**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	5,320,000	0

Narrative:

The University Research Co. (URC) is now a provincial partner, following the PEPFAR realignment process. With the realignment, URC supports seven provinces: Northwest, Limpopo, Northern Cape, Free State, Eastern Cape, KwaZulu Natal, and Mpumalanga

With a view toward sustainability and the overall transition, 10 nurse mentors will be employed on a temporary

contract basis to support new districts allocated in the seven provinces. These nurses will be capacitated to provide mentoring for NIMART trained nurses. Construction: infection control implementation remains a challenge in facilities which have infrastructure challenges. The project will provide additional park homes to improve infection control in facilities which have infrastructure that compromise implementation of infection control. Park homes will also be utilized to serve as TB focal points in Kwazulu Natal. TB focal points will ensure that patients diagnosed with TB receive counseling on TB disease and management, counseling and testing for HIV, and appropriate referral for follow up care.

Implementing Mechanism Details

Mechanism ID: 7223	**Mechanism Name: Masibambisane 1**
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: South Africa Military Health Service	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

HIV and AIDS is a strategic risk to the SA military human resources and therefore to mission readiness and operational capability. The US DOD in collaboration with the SA National Defense Force (SANDF), the DOD HIV Prevention Program (DHAPP) and PEPFAR supports the SANDF's Masibambisane HIV/AIDS Program to optimize the implementation of HIV Prevention, Treatment, Care and Support programs targeting approximately 74,000 military personnel and about 350,000 dependants.

Areas of particular focus include:

-Improving quality of health services

-Revitalization of infrastructure, a number of pharmacies and clinics have been upgraded and mobile health services added through provision of mobile clinics in rural and deployment areas

-Increasing access to Prevention, HIV Testing and Counseling (HTC) and improving access to HIV Treatment

and Care services
To date:
-Approximately 136 service outlets provide HIV related health services
-Approximately 35 000 military health workers trained in various aspects of HIV care over the years
-About 1300 members enrolled on ART at military health's roll out sites while about 6000 more previously enrolled on the Phidisa research project are on ART supported by US NIH and PEPFAR
-Ongoing construction and renovation of clinics, pharmacies and hospices
Going forward:
-Conduct a sero-prevalence survey to strategically inform future programming
-Strengthen HIV prevention activities through collaboration and partnering with Population Services International/Society for Family Health.
-Provide Voluntary MMC as part of overall prevention program accessible to all male military members - focus on new recruits
-Strengthen HIV prevention activities at both internal and external deployment areas including border patrol areas
-Transition

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Military Population
Workplace Programs

Budget Code Information

Mechanism ID:	7223		
Mechanism Name:	Masibambisane 1		
Prime Partner Name:	South Africa Military Health Service		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0

Narrative:

The goal of this program is to provide quality HIV treatment and care to military personnel, their partners and families. The basic care package includes clinical staging and baseline CD4 counts for all HIV positive patients, CD4 cell monitoring and cotrimoxazole prophylaxis as per national guidelines, diagnosis and treatment of opportunistic infections and psychosocial support. In order to improve the quality of care provided at clinics, hospitals and at hospices, military health care providers will be trained in palliative care, all nurses and doctors will undergo the annul ARV management refresher which includes diagnosis and management of STI's/OI's and psychological effects of HIV infection. In order to increase access to these services the SAMHS aims to 1) utilize the mobile clinics which will be linked to the clinics to reach troops in the border and internal deployment areas to conduct HTC, HIV staging and CD4 monitoring and follow up; nutrition counselling, reproductive health counselling to prevent unintended pregnancies, prevention with positives and spiritual care 2) Strengthen and expand the support group structure that is working well in one province to other provinces in order to improve on 'loss to follow up' and ensure adherence to treatment 3) train counsellors who are primarily social workers in treatment adherence, safe HIV status disclosure procedures, improve post-test counselling procedures, increase acceptance of diagnosis and improve on the retention in pre-ART care 4) To assist in the expected increase of follow-up and counselling, the Director Psychology plans to select approximately 60 Military Skills Development members (young recruits) in 2012, and provide them with pre-service training on Counselling, Support and Home Based Care. Each of them will be provided with a toolkit to enable them to communicate effectively and assist them in their function. These members will also be utilised to provide community based care to members and their dependants that utilize Mobile Clinic Services provided to rural areas and communities far from established military health care facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

The provision of safe voluntary male medical circumcision (VMMC) as part of the comprehensive Masibambisane prevention program is the primary objective the SANDF VMMC program. The service will be available to military men and male dependants aged 18 – 49 years. In December 2011, a decision was taken by the SAMHS Command Council to introduce VMMC in the military. Since then, approximately 100 circumcisions were performed in Mpumalanga through collaboration with a local provincial hospital. Three sites have been identified, KwaZulu

Natal, Mpumalanga and the Western Cape. It is anticipated that approximately 7000 circumcisions will be performed in year 1. There is no MMC prevalence data in the military, estimates were set based on available trained workforce to provide high volume safe MMC services and the operations of the military. Although the number of anticipated MMC's for year one is a modest figure, it is anticipated that figure will increase as the service becomes available in other sites. Considerations to ensure that the battalions are not destabilized by the necessary down time for healing have to be taken into account.

The partner NGO (SFH) will work with the SAMHS on the following focus areas of VMMC implementation:

- Refurbishment of facilities, procurement of equipment and supplies

- Production and distribution of militarized IEC material as part of demand creation through the existing Masibambisane program

- Use the 'Commander's hour' and targeted campaigns to further increase demand

- Training of the SAMHS doctors, nurses and counselors on the MOVE model following NDoH guidelines and provision of VMMC package which includes:

o VMMC education and counseling on risk reduction and safer sex,

o PITC and appropriate referral

o Promotion and provision of male and female condoms

o Comprehensive medical examination including STI management

o VMMC surgical procedure and follow up care

- Documenting key VMMC information such as numbers circumcised, testing, adverse events surveillance and counseling. In addition SFH will work with the SAMHS to monitor and evaluate acceptance, safety and impact of VMMC.

- Provide support for both internal and external quality assurance

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

The overall goal of the activity is to reduce new infections in the military. The main mechanism of delivery is through behavior change communication. The focus is on abstinence and fidelity targeting military personnel and their families, paying particular attention to factors that place them at risk of infection such as separation from families and regular sexual partners, mobility and age. Key prevention strategies include: 1) appealing to the ethical and moral and spiritual conduct of soldiers 2) capacity building by integrating Combating HIV and AIDS through Spiritual and Ethical Conduct (CHATSEC) prevention messaging into peer education programs and interpersonal communication sessions 3) promotion of counseling and testing services. The CHATSEC program has been conducted by the Chaplains and is an important part of the Masibambisane HIV prevention program. Although the impact of CHATSEC is yet to be evaluated, the program continues to reach thousands of troops particularly young recruits with prevention messages. The chaplains will work closely with NGO partner- Society

for Family Health (SFH) to update training and communication materials to reflect best practices and to ensure that the material is in line with current prevention strategies such as couple's counseling and testing, integration of family planning into HIV and AIDS programming, gender based violence and prevention of alcohol abuse. The activity is related to and is integrated into all health service areas such as HPOV, HVCT and CIRC activities.
The Social Work driven life skills program is an empowerment program aimed at the Military skills Development Program members. These are thousands of young recruits who remain in the military for at least 2years and undergo intensive training in the first six months. The program complements all other HIV prevention interventions as it provides youth with life skills such as decision making and self competency.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

The overall goal of this activity is to increase the number of military members and their families who know their HIV status and are linked to care and support services. This will be achieved through scaling up Testing and Counseling and providing integrated treatment care and prevention services to high risk groups. There are approximately 93 health service points' at all military bases and 3 military hospitals which currently provide testing and counseling services. In addition HIV Testing and Counseling is offered routinely in the South African military as part of the Comprehensive Health Assessment (CHA) process. The political environment in the military is now conducive to HIV testing as the working opportunities for those who are infected with HIV are no longer affected by their HIV status. The military therefore plans to take advantage of this environment by intensifying efforts and increase demand for HTC through:
- Training of health workers in Provider-initiated Testing and Counseling, Couples testing and counseling and prevention counseling.
- Facility based HCT services will collaborate with mobile clinics to increase access to border areas and internal deploying areas to ensure geographic reach. The 3 mobile vans are located in KwaZulu-Natal, Mpumalanga and Limpopo
- Reviewing of the current HTC Module to include links to care and treatment and VMMC services.
- Strengthen counseling skills of both social workers and nurses to include counseling for gender based violence and substance abuse.
- The partner NGO (SFH) will develop IEC material for HCT linking with other prevention interventions. There will be a concerted effort to ensure that the material reaches the SA Navy, SA Air Force and the SA Army through the peer educator program and other military distribution mechanisms.
- Improve monitoring and evaluation and quality assurance through NGO technical assistance support
The SA DoD will procure HIV test kits as per national guidelines. 3 CD4 machines were procured with PEPFAR support to increase point of care services and timely referral to pre-ART and treatment and care services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	0	0

Narrative:

The armed forces are considered one of the most susceptible populations to HIV infection and transmission. When the military is weakened by the impact of HIV and AIDS, the state's ability to stabilize, defend or protect the citizens weakens. HIV is thus recognized by the South African military as a strategic … The overall goal of this activity is to reduce new HIV infections in the military through behavior change communication (BCC), edutainment events at bases coordinated by trained peer educators including drama and a focus on correct and consistent use of the 'soldier's ' condom. The NGO partner, Society for Family (SFH) will work with the Directorate HIV and AIDS and other implementing directorates to aggressively mobilize high risk military communities with increased efforts to reach soldiers on internal and external deployment with prevention interventions. Key to this will be the development and implementation of a targeted pre and post deployment packages. The package includes testing and counseling, packaged 'soldier's condoms that can be carried in specially designed military pouches, strategies for dealing with difficult deployment issues such as boredom and alcohol abuse. These interventions will be delivered by a multidisciplinary team of nurses, social workers, psychologists and a peer educator per platoon. SFH will also provide technical assistance in reviewing all military training materials, review and update IEC material and provide technical assistance in the management and distribution of both male and female condoms. Other key activities which will be undertaken during FY12 include:

- Conducting a KAP survey whose results will inform the development of peer education material, other HIV prevention training material and IEC

- Strengthening interventions for youth and new recruits. Approximately 8000 recruits enlist in the SADF annually

- Conducting a situation analysis of current gender based violence prevention and management programs with subsequent of training of all involved cadres such as the military police, social workers, doctors and nurses. Prevention of GBV and reviewing the Gender Equity Program will be the focus for FY12

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

There are currently 3 military hospitals which provide antenatal and prevention of mother to child services in the SANDF. Access to these services is limited particularly in hard to reach rural and border areas. Women who require PMTCT and ANC services in these areas are currently referred to nearby National Department of Health facilities or the private sector with the military bearing the cost. Although nurses in the 93 plus base clinics and health centers are trained to provide ANC services, it has not been the practice for them to take up this responsibility due to small numbers of pregnant women in the military. The number of women recruits has over the past few years increased necessitating the increase of facilities providing the service. There is now a military instruction to have all sickbays and clinics to provide ANC services with clear referral criteria for tertiary care in

line with the PHC approach. Funding in this FY will be used to increase training and reorienting nurses and other health care providers to ANC and PMTCT service provision and ensure access to a network of services for PMTCT and their families, link MTCT services to other HIV and MCH services. The SAMHS aims to use as much as possible the existing capacity and technical expertise currently available at Phidisa to strengthen PMTCT services including quality assurance and M&E skills at local level.

- Pregnant women will be offered testing and counseling – aim for 80% of such women, provision of male partner and family centered testing; family planning; safer pregnancy counseling and nutritional counseling and services for gender based violence.

- Provision of ARV prophylaxis and ART for eligible women per national guidelines

- Strategies to follow up on HIV exposed infants; early infant diagnosis and cotrimoxazole prophylaxis

- The training of both hospital and local level service providers on the new service delivery guidelines and promotion of exclusive breastfeeding.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	0	0

Narrative:

In terms of ART, the SANDF aligns its policies to that of the National Department of Health. With the support of the PEPFAR program and the US National Institutes of Health (NIH), over 4 500 military members and their families are currently on ART through Phidisa and the SAMHS rollout sites. Currently there are ten treatment sites throughout the military including three military hospitals. In order to increase access and to implement national government vision of bringing care closer to where people live, all sick bays and local clinics are in the process of preparing for provision of ART services as part of a PHC package. Some of the preparation includes the training of nurses in NIMART and training of doctors for mentoring and support; provision of necessary equipment, laboratory and referral systems. In addition, three mobile clinics are posted in three provinces to provide prevention, treatment and care services to troops around the borders and those on internal deployment. Treatment has been made available to troops on external deployment as well in areas such as Burundi and the Sudan. The progressive increase in numbers of clinics and sick bays offering ART services is of paramount importance as Phidisa winds down the standard of care aspect of their operations to now focus on research. The SAMHS is working aggressively to ensure a timely and smooth transition both from Phidisa, to transitioning funding support and strengthening own procurement and supply chain systems. During this process of transition, there will be increased efforts to ensure facility level capacity for data collection, reporting and use with a focus on ARV drugs management, HIV and AIDS case management and improved quality implementation and evaluation.

It is envisaged that the change in policy as it relates to treatment initiation, and the conducive environment within the military that encourages members and families to test for HIV without fear of work related repercussions, will result in an increase of about 10-20% in patients requiring treatment in the next financial year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HTXS	0	0

Narrative:

The key objective of this program area is to strengthen the provision of ARV's at facility level. Currently only designated 'roll-out' sites, Phidisa clinics and the three military hospitals are providing ART services. However, in line with the PHC approach and the required increases in access to treatment, every sick bay or health centre will progressively provide ART services. To this end, all health service points are currently conducting site appreciatiations in order to inform planning and implementation.
Focus therefore for FY12 going forward will be:
- Ensuring that the SAMHS roll-out sites are equipped to deal with the scale up in terms of equipment and human resources
- Conducting at least two NIMART training courses for approximately 60 nurse, conducting two clinical mentoring workshops aimed at provision of continuous and consistent support to the NIMART trained nurses
- Conduct two Master training course on NIMART in collaboration with the NDoH NIMART facilitators to ensure continuity and sustainability of the program
- Provide ART support services for military members who are deploying to the Sudan and Burundi on peacekeeping missions whilst on ART.
- The SAMHS has been working collaboratively with the University of Pretoria to provide ARV training and refresher courses for the multidisciplinary team which comprises of nurses, doctors, social workers, dietitians and psychologists. Approximately 120 members were trained in the last year. The SAMHS aims to continue to provide this training in next FY 12 in order to support the provision of ART services to military members and their families.

Implementing Mechanism Details

Mechanism ID: 9464	**Mechanism Name: Africare**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Africare	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 5,114,881	
Funding Source	**Funding Amount**

GHP-State	5,114,881

Sub Partner Name(s)

Adelaide Advice Centre	Adelaide Child Welfare	CSOS-IT
Health Information Systems Program	Ikhwezi Support Group	Isolomzi Community Health Organization
Jabez AIDS Health Centre	Sikhanyisile Home Based Care Group	Sinako Wellness and Development Organization
Sinethemba Organization	Siyanceda Home Based Care	Sunshine Coast Hospice
Tswaranang Northern Region Resource Centre	Tyhilulwazi Multi-purpose Centre	

Overview Narrative

Integrated HBHC services will be provided to 186,121 PLHIV in Lukhanji, Intsika Yethu, Emalahleni, Engcobo, Inxuba Yethemba and Sakhisizwe, Makana and Nkonkobe sub districts of the EC Province. Services will include; screening, diagnosis and treatment for active TB, STIs, and other OIs; CTX; IPT; NACS, pain assessment and management and linkage to the HBHC community component. Referral networks between the community and the 200 facilities will be established to enhance pre-ART follow-up and timely ART initiation. The "I ACT" support groups will be established in all the 200 facilities to empower the PLHIV and minimize the LTFU of pre-ART/ART clients as well as to serve as a link between facilities and the community. At home/community level comprehensive, family-centered holistic services will be implemented including integrated prevention services, clinical/physical, psychological, spiritual and social care. Community systems will be strengthened to enable self-sufficiency and self-sustenance among the 48 CBOs. A total of 480 CHWs from the CBOs and 1000 from facilities will be trained and mentored. A minimum package of services will be adapted and implemented for pre-ART and ART patients. Caregiver support programs will be adapted to each community structure to address burn out, retreat and respite issues. Capacity of other local entities will also be built: youth; religious institutions; and traditional leaders and healers - to promote behavior change; increase the demand/uptake of HIV services; address culturally sensitive issues; reduce risky behavior and facilitate social change. For sustainability, the sub district, district and provincial health management teams and leadership will be engaged to advocate for HBHC services and policy issues.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	52,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9464		
Mechanism Name:	Africare		
Prime Partner Name:	Africare		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	210,384	0

Narrative:

Integrated HBHC services will be provided to 186,121 PLHIV in Lukhanji, Intsika Yethu, Emalahleni, Engcobo, Inxuba Yethemba and Sakhisizwe (Chris Hani District), Makana (Cacadu District) and Nkonkobe (Amathole District) sub districts of the EC Province. Services will include; screening, diagnosis and treatment for active TB, STIs, and other OIs; CTX; IPT; NACS, pain assessment and management and linkage to the HBHC community component. Referral networks between the community and the 200 facilities will be established to enhance pre-ART follow-up and timely ART initiation. The "I ACT" support groups will be established in all the 200 facilities to empower the PLHIV and minimize the LTFU of pre-ART/ART clients as well as to serve as a link between facilities and the community. At home/community level comprehensive, family-centered holistic services will be implemented including integrated prevention services, clinical/physical, psychological, spiritual and social care. Community systems will be strengthened to enable self-sufficiency and self-sustenance among the 48 CBOs. A total of 480 CHWs from the CBOs and 1000 from facilities will be trained and mentored. A minimum package of services will be adapted and implemented for pre-ART and ART patients. Caregiver support programs will be adapted to each community structure to address burn out, retreat and respite issues. Capacity of other local entities will also be built: youth; religious institutions; and traditional leaders and healers - to promote behavior change; increase the demand/uptake of HIV services; address culturally sensitive issues; reduce risky behavior and facilitate social change. For sustainability, the sub district, district and provincial health management teams and leadership will

be engaged to advocate for HBHC services and policy issues.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	800,000	0

Narrative:

Technical Assistance (TA) for implementation of care and support programs for 8600 OVCs aged 0-18 years by mitigating the impact of HIV and reducing risk and vulnerability to HIV. Contribute to PEPFAR goal of care for 5 million infected and affected OVCs. Support the South African Government (SAG) National Action Plan for Orphans and Vulnerable Children OVCs. Create a supportive social environment. Help children and adolescents meet their own needs, improve the lives of children and families affected by AIDS. Reduce psychosocial, health and socioeconomic impacts. Strengthen and expand delivery of community-based OVC and HIV prevention, care and support services.

Support every facet of a healthy child's development and family life through formalization/ strengthening identification and registration at all levels. Create, strengthen and mobilize 200 multi-sectoral Child Care Forums (CCFs) - linked to the 200 HF to ensure a coordinated community response and capacity building for 48 CBOs. Engage all relevant community structures including Local AIDS Council,Local AIDS Community Coordinating Council (LACCA), SAG departments: of Social Development , Health and Education. Create a two-way referral system between ART facilities and community structures (48 CBOs and 200 CCFs). Establish peer support groups for children on ART; strengthen advocacy and community mobilization towards protection of children's rights.Train 60 Social Workers to facilitate the development, maintenance and sustenance of the Community Counseling Forums (CCFs). Revise existing OVC identification and registration tools and align with PEPFAR OVC and SAG indicators implemented through the 48 CBOs. Strengthen the electronic database to strengthen reporting and tracking of OVCs services. Use child Status Index for case management. Select capable and competent CBOs for the management of community based HIV services. Strengthen CBOs to become centers of excellence for provision of TA to mushrooming CBOs. Train Caregivers to provide essential clinical nutritional support, child protection interventions, general healthcare referral, HIV prevention education, psychological care and household economic strengthening. Facilitate formation of 48 support groups for caregivers. Establish a 2-way functional referral system between the 200 HF and the community structures for continuum of care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	589,075	0

Narrative:

Africare will provide support in Chris Hani district in EC province. All PLHIV seen at health facilities (HF) are screened for TB at the initial and follow up visits; at least 90% of TB/HIV co-infected patients who qualify are on cotrimoxazole preventive therapy (CPT), all asymptomatic HIV infected clients are initiated on Isoniazid Preventive Therapy (IPT), All TB patients are offered provider initiated counseling and testing services (PICT); PLHIV with

active TB are on treatment, 80% clients on TB treatment complete their treatment, and, TB infection control and prevention is implemented in all the facilities.
Facilitate integration of TB-HIV Services at the community level to improve the coordination of TB management and increase case detection at community level through support groups and partnership with CBOs. Conduct advocacy, community mobilization and sensitization to raise awareness on TB and HIV services. Train CHW on conducting TB symptom screening and on safe sputum collection.

Ensure that all patients found with active TB are started on treatment and at least 80% complete the treatment. Engage the DOH to ensure that TB/HIV co-infected patients are provided services by a single clinician, while utilizing one clinical record in order to facilitate functional linkages/integration between TB diagnosis and HIV and TB treatment programs.
Offer IPT to all TB asymptomatic HIV infected individuals. Ensure regular availability of INH at all HF through appropriate pharmacy technical support.
Promote rapid identification of TB disease, rapid initiation of TB treatment and ensure adherence to treatment. All HF will undergo annual TBIC assessments and environment controls.

Work with ECRTC to train and mentor 400 HCWs on TB/HIV in accordance with NDOH guidelines. Procure, adapt and disseminate TB tools, guidelines, SOPs and manuals. Regular chart and register reviews will be conducted to monitor TB services. Strengthen Surveillance on TB/HIV co-morbidity. Data quality improvement and assessments. Indicator reporting and feedback to monitor and evaluate clinical outcomes, and standard of care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	147,269	0

Narrative:

The program will strenghten PMTCT delivery through early infant diagnosis and follow-up, to robust, adolescent-friendly care. Interventions will focus on HIV-exposed children, HIV-infected children, HIV-affected children, adolescents together with their families. Emphasis will be placed on integration of PMTCT, ART, pediatric outpatients department and primary health care (PHC) as well as TB clinics, to identify children that are HIV exposed, infected or affected. Major interventions will include training, mentorship, technical assistance, supportive supervision, community education and quality assurance. Integration of services as well as step up of counseling of caregivers to bring children to the health facilities will be prioritized. Functional linkages between related programs, including PMTCT, ART, MCH, IMCI, TB and community-based activities (psychological, social, spiritual and prevention services), will be established and strengthened at the health facilities. These linkages will be regularly monitored and their efficacy evaluated by Africare Clinical Advisors.Facility specific systems for early diagnosis (EID) of the HIV exposed and infected infant (HEI) to increase the uptake at 6 weeks and ensure testing using rapid tests at 12-18 months will be assessed and strengthened based on the SAG guidelines. All infants will

have their HIV exposure status established and documented at their first contact with the health system. Testing algorithms will include recommendations for repeat testing of children who test HIV-negative but have on-going HIV exposure through breastfeeding, and children who test HIV-positive on antibody tests performed before 18 months of age. Infants who are found PCR positive will be fast tracked to start ART. This will be facilitated by ensuring HEI registers and mentoring of the health care workers on the management of HEI. Africare will train data capturers on the use of the PedTrack software, health care workers will be trained to identify HIV exposed infants and to ensure follow-up. Particular attention will be given to establish functional linkages between the MCH health care workers with the care and treatment sites for follow-up of HIV infected women and HIV-exposed infants.. LTFU cases will be analyzed and interventions planned and implemented for consistency of messages and effectiveness of delivery messages. Health care workers will be trained to provide counseling and support for infant feeding options and to establish functional appointment systems for regular health assessment and promotion visits for the HEI. HIV pregnant women will be encouraged to disclose their status during their ANC visits to promote adherence to infant feeding choices made. Africare will build capacity at the sub district and facility level for assessment of anthropometric status, nutrition-related symptoms and diet. Children whose diets are unlikely to meet vitamin and mineral requirements will be referred for daily multi-micronutrient supplement. Clinically malnourished children will also be referred for therapeutic or supplementary feeding support.Technical assistance and support will be provided to ensure CTX prophylaxis, and linkages to child survival interventions including immunizations; growth and development monitoring; diarrheal disease management, and, TB screening. Health care providers will be trained and mentored to ensure CTX prophylaxis for HEI, growth monitoring, developmental and TB screening.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	107,200	0

Narrative:

Africare will provide support in Chris Hani district in EC province, towards the implementation of key national programs and health initiatives specifically focusing on:

1. Provide support towards the development of district health plans

2. Provided assistance in strengthening leadership and management capacity

3. Support new or existing management systems and tools specifically aimed at Human Resources for Health (HRH) management (recruitment, retention, decreasing vacancy rates) as well as the implementation of the NDOH/PEPFAR HRH transition plan at district, sub-district and facility levels

4. Support capacity development through the coordination, planning, training for and implementation of priority programs (i.e. NIMART, I-ACT) as designed by the National Department of Health

5. Strengthen supply chain management systems

6. Strengthen information management systems (including M&E, disease surveillance and outbreak monitoring,

management reporting),
7. Strengthen laboratory processes / systems
8. Support the implementation of quality improvement initiatives within the district
9. Support the implementation of the Public Health Care re-engineering strategy, working with the District Health Team to establish/roll-out the specialist support teams, school health programs and community outreach teams as specified in the PCH re-engineering strategy for the country
10. Support in the planning for the National Health Insurance (NHI) in identified districts

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	610,114	0

Narrative:

Africare will provide support in Chris Hani district in EC province, to support the NDOH scale-up of PMTCT towards the elimination of MTCT (eMTCT) by 2015 through capacity building at all levels of care and provide training/mentorship to 400 health staff. Strengthen community systems to expand PMTCT coverage from three to eight sub districts (79 to 200 health facilities; 12 to 48 CBOs) while at least 6000 eligible women in reproductive age are reached with the four prongs of PMTCT services. PICT to all pregnant women seeking care; access to CD4 testing for HIV+ women; prophylaxis (ARV, CTX, INH); counseling and support for infant feeding. Women living with HIV will receive treatment, care and support services as well as care for their children and families. Activities will ensure identification and early and enrollment into high-quality PMTCT services.
Retention and adherence of mother infant pair PNC will be revitalized through establishment of functional linkages between the MOU with respective PHCs. PedTrack scheduling software and PMTCT spread sheet will be expanded to cover 8 sub districts. Use Customized diaries in all the ANC clinics and track defaulters.Promote use of partners and family members as infant feeding supporters to enable HIV+ pregnant women to disclose their status. This will increase adherence to infant feeding choices. Establish PMTCT support groups throughout the program. PMTCT will be integrated with TB, Integrated Management of Childhood Illnesses, Pediatrics and Maternal Newborn Child Health (MNCH) programs. Staff training and mentoring on appropriate HIV Exposed Infants (HEI) management. Implement a model to improve partner and couples HIV testing counseling services within the MCH platform, early linkage to care improved access to HIV prevention services throughout the continuum of care. Implementation of health facility specific interventions to ensure that PMTCT clinics are "men friendly". Establish formal links with 48 CBOs supported by Africare and other community resources to ensure leverage to help women cope with the impact of a HIV diagnosis. The 48 CBOs and the health system in the seven sub districts supported by Africare are complementary and have synergies within their catchment areas. Africare will assess, identify gaps and implement interventions to strengthen specific essential elements within the CBOs. This elements include a) context specific planning and monitoring & evaluation; b) personnel, technical & organizational capacity building; c) financial and material resources such as HCBC/OVC essential commodities; d) home and community based care and OVC services based on evidence & standards, implemented ethically and

sustainably; e) community networks, linkages & partnerships; f) management, accountability and leadership; and, g) communication and outreach. These elements will ensure increased access, use and quality of HCBC/OVC interventions, effective use of prevention, care, treatment and support services and improved support for PLHIV their families, community and health workers in the seven sub districts.
Engage DOH and stakeholders, including other PEPFAR partners within the catchment area in PMTCT through regular management and technical meetings, workshops and feedback for monitoring and QA. Institutionalized reqular feedback to promote data use and continual education and motivation of staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,145,917	0

Narrative:

Africare will provide support in Chris Hani district in EC province, supporting provision of ART services in all health facilities. The goal is to provide technical assistance (TA) to SAG to deliver a comprehensive treatment package including cotrimoxazole and Isoniazid prophylaxis, ART and TB screening, diagnosis and treatment to reduce to at least 80% HIV/AIDS morbidity and mortality among PLHIV. The objective is to provide TA for delivery of ART services to 31,531 PLHIV and ensure regular availability of ARV, TB, STI and other OI Drugs in all facilities.
To ensure local ownership and sustainability, Africare will implement the Clinical Systems Mentorship (CSM) for health system strengthening and capacity development. Facilities will be move from regular external support to implement a model with a higher standard of care and independence. This strategy will improve efficiency and effectiveness and facilitate rapid expansion in the 3 districts.

The program will further support the PHC re-engineering strategy, HF assessments based on the model and standards of care elements, training of 400 professional nurses, follow-up onsite clinical systems mentoring, and to address barriers to NIMART. ART outreach teams from the 16 hospitals will be established in collaboration with the sub district teams. These teams will monitor quality of services and supervision of NIMART through the sub district multidisciplinary teams.

Comprehensive and integrated approach to care and treatment will ensure compliance to the WHO 3-I's approach and the South Africa specific 2-I's: integration of HIV and TB services, and initiation of early treatment. Support will be provided to pharmaceutical management to ensure regular drug availability, training and mentorship on drug supply management, and support to the Pharmacist Assistant training program. The support will also ensure appropriate Pharmacovigilance (PV) reporting and management at the 16 hospitals through training and mentorship and establishment of PV committees at the referral hospitals to ensure compliance with Good Pharmacy Practice.
Program performance measurement will be based on basic program evaluations and routine HMIS in line with the

NDOH 3 Tier M&E System.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	504,922	0

Narrative:

Africare will provide support in Chris Hani district in EC province, will further support the expansion of Paediatric HIV Treatment to increase the proportion of paediatric clients initiated on ART from 8% to 15%. The program will strengthen case identification and patient management, including linkages between health services and referral mechanisms; improve follow-up of HIV-exposed Infants; enhance Early Infant Diagnosis (EID); and support training in paediatric HIV care and treatment for the current NIMART implementing staff.

Nurse Mentors and Clinical Advisors will train and refresh all providers in HIV Treatment, and will monitor progress of providers in appropriately starting ART in eligible children while focussing on the NIMART nurses. In addition, Africare will regularly review paediatric standards of care tools.

Treatment failure will be monitored among children taking ART. Africare will train healthcare providers to recognize treatment failure, by regular mentoring and in-service trainings. The team will ensure service providers understand that poor adherence is the commonest reason for failure, and adherence strengthening should be explored. Referral and supervisory systems to manage and monitor patients on ART will be developed and or adapted.
Emphasis will also be placed on cross referral between TB and HIV services, and between immunization/well baby clinics and ART clinics. Efforts will be made to include PICT providers and representatives of referral endpoints in multidisciplinary team meeting at the health facilities.

All health facility staff will be trained on PICT, and regular supply of rapid test kits from the government depots will be supported. Facilities will be systematically assessed in each sub district to determine gaps in PICT training and test kit availability.

The expansion of Tier.net ART will be supported for the capturing and collating of paediatric HIV treatment data. These data will facilitate paediatric patient management while identifying gaps in services, tracing and tracking, and targeting intervention efforts for special groups of children.

Africare multidisciplinary teams will provide systematic on-site mentorship to clinicians, pharmacists, and data capturers. These mentorship efforts will focus on competency of on-site staff on paediatric treatment.

Regular refresher in-service trainings in paediatric care and treatment will be coordinated by the Nurse Mentors

and Clinical Advisors. Referral hospital clinicians will be facilitated to develop facility-based training programs for their colleagues and other members in the PHC. This type of in-service training, will minimize disruption of service delivery. In areas where local expertise is lacking, Africare will assist in the provision of sessional doctors for service delivery. *Tools to improve adherence to ART will be developed/adapted. Care providers will be trained in the establishment of adherence programs aimed at the patient and the family, drug issues such formulation and toxicity, and healthcare system strengthening which will encourage the establishment of long-term relationships among children, their families, and the clinic staff. All members of the MDT will provide counselling, tracking and follow-up of children. Disclosure of the child's illness will form an essential part of regular follow-up - Africare will assist clinicians to be appropriately trained and sensitized to the process.*

Implementing Mechanism Details

Mechanism ID: 9474	**Mechanism Name: Care International**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Care International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,300,000	
Funding Source	**Funding Amount**
GHP-State	2,300,000

Sub Partner Name(s)

Balwantwa	Beacon of Hope	Bophelo
Bophelong	Choice	Community AIDS Response
Gethsemane	Golden Gateway	Goldfields Hospice
Hokomela wa Heno	Khauhelo	Khothalang
Lechabile	Live and let Live	Marquard
Mohlanatsi	Nhlahiso	Petsana

Ramotshinyadi	Thembalethu	Thembelihle
YOFCA		

Overview Narrative

The Integrated HIV and AIDS Prevention and Care Project (IHAPC) seeks to support and deliver HIV/AIDS-related palliative care services (care and support), TB HIV, HIV Counseling and Testing (HCT) and Integrated Access to Care and Treatment programme (I-Act) through indigenous community based organizations (CBOs) in Mpumalanga, Limpopo, Free State and Gauteng Provinces. The Project Goal is improved and sustained access to care, support, and treatment for PLHA, ultimately resulting in a decrease in HIV- and AIDS related morbidity and mortality in key districts as agreed with the Department of Health. Objectives and activities will include:• Improved management of 24 CBOs that will also receive sub-grants through training and mentoring of management and administrative staff• Improved access to quality HCT services through capacity development of CBO staff and HRH • Integrated TB services into HIV/AIDS management through scaling up of TB screening among PLHIV and referring suspects for clinical diagnosis• And Strengthened referral systems between health facilities and CBOs to ensure continuum of care and support of PLHIV through Home Based Care and support groups such as the I ACT programme and provision of services such as Nutrition Assessment Care and Support (NACS) and PwP programmes.

M&ER remains a key focal point in all the above objectives for better understanding of indicators and better management of impact within organizations. To this end, M&E officers have been recruited to mentor and support CBO's in developing strong monitoring and evaluation systems. Vehicles: TOYOTA HILUX, 2,7-YYW 452 GP Vehicle CDC $40,806.59 11-Feb-10.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,150,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9474**		
Mechanism Name:	**Care International**		
Prime Partner Name:	**Care International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,600,000	0

Narrative:

CARE will facilitate improved and sustained client's care and support from the health facility to the home and community
in the following geographical areas:
Province and district (Population per district) HIV prevalence
Mpumalanga -Ehlanzeni district (1,526.236) 37.7%
Free State -Thabo Mofutsanyane district (725.700) 31.3%
Limpopo -Mopani District (1,068.569) 25%
Gauteng -City of Johannesburg (11, 191 700) 30.4%
The project targets HIV positive individuals for linkage and retention into care and support programme. To realise this, efforts are being made to improve both access to and quality of pre-ART care and support. It enhances HBC services by regular in-service training of Community Care Workers (CCW) in new policies and guidelines in addition to the accredited 69 days HBC training. Strategies for expansion of services include community mobilisation and re-defining the role and responsibilities of the CCW within the ongoing PHC re-engineering as key liaisons between communities and facilities. People Living With HIV (PLHIV) are given knowledge and skills to handle issues around HIV/AIDS and to advocate for their own health through the Integrated Access to Care and Treatment (I-ACT) programme which also links them to other social networks for further support and care both in facilities and communities. Continued provision of food supplements to mitigate the vicious cycle of poverty, malnutrition and disease progression.
Newly diagnosed HIV positive patients through HCT and HIV TB suspects will be referred to health facilities for HIV clinical staging, entering clients in pre-ART register and for TB diagnostic work-up. This will help to maintain PLHIV on database and to deal with HIV/TB co-infections simultaneously. .
The project intends to utilise software, Soweto Care Systems, to streamline data collection and collation processes. This will further improve and strengthen the programme.
Should funding allow, workshops for all Care and Support partners will be hosted for learning and sharing lessons learnt in collaboration with DoH and SANAC.

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVTB	400,000	0

Narrative:

CARE will support the scale up of community TB screening for all people diagnosed HIV positiveThe project integrates TB screening in all HCT programmes. This approach aims to combat HIV/TB co-infections, TB being the commonest and deadliest opportunistic infection in HIV positive individuals. All people diagnosed sero-positive at community level are symptom screened for TB using simple procedures such as presence of chronic cough, unwarranted weight loss etc. TB suspects identified in the community are referred for facility-based diagnostic work-up. All HIV positive clients who test TB negative are encouraged to be on IPT for the duration indicated by the health professional. Treatment Support is given by CCW to those who are on TB treatment through medication supervision. A total of 109 CCW have been trained in clinical TB/HIV, the collation of data and patient tracking and support. And an extra 100 are currently been trained.

The project will be aligned to the National Strategic Plan for HIV/AIDS and TB, 2012-2016 (NSP) and the Provincial Operations Plans (POP) in focus provinces. The project has and will continue to conduct sub-districts HCT campaigns in three provinces that will also cover TB screening and other non –communicable deceases, in support of the PHC re-engineering.The project will also continue to screen family members of TB positive patients during the HCT campaigns.

The project will continue to organize community dialogues to educate communities on matters relating to TB prevention, diagnosis and treatment. This intervention will also target high risk population areas such as informal settlements and farming communities in accordance with the current NSP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	100,000	0

Narrative:

Although the project focus is on adult care and support, the project provides appropriate counselling and referral support to pregnant mothers and children orphaned or made vulnerable by HIV and AIDS. CARE will therefore endeavour to promote increased linkages to relevant child survival and development programmes – including vitamin A supplementation; immunization; counselling and support on optimal, safe infant and young child feeding practices, especially in the context of HIV and AIDS; oral rehydration therapy for diarrhoea; antibiotic treatment for pneumonia; and insecticide treated mosquito nets in malaria endemic areas.

Mothers who are pregnant will be directed to PMTCT programmes in their local facilities and followed up as part of support from community based organisations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:
CARE will work to expand access to Quality HCT Services.The area of operation is in three provinces of Mpumalanga (Ehlanzeni district), Free State (Thabo Mofutsanyane district), Limpopo (Mopani District) and Gauteng (City of Johannesburg) The project will ensure that CBO's have increased capacity to carry out HCT to enable communities to access high quality testing services. The project will train CCW/Lay Counsellors in HCT in terms of the norms and standards set by the NDoH, which currently allow CCW to administer the HIV test under the supervision of a professional nurse.Currently all CBOs under the project are being prepared for accreditation as non medical HCT centres that will be linked to local health facilities. This will expand access to quality community based HIV testing services to individual, couples (especially providing further referrals to sero-discordant couples), seasonal farm workers and migrants. TB screening is currently integrated with pre-test counselling.The project will facilitate major HCT campaigns per province in collaboration with sub-grantees and primary health care facilities linked to them. Emphasis will be made on Couple HCT campaigns which may take the form of door-to-door campaign targeting Households. Community dialogues are also under way to further mobilise and create health seeking behaviour particularly for HIV/AIDS related services. *The above strategies will greatly contribute to the overall NDoH target and foster earlier enrolment into care and support services as per Strategic Objective # 3 of the National Strategic Plan (2012-16).* *Clients reached 9000(Target) 10912 (Reached in 2011)* *Individuals HIV tested 15000(Target) 16770 (Reached in 2011)* *The project also intends to evaluate the effectiveness of referral systems between communities and facilities and will make recommendations to strengthen referral systems further and reduce loss-to-follow-up.*

Implementing Mechanism Details

Mechanism ID: 9521	**Mechanism Name: Southern African Catholic Bishops" Conference (SACBC)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: SOUTHERN AFRICAN CATHOLIC BISHOP'S CONFERENCE (SACBC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,500,000	
Funding Source	**Funding Amount**
GHP-State	1,500,000

Sub Partner Name(s)

Catholic Relief Services		

Overview Narrative

Through its network of community-based volunteers and health care workers working through the 13 ART clinics and 34 OVC sites, SACBC will contribute towards the objectives of the PF and NSP by reducing vulnerability to HIV and TB infection, focusing on the needs of girls and women, through ARV treatment and OVC program activities. Further, SACBC will contribute towards the increase of number of persons who know their HIV and TB status, through intensified case finding, and increasing access to HIV testing, and linking them to appropriate services. SACBC provides treatment, care and support in areas where the government is unable to provide treatment to all who need it. Some form of services (OVC or ART) is provided in more than 30 Districts (10 out of the 15 Districts with the highest rates of HIV) of the country, specifically targeting indigent residents and migrant or mobile populations. SACBC successfully transitioned to become the prime partner after the track 1 transition. Increased partnerships with the DoH were pursued from 2007 with the view of ensuring long term sustainability and cost effectiveness of the program by obtaining financial and in-kind support from DoH at various levels. Most recently, a total of 5 (out of 13) ART sites are receiving ARV drugs (40% of the total) and laboratory tests from DOH, which shows the commitment to ensuring sustainability and cost-effectiveness in the long term. SACBC will also support PHC reengineering in partnership with the districts and provinces M&E systems have been implemented at all the sites. Centralized data quality and verification will continue with monthly reporting to the DOH and the DSD. No vehicles were purchased with the current award, with no vehicles to be purchased in the near future.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	600,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9521**		
Mechanism Name:	**Southern African Catholic Bishops'' Conference (SACBC)**		
Prime Partner Name:	**SOUTHERN AFRICAN CATHOLIC BISHOP'S CONFERENCE (SACBC)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	200,000	0

Narrative:

All SACBC treatment sites have extensive community based home based care networks that provide care and support to persons with HIV. These community-based projects are used to screen patients for HIV, TB and conduct nutritional assessments, and link them to care providers in their communities. Testing and counseling is provided in non-medical facilities throughout the network of decentralized ART provision points, which increases adherence, uptake and cost-efficiency. Once patients test HIV positive, they are enrolled in the program and registered in the existing M&E system to ensure follow-up and retention in care. Part of standard package of care for patients include prevention and treatment of opportunistic infections, including the provision of Cotrimoxazole, and management of pain and diarrhea as appropriate. All patients are encouraged to join support groups. Nutrition assessment, counselling and support will continue to be provided for all patient on the ART program including patients who are under 18, pregnant women and lactating mothers. patients with a BMI lower than 18 will be provided with nutritional supplements. Where appropriate, patients are assisted to access government disability and other support grants. In an attempt to ensure patient treatment adherence once started, all care patients are included in adherence counseling which focuses on information on ART, HIV prevention and importance of adhering to the prescribed treatment. Patients are also encouraged to identify and make use of a treatment buddy, and to join and attend adherence support groups. Discordant couples and HIV infected persons in particular are given counseling and support to prevent the spread of HIV(PwP). SACBC will work with DOH to roll out care services in line I ACT model. M&E support will be provided and the use of the Pre ART register will be stregthened.

The following SACBC ARV treatment sites have residential, in-patient hospices: Holy Cross, Tapologo, Nazareth House, St Francis and Blessed Gerard. At all these facilities palliative care is provided to terminal patients. Patients in these hospices are also initiated on ART – most make a full recovery and return to their homes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

SACBC will continue close collaboration with the Department of Social Development (DSD) in the provision of care and support to OVCs in 30 districts. SACBC will become part of District coordination teams tasked to assess the quality and geographic distribution of services so as to prevent duplication. All SACBC sites are members of local child care forums and will maintain linkages with the local police services to address cases of abuse, giving special attention to gender-based violence in HIV prevention education activities. Nationally, the SACBC works with the National Action Committee for Children Affected by AIDS (NACCA) under the DSD. The SACBC has submitted a MOU to National DSD to formalize the partnership. Once signed, the SACBC will then work toward signing agreements at the Provincial level through the Provincial Action Committee for Children Affected by AIDS (PACCA). This is already in process in the Free State and North West. Six SACBC implementing sites provide Early Childhood Development Program targeting 0-6 in cooperation with Provincial DSD. Other sites work with local ECD programs. Currently 90% of children registered in SACBC sites have obtained birth registration and SACBC will continue to make this a priority. All sites will be encouraged to apply for NPO status and to link with provincial structures so the caregivers will be eligible for stipends from government. The SACBC will report to the DSD using the national Monitoring and Evaluation system. Nutritional assessment will continue to be conducted and qualifying children provided with supplements. Child-headed households will be given psychosocial support and training in livelihood skills, such as parenting, budgeting, etc. Support groups for children living with sick and elderly guardians will be established. Through collaboration with government and private sector partnerships, economic strengthening and income generating networks will be established.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	300,000	0

Narrative:

Except for St. Apollinaris Hospital, which is a District public hospital, SACBC does not provide TB treatment to patients. The focus is rather on intensified case finding. All patients, regardless of a setting, are screened for TB through standardized screening tools at every encounter. Three of the site facilities have access to on-site chest x-ray machines for TB diagnosis. All patients with positive TB screening have a clinical workup and are referred to a TB clinic where needed. Infection control plans are in place at all ART facilities, with the dedicated TB point person at each site.

TB infection control measures at all sites include open waiting areas, fast-tracking of coughing patients, and mechanical ventilation, as well as patient education which includes recognizing symptoms of TB, the importance of washing hands etc. Several sites support their local TB clinic with DOTS through its community-based outreach.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	50,000	0

Narrative:

Identifying and enrolling pediatrics into the care program has been a continuous focus of the program presenting challenges. These included reluctance of guardians to test children, inability of guardians, especially grandparents, to administer medication due to literacy problems, movement of OVCs where the guardians change, as well as the fear of health care workers working on the program to draw blood from children and prescribe treatment. In the coming period, renewed effort will be made to follow the family-centered approach by going out to the communities and testing families, as it has been found that the likelihood of the child being tested is if the entire family gets tested at the same time as the primary caregiver. In the previous program year, the project was able to test 1,181 male and 1,616 female children. Pregnant females in care will continue to be followed-up after giving birth and will be encouraged to bring their babies for testing between 4-6 weeks of age. Programs will consciously form linkages with ANC and PHC facilities in order to ensure better cooperation with these institutions in identifying children in need of care and support. If a child younger than 2 is identified as HIV positive, they will be initiated on treatment immediately. After the age of 24 months, they will be enrolled based on their CD4 percentage. The basic care package for children will include, but not be limited to, provision of prevention and treatment for opportunistic infections, including provision of Cotrimoxazole and treatment of diarrhea. Specific emphasis will be placed on TB screening, nutritional assessment and pain management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	0	0

Narrative:

ARV drugs will be procured through a centralized procurement mechanism (SCMS).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	700,000	0

Narrative:

Much emphasis is placed on training of staff at treatment sites. In the past year treatment for medical staff has included IMCI and NIMART with staff from all sites participating, enabling task shifting which will relieve human resource shortages in country and improve access to treatment. Nurse mentors have been identified and will receive advanced training to mentor fellow nurses. M&E capacity is utilized to respond to strategic priorities; electronic databases are established at 17 points at all treatment sites, which enable sites to schedule ART patients, track retention, measure progress and provide overall program management to treatment sites. A centralized M&E unit receives weekly data backup from the field treatment sites, and uses the data to conduct data control through quarterly data reviews, and verification of all ARV drug orders with the pharmaceutical supplier. A query module enables the treatment sites and the central unit to collate data and use it for measuring program success,

decision-making and improvement of services where applicable. Centralized reporting is conducted on monthly basis through the DHIS. All patients undergo six-monthly CD4, FBC and Viral Load tests. Every patient at every encounter has a TB screen and all eligible patients are put on Cotrimoxazole. Annual program evaluation is conducted by the Desmond Tutu HIV Foundation based at the University of Cape Town. Throughout the program, an overwhelming majority (two thirds) of ART patients have been female. It has been noted that, after the age of 33, males constitute an increasing proportion of ART patients, reflecting an older age of male HIV disease and possible late presentation. In 2004, 80% of the patients had severe immune suppression, which by 2011 was reduced to 20%, demonstrating a marked population benefit of the program. Overall retention through the program (7 years) is 54.8% of patients, with the death rate of 11.6%.

Increased partnerships with the DoH were pursued from 2007 with the view of ensuring long term sustainability and cost effectiveness of the program by obtaining financial and in-kind support from DoH at various levels. At present, SAG provides nearly 40% of all ARV drugs to the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	250,000	0

Narrative:

Once a child younger than 2 years of age is identified as HIV positive, the child will be put on ARV treatment. Children older than 2 will be put on treatment once eligible based on their CD4 percentage. As small children cannot take ARVs on their own, special emphasis will be placed on providing support to caregivers (guardians) in treatment adherence. Advantage will be taken of the available linkages with OVC programs to increase the uptake and retention of children, and the knowledge and experience of staff at these programs will be leveraged to conduct support groups for adolescents and provide HIV prevention education and counseling to older children. Nutritional support is provided to eligible children on ART, with additional support provided through linking them with community-based activities rendered through the program. Capacity building of staff to test and treat children will continue to receive attention, in order to increase uptake of children on ART in the future. Under the program, there were 1,560 children ever enrolled on ART.

Implementing Mechanism Details

Mechanism ID: 9526	**Mechanism Name: Supply Chain Management System (SCMS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 4,653,137	
Funding Source	**Funding Amount**
GHP-State	4,653,137

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In the FY12 period, SCMS will scope, plan and implement an effective pooled procurement and distribution mechanism for quality ARVs to be delivered to select PEPFAR Implementing Partners (IPs). Efficiency, availability, quality management and reduced stock obsolescence for ARVs will be the key program components. SCMS will assist the IPs in developing a pooled procurement model which enables ARVs to be efficiently procured and distributed while complying with the regulations and governance requirements of both PEPFAR and the GSA. The program will provide assistance in strengthening the IPs capacity and capability to develop efficient, sustainable long term healthcare supply chains which are sustainable. SCMS will leverage partnerships and private sector capacity, driving supply chain efficiencies, executing appropriate commodity consolidation and/or rapid response to distribution of ARVs.IP collaboration will be essential in developing this procurement and distribution approach, with clearly defined roles and responsibilities to establish the expected outcomes, timelines and deliverables for all the stakeholders.SCMS will receive $6,000,000 of the one-time VMMC funding for RSA to do a pooled procurement of disposable MMC kits. Kits will be distributed to USAID, DOD, and CDC IPs. This will optimize bulk discounts and simplify kit procurement and distribution. SCMS provides procurement, forecasting, distribution, inventory management, and quality assurance on the kits. While the VMMC target for one-time funding is 260,000, additive kits are required to accommodate training, errors, and potential exceeding of performance targets. It is estimated that at a price of $16.5 - $17 per kit, this procurement should render 352,000 – 363,000 single-use kits.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9526**
Mechanism Name:	**Supply Chain Management System (SCMS)**
Prime Partner Name:	**Partnership for Supply Chain Management**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,854,115	0

Narrative:

SCMS will receive $6,000,000 of the one-time VMMC funding for South Africa to do a pooled procurement of disposable MMC kits. Kits will be distributed to USAID, DOD, and CDC implementing partners. This will optimize bulk discounts and simplify kit procurement and distribution. SCMS provides procurement, forecasting, distribution, inventory management, and quality assurance on the kits. While the VMMC target for one-time funding is 260,000, additive kits are required to accommodate training, errors, and potential exceeding of performance targets. It is estimated that at a price of $16.5 - $17 per kit, this procurement should render 352,000 – 363,000 single-use kits.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	2,799,022	0

Narrative:

The initial technical support phase will design the ARV supply chain management system in conjunction with the IP's and regulatory requirements. While the USG ARV Bridging Fund program experience will provide the foundation, there are some significant differences in the procurement and distribution under the IP program which will require consideration.

Key principles which require planning with the IPs include 1) implementing pooled procurement and distribution methods, to consolidate procurement orders and increasing volumes with which to negotiate lead times and freighting options to enable cost savings while supporting availability of ARVs, 2) developing well-planned quantification, procurement and distribution mechanisms to avert stock outs, overstocks, and emergency purchases

through shared data, 3) developing an agreed IP's ARV list to pool procurement optimizing cost benefits, supporting harmonization with current guidelines, patient clinical requirements and the ultimate transition of patients to mainstream public sector service facilities. *SCMS will provide technical assistance support, determine and obtain necessary regulation/governance approvals, completing an analysis with IPs to determine supply chain requirements, collating an approved or tentatively approved FDA and MCC list of ARVs, identifying the options to obtain SEP exemption, agreeing a pooled procurement consolidated distribution model to plan warehousing and ordering procedures, determining quality assurance procedures and establishing M&E systems.* *Once the technical approach is agreed, the SCMS operational support team will manage the forecasting, procurement, logistical requirements and provide M&E tracking for the selected ARV's from the regulated manufacturers to the IP healthcare facility sites. Aside from building supply chain management efficiencies for the ARVs shared SCMS expertise and knowledge across the partnerships will support the development of supply chain best practices for IP's to implement across their practices.*

Implementing Mechanism Details

Mechanism ID: 9547	**Mechanism Name: Prevention Technologies Agreement(PTA)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,500,000	
Funding Source	**Funding Amount**
GHP-State	1,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FHI 360 will support the USG-SAG Partnership Framework and the NSP through care, support and MTCT interventions. FHI 360 will continue to provide the following services through its Mobile Service Units (MSU):

Integrated Community Palliative Care and Integrated Access to Care and Treatment (I-ACT) programs, linkages from HIV testing to care & testing and pre-ART and retention in care and treatment. FHI 360 is the lead partner (coordinating with DOH) for the I-ACT project in the Northern Cape. I-ACT is aimed at retaining newly diagnosed HIV positive patients, not yet eligible for ART, screening of opportunistic infections, and support for preventive therapy. In its coordination efforts under I –ACT, FHI 360 will work the NCDOH as well as other partners to ensure that systems are put in place at facilities to allow for structured and functional pre-ART programs. FHI 360 will address the unmet family planning needs of HIV positive and most at risk women. Through the regional training centres (RTCs), FHI360 will continue to participate in the NDoH led family planning (FP) and FP/HIV integration trainings/workshops for health care providers in selected provinces. FHI 360 in collaboration with NDOH and other partners will continue working on incorporating an FP/HIV integration module in the PMTCT, nurse-initiated management of ART (NIMART) and TB training manuals. FHI 360 will roll out the model of community based champions that is currently being piloted in an effort to improve FP uptake at district level. FHI 360 will focus on providing technical assistance in data collection, quality improvement, data management and reporting for NDOH.

Cross-Cutting Budget Attribution(s)

Gender: GBV	40,000
Human Resources for Health	60,000

TBD Details

(No data provided.)

Key Issues

End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**9547**
Mechanism Name:	**Prevention Technologies Agreement(PTA)**
Prime Partner Name:	**FHI 360**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,500,000	0

Narrative:

The South African government has adopted the WHO definition of palliative care stating that palliative care is an approach that improves the quality of life of clients and their families facing problems associated with life-limiting illnesses through early identification, assessment and management of pain and other distressing symptoms, and the relief of other physical, social, emotional and spiritual problems. FHI360 has adopted a palliative care and support model that uses a family-centered approach.

The model seeks to address physical, emotional, social, and spiritual needs associated with life-limiting illness. The intervention uses existing health system in conjunction with community care support – home based care, hospices, and support groups where available. The project integrates wellness support that includes primary health care facilities, ART sites, community health care workers groups, support groups, and the community. ICPC makes it possible to provide a full continuum of palliative care from diagnosis to wellness support to end of life care, including bereavement support. With FY 2012 funds, FHI will provide services in Limpopo, Gauteng, and Northern Cape in the following areas: training, mentorship and coaching; strengthening of referral systems; and provision of palliative care to people suffering from life limiting illnesses. In addition, FHI 360 will continue to support Mobile Service Units activities as well as involvement with the government with Integrated -Access to Care and Treatment activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

FHI 360 will continue to address the unmet family planning needs of HIV positive and at risk women, including expanding the pool of well skilled and competent staff through building capacity of service providers to effectively counsel, screen and provide a wide range of family planning methods including inter-uterine contraceptive devices (IUCDs). Through the regional training centres (RTCs), FHI360 will continue to participate in the NDoH led family planning (FP), FP/HIV integration trainings/workshops for health care providers in selected provinces. These trainings will also incorporate practical sessions in IUCD insertion and removal. FHI 360 in collaboration with NDOH and other partners will also work towards incorporating an FP/HIV integration module in the PMTCT, NIMART and TB training manuals. As a follow up to the trainings FHI 360 in collaboration with DoH will then provide mentoring and coaching to the trained staff. In addition, FHI 360 will continue to strengthen linkages between research and policy makers through sponsoring a series of quarterly discussion meetings on FP/HIV integration with policy makers, researchers and provincial champions. FHI 360 will rollout the model of community based champions that is currently being piloted in an effort to improve FP uptake at district level. Community health workers will be trained on family planning using low literacy material and in turn they will be

expected to educate the community on FP. FHI 360 in collaboration with the district and community leaders will also identify influential people within the community to act as FP champions who will help with advocacy and community mobilization.

Implementing Mechanism Details

Mechanism ID: 9562	**Mechanism Name: National Alliance of State and Territorial AIDS Directors**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Alliance of State and Territorial AIDS Directors	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,200,000	
Funding Source	**Funding Amount**
GHP-State	1,200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

National Alliance of State and Territorial Directors (NASTAD) continues to work in partnership with the Free State and Mpumalanga Provincial Department of Health (PDOH) Offices to institutionalize and standardize the implementation of the Integrated Access to Care and Treatment (I ACT) Program in line with the South African Government and the National Department of Health priorities. The goal of I ACT is to promote early recruitment and retention of newly diagnosed PLHIV into care and support programs. I ACT strives to reduce the high rate of loss to follow-up from the time of HIV diagnosis to successful commencement of ART. NASTAD will continue to provide provincial and district level technical assistance with the coordination, implementation, and monitoring and evaluation of I ACT activities. NASTAD will continue to play a lead role in developing systems for referral networks and linkages, as well as strengthening the I ACT implementation model and ensure quality through focused mentorship, coaching and regular review meetings at district, provincial and national levels. Both at provincial and district levels, NASTAD will continue to ensure the strong involvement of PDOH, regional training centers and

PEPFAR and community based partners in the planning, and implementation of the program to ensure integration, sustainability and smooth transition of the program in the future. NASTAD will continue to refine data collection tools and instruments and provide ongoing technical assistance and training to I ACT implementing NGOs, partners and DoHs staff. In general, the result of the I ACT program evaluation that will be conducted in Free State in FY 2011 is expected to provide direction with regard to the improved implementation and scale-up of the program at all levels

Cross-Cutting Budget Attribution(s)

Human Resources for Health	240,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9562**		
Mechanism Name:	**National Alliance of State and Territorial AIDS Directors**		
Prime Partner Name:	**National Alliance of State and Territorial AIDS Directors**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,200,000	0

Narrative:

In FY2012, NASTAD will continue to strengthen collaborative relationships among partners providing I ACT and other care and treatment services in Free State and Mpumalanga Provinces. NASTAD will ensure communication and information sharing among I ACT partners and stakeholders. NASTAD will continue to support provincial level I ACT quarterly stakeholder review meetings; actively participate and support provincial and district level I ACT working group meetings; conduct provincial level I ACT best practice documentation and evaluation dissemination

meetings, and strengthen referral network and linkages between community based I ACT implementing partners(SGFs)and local health facilities. *In FY 2012, NASTAD will continue to provide technical and financial support to community based NGOs including PLWHA networks engaged in the delivery of I ACT. Efforts will continue to be made to connect and engage PLWHA networks through support groups to ensure that members have the opportunity for continued peer support after they leave the group. In Free State, I ACT implementing NGOs are expected to support SGFs with the active recruitment of PLWHA from local health facilities and the community, establish and strengthen referral network and linkages between SGFs and local health facilities. NASTAD will also continue to support existing and trained care workers who will be redeployed to support the implementation of the I ACT program. In Mpumalanga, NASTAD will continue to support Regional Training Centers (RTC) with the training of already existing home based care givers based at health facilities and the community to implement the program.* *In FY 2012, NASTAD will continue to provide and coordinate periodic I ACT training sessions to new RTC trainers, SGFs, NGO implementing partners and health care providers from health facilities in both provinces in collaboration with other partners. RTCs in both provinces will take the lead in the facilitation and co-facilitation of I ACT training sessions to effectively transition the training responsibility. In FY 2012, NASTAD will support the training of 200 SGFs and plans to enroll 70,000 PLWHA into the program in both provinces.*

Implementing Mechanism Details

Mechanism ID: 9569	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 9610	**Mechanism Name: International Organization for Migration**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: International Organization for Migration	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,259,875	
Funding Source	**Funding Amount**
GHP-State	2,259,875

Sub Partner Name(s)

Center for Positive Care	CHoiCe Trust	Hoedspruit Training Trust
Nkomazi Municipality		

Overview Narrative

The project aims to reduce new HIV infections, vulnerability and risk amongst migrants and mobile populations and the communities they interact with by facilitating, promoting, and providing access to HIV and TB services, strengthening capacity, and advocating for migration policies. IOM's goals, objectives, and activities are fully aligned with the Partnership Framework and the NSP. The NSP includes migration issues as an HIV risk factor and migrants as a key population at risk. IOM implements evidence-based HIV prevention interventions targeting migrants and mobile population in Mpumalanga and Limpopo, and will extend support to Gauteng and KwaZulu-Natal, targeting migrants in hostels, migration centers, and high population density informal settlements. Support to SAG on system strengthening will focus on increasing the understanding to effectively address migration and health to improve policy development and service delivery. Cost efficiency strategies include: implementation of evidence-informed interventions; partnerships; strengthening of local organizations; improving human capacity; and resource mobilization. Transition will include capacity building plans for phasing over of activities and shifting of roles and relationships during the four year period M&E will include target setting based on baseline data, indicators, and regular collection of key data to track progress. Data collected will be used to review project plans and develop evidence-based advocacy interventions. IOM's support to SAG will also facilitate country ownership and build capacity for provincial health departments to adhere to international human rights and guidelines on migrant health issues. Impact assessment will be conducted at the end of the project cycle.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	50,000
Food and Nutrition: Commodities	50,000
Gender: GBV	1,000,000
Gender: Gender Equality	200,000
Human Resources for Health	100,000

Motor Vehicles: Purchased	102,369

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**9610**		
Mechanism Name:	**International Organization for Migration**		
Prime Partner Name:	**International Organization for Migration**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	375,605	0

Narrative:

IOM's care and support program improves the physical, mental, and social wellbeing of HIV positive migrants, their families, and communities by providing referrals to gain access to psychosocial support, linking migrants to treatment services for opportunistic infections and ART. Focus will be on working with SAG to advocate for migrant health sensitive policies to be used at local level and to strengthen government and community systems to respond to the care needs of migrants and their families. IOM will work with target local municipalities to address social determinants of health such as food security, healthy living environment, and access to clean water and sanitation for migrants. IOM will provide TA to strengthen SAG's role in contributing to harmonizing HIV prevention and treatment responses in the SADC region. Main geographic coverage will be Limpopo (Vhembe, Mopani, Waterberg districts), Mpumalanga (Nkomazi), Gauteng, and KwaZulu Natal. 5,000 migrants will be

reached with a minimum care and support package. Activities will address structural and environmental factors, including the development and implementation of migrant sensitive and responsive treatment and care policies and programs. IOM will also support SAG participation in regional and global efforts to address HIV and communicable diseases affecting mobile populations, and will provide support to implement and monitor the WHO Assembly resolution on Migrants Access to Health. At the local level, IOM will address food security, provide assistance to local farm owners to create food gardens, teach life skills to generate income, and provide links to support groups. IOM will provide training of change agents on community/ home based care and to provide psychosocial support. IOM will also continue with assisted voluntary returns for sick migrants linking with the IOM Irregular Migration Project, which supports prevention packages for HIV positive individuals. IOM will strengthen linkages and integration between HIV prevention with sexual reproductive health services, HIV Counseling and Testing (HCT), and TB programs to ensure a continuum of response.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	200,000	0

Narrative:

Migrants live and work in conditions that facilitate TB infection and other communicable diseases in farm compounds, hostels and informal settlements. IOM will align the program with the national TB strategy which focuses on the 3'I (Intensified active case finding, Isoniazid Prophylactic Treatment, and Infection control). Activities will address barriers to accessing health care services through advocacy, communication and social mobilization. Structural interventions include creating an enabling social and policy environment for migrants and affected communities. Support groups for TB affected individuals will be established and these will be used as a nexus for implementing various social and economic empowerment programs and will be linked to support groups for HIV positive individuals who are co-infected to ensure a continuum of response. TB information and education will be provided using various communication tools. These tools will be used to facilitate community dialogues and action to addressing the underlying factors contributing to HIV and TB transmission at a local level. A cadre of change agents will be recruited and trained to conduct basic TB screening and DOTS support. These will be linked to other government programs such as the community care/development workers, and expanded public works program and contribute to the revitalization and reengineering of PHC. Referral networks and partnerships with other local service providers will be strengthened to ensure a continuum of car

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	234,270	0

Narrative:

Focus at national level will strengthen SAG HCT systems to support direct delivery of HCT services at local level to migrant workers in target commercial farms. IOM will provide TA to SAG to develop strategies and programs for migrants working in commercial farms in Limpopo (Vhembe, Mopani, Waterberg districts) and Mpumalanga

(Nkomazi). IOM's program will support the SAG HCT strategy to target hard to reach populations especially migrants in informal settlements and hostels. IOM will work through the relevant provincial, district and sub-district level structures to design, implement, and monitor HCT interventions on farms, including development of advocacy, communication and social mobilization strategies. In collaboration with sub-districts, support will also be provided to training of lay counselors within the target population (i.e. training change agents as lay counselors) to support HCT campaigns for migrant workers. Direct financial support will be provided to local CBOs serving as implementing agencies to provide outreach HCT services to migrant workers. This will include a full package of services including promotion of HCT services, test kits (where the SAG does not have sufficient supply), and logistical support. 10,000 migrants will be reached, with at least 5,000 testing and receiving their results. HCT services will include a wellness screening package with the key focus being on HCT and will be conducted in partnership with the local PHC services and linking migrants to local health services, care and support networks. IOM will support post-test clubs and provide referrals to medical male circumcision (MMC) services, prevention of mother-to-child transmission (PMTCT), ART, TB prophylactic treatment, psychosocial support, and prevention packages including condoms. In Limpopo specifically IOM will continue to link migrant to PEP services due to high levels of GBV and rape in Musina along the Zimbabwe border.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,450,000	0

Narrative:

The focus of IOM's program is to implement HIV, STI and TB intervention in migrant areas such as commercial farms, mines, urban/peri-urban informal settlements, and border communities. Focus target areas are in Limpopo (Vhembe, Mopani, Waterberg districts), Mpumalanga (Inkomazi), and from 2013 in KZN and Gauteng targeting hard to reach areas. Support will be provided to SAG to address structural, environmental, and individual barriers to social and behavioral change, and to facilitate access to health services and address gender equity. IOM will advocate for policy/ legal frameworks responding to migrants' rights to access health services, protection, and access to basic services. IOM will support the target provincial governments to regularize undocumented migrants and strengthen coordination mechanisms on migration issues. IOM will strengthen the capacity of service providers and CBOs to facilitate migrants' access to health services, support health management teams to incorporate migration health issues into district health plans; and support development and implementation of migration sensitive workplace policies and programs in key migration sectors. Change agents will be trained to facilitate the development and dissemination of local messages which are culturally sensitive and use appropriate languages yet based on scientific facts. IOM will support CBOs to distribute male and female condoms with relevant HIV prevention messages in target commercial farms, informal settlements, hostels and migration centers. Billboards, posters, and pamphlets will be used as additional communication channels with migrants and mobile populations. Messages will highlight HIV risks and vulnerability in migrant settings addressing multiple sexual partnerships, transactional sex, norms on masculinity, and gender based violence. Training and capacity building

programs will be aligned with relevant national qualification framework and other services such TB, PMTCT and HCT will be linked and integrated.

Implementing Mechanism Details

Mechanism ID: 9613	**Mechanism Name: McCord Hospital**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: McCord Hospital	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

Zoe-Life		

Overview Narrative

McCord Hospital provides comprehensive integrated outpatient HIV/AIDS and TB prevention, care and treatment. The intervention has managed to keep the MTCT rates as low as less than 3%. Since 2004, 16,000 patients have been provided with care while 8000 have been put on treatment. a cohort of 4500 patient including 800 pediatrics remain in treatment. In the last year, McCord has provided MMC to about 6000 men as an intervention to prevent HIV.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9613		
Mechanism Name:	McCord Hospital		
Prime Partner Name:	McCord Hospital		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	0	0
Narrative:			
Mccord has about 800 pediatrics in treatment. This includes teenagers. care will be provided to all children above one year who are not yet elligible for treatment.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	0	0
Narrative:			
Since the inception of MMC in 2011, 3000 men were circumcised. Mccord will continue to increase volumes of men aged 14 and above for MMC. The men are counseled and tested for HIV prior to MMC and those who test positive are referred for care and treatment.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	0	0

Narrative:			
A cohort of 4500 patients including 800 pediatrics will be transitioned to government and other facilities. McCord will limit new enrollment to treatment to only hospitalized patients. McCord will continue to see only complicated cases and adverse events.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	PDTX	0	0
Narrative:			
South Africa has a general challenge of pediatrics care and treatment. Even with NIMART training, most facilities still have a challenge of initiating children on treatment. During this period, McCord will continue to initiate and retain children on treatment. this will be coupled with mentorship and support to the nearby health facilities to enable them to initiate and retain children on treatment.			

Implementing Mechanism Details

Mechanism ID: 9816	**Mechanism Name: PATH AIDSTAR**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,000,000	
Funding Source	**Funding Amount**
GHP-State	3,000,000

Sub Partner Name(s)

Health and Development Africa	International HIV/AIDS Alliance	

Overview Narrative

The goal of the project is to improve the care, support, and protection of OVC through increased knowledge, abilities, and wellbeing of those responsible for the care and protection of OVC at the household and community

level across all of South Africa by addressing the often unmet psychosocial and skills development needs of 500 caregivers annually. The project comprises a comprehensive response to the psychosocial needs of caregivers, incorporating skills to leverage effective responses to child protection violations.
This is in line with the USG-SAG Partnership Framework stated in Goal 2: "Increase life expectancy and improve the quality of life for people living with and affected by HIV and TB"; and objective 2.3 states "Mitigate the impact if HIV and AIDS and TB on individuals and communities" which includes the activity c) Strengthen the provision of psychosocial support by SAG. The USG's role is to strengthen the capacity of SAG and civil society to do this.
The project is focused on sustainable capacity building by developing three curricula which have been accredited by the Health and Welfare Sector Educational Training Authority. This ensures that participants get credits for the training, thus improving their qualifications and potential career growth. The project is becoming cost efficient as Provinces are now contributing to the training. To facilitate this process, the project developed a user-friendly budgeting tool for districts and provinces to estimate appropriate funding requirements.
The project is monitored by using pre- and post-test results of the trainees and overall program reviews are held semi-annually with all stakeholders.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	170,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9816**		
Mechanism Name:	**PATH AIDSTAR**		
Prime Partner Name:	**Program for Appropriate Technology in Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HKID	3,000,000	0

Narrative:

PATH is the prime partner in a consortium called "Thogomelo" (Venda for "caring" or "taking care"). Thogomelo includes Health Development Africa (HDA) which provides leadership in developing and applying guidelines and training materials to support OVC in South Africa and liaising with SAG. The International HIV/AIDS Alliance provides capacity building and monitoring and evaluation. The project works closely with the Department of Social Development and stays aligned with national goals and objectives.

The project has developed three curricula to address the needs of community caregivers. 1) Psychosocial Skills and Child Protection Skills Development; 2) Child Protection Skills Development Program 3) Psychosocial Skills of Supervisors. The project has successfully met the target of training 500 care givers but also pursued accreditation of the curricula and materials by the Health and Welfare Sector Education Training Authority (HWSETA) to sustain training after the project is completed. These materials are being introduced in a cascading skills training program for caregivers throughout South Africa. In addition to the learner and facilitator guides, the curricula are supported by a range of materials including a child protection guidebook, a CD-ROM outlining child protection policy, a psychosocial support diary, a guide for community caregivers on psychosocial wellbeing; a consolidated report of the Rapid Assessment Phase of the project; case studies for good practice on the design of an accredited curriculum in psychosocial support for community care givers and development of training service provider capacity. Further emphasis will be placed on documenting and disseminating evidence of best practices. Thogomelo will focus on capacity building during the remainder of the project. Capacity building activities are planned for the 12 training service providers to ensure they have qualified Assessors, Facilitators and Moderators to effectively conduct the certified training. In addition the project will continue to work with the National Department of Social Development to institutionalize the training and with the provinces and districts to provide guidance on effective budgeting of activities.

Implementing Mechanism Details

Mechanism ID: 9821	**Mechanism Name: CAPRISA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	

G2G: No	Managing Agency:

Total Funding: 700,000	
Funding Source	**Funding Amount**
GHP-State	700,000

Sub Partner Name(s)

ZIMNANDI ZONKE		

Overview Narrative

The PEPFAR-funded CAPRISA AIDS Treatment (CAT) Program started in 2004 with two innovative approaches; integration of AIDS care with TB treatment at an urban TB clinic in eThekwini and a nurse-driven AIDS care service in a rural community in Vulindlela. Specific objectives include; expanding access to HIV counselling, care and treatment activities by supporting the South African Government health services in the Vulindlela sub-district and in facilities in eThekwini, strengthening the programme of pre-ART care in the facilities we support, maintaining survival or AIDS free events in 85% of the enrolled population for up to 12 months of follow-up in facilities we support, supporting counseling and testing activities, specifically for TB-HIV co-infected patients, adolescents and young women in Vulindlela, expanding MMC and other HIV prevention interventions in an effort to prevent new infections and halt the further spread of HIV, expanding TB HIV integration services, and TB prevention services in the facilities we support, which includes implementing quality improvement strategies in facilities managing drug sensitive and drug resistant tuberculosis, conducting operational research via our PHE award on improving our understanding of recurrent tuberculosis on populations on ART, and improving access to sexual reproductive health services among adolescent girls by facilitating specific counseling among these populations on: know your HIV status, delaying sexual debut, self- reporting of STI's and facilitating referral for contraceptive services. CAPRISA will also conduct research and improve quality of services as they relate to systems strengthening in the response to TB and HIV.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9821**		
Mechanism Name:	**CAPRISA**		
Prime Partner Name:	**University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0

Narrative:

The CAT program will support SAG facilities in prolonging and optimizing quality of life of HIV-infected adults and their families. -Integration of TB-HIV services- CAPRISA has gained years of experience and clinical expertise in TB-HIV co-infection and patient management. The NIMART Mentoring program will serve as the conduit through which this expertise is transmitted to PHC nurses. - Nutrition assessment will be implemented to identify vulnerable patients eg. poor nutritional status, children, pregnant women and TB co-infected. Those identified will be followed up with specific nutrition counseling and support - Provision of peer support groups and psychosocial support will be maintained within CAPRISA's current ART –related activities - All HCT patients accessing health services, will have a TB symptom screen. Patients positive for HIV or TB will be rapidly linked to treatment and care services - Field DOT program – This community project conducts door to door visits and CCGs offer support and treatment supervision to patients hence reducing patient load and decreasing costs to the patients for accessing care and increasing Treatment adherence -Patient retention and referrals-CAPRISA has well established linkages with DoH facilities to make referrals. The CAPRISA program has a retention rate of >90%. Development of tools, standards for retention and monitoring and evaluation of patient outcomes have served to improve and inform retention strategies. The mentoring program will include training on lessons learned from the CAPRISA Cohort Retention team. Pre-ART registers will be implemented to reduce pre-ART losses to follow-up, morbidity and mortality. -Monitoring and Evaluation- assist the SAG facilities that we support, CAPRISA staff will provide mentorship for analysis of program data , data audits, on site supervision of M&E officers and building technical skills (e.g. computer skills, data capturing skills).-The PWP strategy is ongoing with targeted efforts aimed at reducing transmission of HIV from PLWHA through counseling, education, motivation and monitoring of critical aspects

patient high risk behaviour, clinical care and treatment adherence.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0

Narrative:

The CAPRISA program will provide technical assistance to support the expansion, decentralization and integration of TB and HIV services. - Symptomatic TB screening for contacts of TB patients in health services and linkage to care will be strengthened. TB HIV co-infected patients(including MDR/XDR) who default clinic appointments will be traced after missed visits- Advocacy Communication and Social Mobilisation- Expand current advocacy and social mobilisation activities with respect to increasing awareness of TB, STI's and HIV, aimed at changing and encouraging health seeking behaviour with respect to reducing risk to these diseases among those unaffected and increasing access to diagnosis, care and support for those affected by these diseases
- All pregnant women and children accessing health facilities will have access to HCT and TB screening. Patients that screen positive for TB or HIV will be linked to care and treatment services. Services PLWA not yet eligible for ART include short PMTCT, IPT and cotrimoxazole. - Processes ensuring uninterrupted supply of drugs using iDART technology, will be expanded. This includes ordering procedures, manual stock card management systems with routine inventory checks aimed at effective drug supply chain management to the patients under our care.- Expand coverage of HIV testing in TB patients, and TB screening in HIV infected patients
-Implement a program of treatment literacy and adherence support for TB therapy and ART -Provide technical support and training for expansion of for Nurse initiated management of integrated TB and HIV care-Implement a TB preventive strategy in HIV infected patients by incorporating the 5 principles of TB infection control, IPT rollout in HCW's and HIV infected patients, intensified case finding and contact tracing, integration of HIV and TB services, and early initiation of treatment in HIV TB co-infected patients.-Offer technical capacity to strengthen systems with respect to monitoring and evaluation activities: Ensure high quality data on national registers, and conducting data audits aimed at improving quality of routine patient data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

CAPRISA will support systems strengthening specifically in response to TB and HIV by conducting specific research in aimed at improving our understanding of TB HIV co-infections in order to tailor health and wellness interventions appropriately, improving quality of services offered by ensuring that patients are screened for TB and HIV, receive results promptly and that all patients diagnosed with TB and HIV receive the appropriate care and follow-up, providing training and mentorship to PHC facilities in the geographic area we support to ensure that the community based facilities are capacitated to provide comprehensive package of services for TB and

HIV,strengthening patient tracking systems and supporting Monitoring and Evaluation systems by direct supervision and data audit systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	400,000	0

Narrative:

The CIRC program will prioritise young male learners between 15-20 years to increase access of MC within a context of comprehensive HIV risk reduction and sexual reproductive health services. Increasing coverage of MC in this group will have a substantially higher impact on reducing HIV infection rates in the Vulindlela community through additionally impacting HIV infection rates in young women. A range of activities that will provide safe high quality MC service with a client support system includes: 1. A multi-pronged approach to community outreach that is not limited to:
o Distribution of materials i.e. pamphlets o Meetings with relevant groups i.e. school learners, school leadership, parents, adolescents, men from the communityo Providing information about HIV/AIDS and the role of MC in reducing this risk and where MC services can be accessed. 2. A clinic with multiple surgical bays geared to provide 10 MCs per day and 60 MC's per Saturday as part of a comprehensive HIV prevention package i.e: o MC education and counselling on risk reduction and safer sex with provision of condoms o HCT and appropriate referral if required o Provision and promotion of male and female condoms o Comprehensive medical examination including STI screening and syndromic treatment and TB screening
o Efficient patient schedulin o The use of electrocautery and the forceps guided method o Follow-up post surgery with 24hour emergency support o Post-operative review at 2days, 7 days and 21 days with a non-compulsory visit between 1-6 months post surgery. HIV test will be offered and HIV risk assessed. o Adverse events will be noted and post-surgical recovery will be assessed. 3. Expansion and accessibility of services is facilitated through providing HCT, screening and conducting reviews at the schools and local PHC clinics. 4. Monitoring and evaluation through rigorous record keeping with quality assurance being monitored by a Specialist Surgeon/Urologist.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	300,000	0

Narrative:

The CAPRISA program will implement a School-based initiative of Sexual Reproductive Health (SRH) services in Vulindlela. There are 42 secondary schools in the district with 6 high schools that have an estimated enrolment of 1970 adloscent girls who will be targeted to pilot this project. The girls are aged between 12 and 22 years old. CAPRISA monitors, as part of ongoing epidemiological studies, the temporal trends in HIV infection in the Vulindlela sub-district and this research has consistently shown a very high HIV prevalence in the district with young women being most at risk for HIV infection. Description of the intervention: The following activities are

therefore planned for this project: A mobile unit will be placed at some of the schools to provide a comprehensive Sexual Reproductive Health (SRH) service to the learners. The services offered will include:• STI screening and syndromic management thereof;
• Voluntary HIV testing with pre- and post-test counselling;• Fertility control counselling and service provision;
• Pregnancy testing and referrals where required;• Provision of male and female condoms;• Linkage to care for those who may test HIV positive;How activities are linked to other services: The provision of SRH is a part of other HIV prevention and health services offered at the CAPRISA Vulindlela Clinic that includes:• Medical Male Circumcision• Support services for HIV infected individuals and their families• Infant, Adolescent and Adult treatment, support and care

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

The CAT program will implement a range of activities to strengthen the availability of treatment for adult HIV infected patients at PHC facilities.This includes 1. A structured mentorship program - where nurses at PHC's will be offered hands on training on Nurse Initiated Management of ART (NIMART), management of HIV associated complications and implementation of guidelines for chronic care management and treatment of HIV, Guidelines on TB management, and guidelines on TB prevention, among others.2. CAPRISA staff will provide on - site supervision and training on optimizing clinical processes, clinic flow, and integration of HIV into existing health services. This will facilitate continued expansion of services. 3. Targeted activity toward strengthening systems specifically with respect to and monitoring and evaluation activities; implementation of the Tiered M and E system, and data audits aimed improving quality of routinely recorded and reported performance measurement data.4. Tracking of performance measurement data over time, to identify program weaknesses. This information will be used to improve quality and efficiency of service delivery at the SAG facilities where we work.5. CAPRISA has developed both excellent tools to enhance patient adherence to treatment, and tracking patients' retention in our programs. These skills and tools will be transferred to sites we support to strengthen existing tracking systems. 6. To expand coverage of HIV services, including the provision of ART, cotrimoxazole prophylaxis, and TB screening to adolescents and young women in rural communities and TB HIV integration services, including ART and cotrimoxazole, to TB HIV co-infected patients.7. To provide health systems strengthening including human resources and ART services including laboratory monitoring where not available, to support the provison of ART to patients.

Implementing Mechanism Details

Mechanism ID: 9832	**Mechanism Name: AIHA**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services	Procurement Type: Cooperative Agreement

Administration	
Prime Partner Name: American International Health Alliance Twinning Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 875,000	
Funding Source	**Funding Amount**
GHP-State	875,000

Sub Partner Name(s)

Emory University	University of Colorado	University of Pretoria, South Africa
University of the Witswatersrand	Walter Sisulu University	

Overview Narrative

The Twinning Center is a PEPFAR-supported American International Health Alliance (AIHA) program that effectively and rapidly supports local capacity to train needed Human Resources for Health (HRH) and strengthens health related institutional systems. The Twinning Center will support the development of various health professions education programs, including Clinical Associates, a new cadre of mid-level health workers to provide HIV and AIDS prevention, care and treatment as well as other public health services, particularly in rural areas. This program will contribute to the objectives of the USG-SAG Partnership Framework. The program will provide a needed infusion of HRH, facilitating deployment of HRH needed to support PHC re-engineering. Geographic coverage is national as Clinical Associates and other supported cadres will be trained and deployed throughout the country, and target populations include rural populations and HIV-positive people and their families. Resources will be targeted to programs with greatest need, and US partners will donate significant in-kind contributions. The program will strengthen programs at South African universities which are fully supported with local funds, and staff posts will be created at DOH so graduates have places to work in facilities throughout the country, ensuring local ownership. The program will support M&E efforts at all universities to document the quality of training and the impact of graduates on the South African health system.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	875,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9832		
Mechanism Name:	AIHA		
Prime Partner Name:	American International Health Alliance Twinning Center		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	875,000	0

Narrative:

In FY12 the Twinning Center will develop the capacity of South African universities to train Clinical Associates and other cadres, contributing to the overall PEPFAR goal of deploying 140,000 additional healthcare workers into the field (±13,000 in South Africa), and addressing the shortage of 83,043 health workers as identified in the NDoH Human Resource Strategy for the Health Sector. The program will continue twinning partnerships linking the three universities currently training Clinical Associates (UP, Wits and WSU) with US universities training physician assistants (Arcadia, Emory and Colorado). The partnerships will focus on improving the quality of the programs through curriculum development, faculty development, quality improvement, etc. while scaling up student enrollment where possible. The Twinning Center will establish additional twinning partnerships linking South African universities launching new Clinical Associates programs (Stellenbosch, UFS and UKZN are considering starting the program) with selected US universities training physician assistants. Adding new programs will increase the student pipeline. The twinning partnerships will leverage significant in-kind contributions of professional time and other resources from US partners.

The Twinning Center will continue to support the Clinical Associates Forum of all participating South African

universities to collaborate on cross-cutting issues that affect the establishment and sustainability of the profession. The Forum will address needs related to professional association building, advocacy, career pathing, student assessment, volunteer preceptors, data collection and coordinated research. The Forum will provide the South African universities with the opportunity to meet and discuss best practices and lessons learned, and coordinate strategies for the future of the programs and the profession. The Twinning Center will support national mechanisms to address issues crucial to the success of the Clinical Associates profession, including establishment of public health posts for graduates; administrative, financial and human resource management for the new profession; and proper orientation and introduction of graduates to management and healthcare teams in district hospitals. The Twinning Center will facilitate regular national coordinating meetings for DOH, participating universities, and other stakeholders to address these and other issues in support of the introduction of this new cadre of health worker in South Africa.

The Twinning Center will provide direct technical assistance to the Clinical Associate program. Through its Volunteer Healthcare Corps (VHC) mechanism, US experts will be deployed on mid-to-long term field assignments to conduct courses/training for Clinical Associates and provide mentoring to local staff to increase their capacity to teach and support the program. The Twinning Center will direct efforts to increase access to online and offline information resources (including clinical practice guidelines) for faculty and students, and provide training to ensure that students improve information literacy and IT skills and utilize the available evidence to inform their studies and practice. Twinning partnerships, VHC experts, and information resources support may be implemented in support of initiatives for other cadres of health workers, such as pharmacists, pharmacy assistants and pharmacy technicians.

Implementing Mechanism Details

Mechanism ID: 9866	**Mechanism Name: NIAID/NIH Project Phidisa**
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Cooperative Agreement
Prime Partner Name: South Africa National Defense Force, Military Health Service	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,163,145	
Funding Source	**Funding Amount**
GHP-State	2,163,145

Sub Partner Name(s)

Henry M. Jackson Foundation Medical Research International, Inc.	Scientific Application International Corporation	

Overview Narrative

This activity will support the continuation of ART for approximately 2744 South African National Defense Force (SANDF) personnel and family members (as of June 2011) that were previously receiving ARVs via a collaborative clinical trial with the SANDF, HHS/NIH/NIAID, and US DoD. By the end of FY12 we anticipate that the number of HIV+ patients who will be on ART will exceed 2,900 patients as they are identified from a natural history cohort. This PEPFAR funding will ensure continued ARV therapy for these individuals as they are transitioned from the clinical trial to HIV treatment and care still provided through Phidisa clinics and service delivery personnel. This is a very high priority for the SANDF and the South African Military Health Service (SAMHS) and all ART will be prescribed and managed (which will include lab testing and patient monitoring) according to SAG national guidelines. Patient monitoring will be done by dedicated personnel at Phidisa clinics. The labs monitoring tests done in accordance with guidelines will performed at the clinical sites in the same manner for the currently enrolled Phidisa patients. This is done through the current mechanism set by NIAID. PEPFAR funds allocated under this activity will be used by NIAID to procure and distribute ARV drugs to the 6 existing SAMHS clinical sites and for lab monitoring tests to continue coverage for these patients.

Background: Project Phidisa initiated Protocol II, a randomized clinical trial, was started in January 2004 at the request of the SANDF, with the support of the US Ambassador to South Africa, and the US DoD. It is the aim of this PEPFAR activity to maintain continuity of the ARV drug supply chain, which has been well integrated with the military clinical sites.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	2,163,145

TBD Details

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID:	**9866**
Mechanism Name:	**NIAID/NIH Project Phidisa**
Prime Partner Name:	**South Africa National Defense Force, Military Health Service**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	0	0

Narrative:

Activities will be focused on procurement, accountability and storage measures. These drugs include: Lopinavir/Ritonavir, Saquinavir, Truvada, Emtricitabine/tenofovir/efavirenz , Atazanavir, and other ART drugs needed to continue therapy for these patients. Phidisa Pharmacist is to be accountable and responsible for acquiring, storing, dispensing and monitoring of Project Phidisa antiretrovirals (ARVs). Since the Project Phidisa began patient enrollment in 2003, there are a number of patients who had failed first line or second line antiretroviral therapy. In these cases, patients have been put on salvage ARVs that are currently not available in the SAMHS procurement supply chain management system. The US NIH-NIAID through an existing contract mechanism will assist with the procurement of these drugs. Since the NIAID contractor has been used in the ARV procurement since the beginning of Project PHIDISA, a fully-functional, effective, existing infrastructure and logistics strategy has already been in place.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,163,145	0

Narrative:

The activiites will include clinicians and other personnel, training of personnel, clinical monitoring, related laboratory services, and treatment and patient adherence activities.Training activities will include intermittent in-service training, mentorship to address clinical care and delivery of the HIV infected patients. Personnel will be dedicated to support treatment and monitoring of these patients. All Phidisa sites will continue efforts to improve efficiencies to allow for continued expansion of services and improved delivery of care and treatment. Efforts to retain patients iniated on antiretrovirals (ARV) and adherence modalities that is currently performed will continue at the Phidisa sites. Outcomes of these activities will be monitored periodically to include incorporating

suggested performance improvement strategies.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	PDTX	0	0
Narrative:			
The primary activities and strategies will be aimed at building the capacity of health care providers and facilities to treat children that are being treated at Phidisa sites. This includes training clinicians and other providers, clinical and laboratory monitoring of children on treatment. There are a limited number of pediatric patients as most are treated at SAMHS rollout sites. As these rollout sites expand, activiites will be made to faciliate transitioning of these patients.			

Implementing Mechanism Details

Mechanism ID: 11498	**Mechanism Name: U.S. Peace Corps**
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 425,000	
Funding Source	**Funding Amount**
GHP-State	425,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps South Africa PEPFAR program is a hybrid program consisting of two-year PEPFAR funded Volunteers and Response Volunteers working to support the HIV strategic goals of the South African Government through the placement of Volunteers at different organizations; and provide technical training and funding through Volunteer Activity Support and Training (VAST) to support community driven HIV/AIDS activities. Peace Corps in collaboration with Civil Society Organizations and Government Departments will strengthen and support the capacity of communities to meet the community and development needs of vulnerable groups including those

infected and affected by HIV/AIDS. Peace Corps have 182 Volunteers, including Peace Corps Response Volunteers working in the following provinces: Eastern Cape, Free State, Limpopo, Mpumalanga, Northern Cape, North West, Kwa Zulu- Natal, and Western Cape. These Volunteers are working under two programs, The Community HIV/AIDS Outreach (HIV/Health) and Schools and Community Resources (Education) projects. Currently, thirteen two-year Volunteers are funded under PEPFAR. Peace Corps focuses primarily at the grass-root level responding to needs of the community. In FY 12, Peace Corps plans to fund more two-year Volunteers and Peace Corps Response Volunteers with whom Volunteers will work in schools, local Non-Government Organizations and other South African government agencies to strengthen HIV/AIDS programs.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Child Survival Activities

Budget Code Information

Mechanism ID:	**11498**		
Mechanism Name:	**U.S. Peace Corps**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	52,200	0
Narrative:			

Peace Corps Volunteers work in civil society organizations focusing on home based care activities aiming to address stigma and discrimination against those with HIV and AIDS. PEPFAR funds are used to train Volunteers and their Counterparts in organizational capacity building which helps in strengthening of organizational and human capacity. Volunteers provide caregivers with support that enables them to meet the physical and psycho-social needs of those living with HIV/AIDS. Employees of the civil organization together with the HBC Volunteers are also empowered by Peace Corps Volunteers on addressing discrimination and gender-based violence. Peace Corps Volunteers are primarily based in rural areas of the provinces that PC in operating in Eastern Cape, Limpopo, North West, Northern Cape, KwaZulu-Natal, Mpumalanga, and Western Cape. Peace Corps Response Volunteers serve in most of the Provinces where there are two-year Volunteers. Funds requested in FY12 will cover the costs of training PCVs and their counterparts through VAST funding, capacitating the Civil Society Organizations, People Living with HIV/AIDS and Home Based caregivers. Peace Corps will also conduct In-service training on developing economic and household strengthening activities appropriate for child headed households and adults. Appropriate prevention messages will be communicated to individuals, groups and to the community as a whole. Peace Corps is assisting communities by developing skills in permagarden as a means of providing food assistance and income generating projects for people infected and affected by HIV/AIDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	172,800	0

Narrative:

FY12 funds will be used to train Volunteers and Counterparts to strengthen community structures to be able to respond to children and families in need by providing knowledge needed to meet the physical, psycho-social and financial needs of the OVC and caregivers. Peace Corps will also use the funds to train Volunteers and counterparts working within NGO and schools on organizational development, covering areas such as strategic management, leadership, fund development strategies and monitoring and evaluation. Peace Corps Volunteers will work with their community counterparts to implement the life skills education through after school clubs and peer education groups that focus on OVC between the ages of 15-18 years, these are boys and girls. Volunteers and Counterparts will gain knowledge and skills to be better prepared to identify resources such as child protection agencies, health referral centers, educational facilities that addresses children in need. As a result of the Organizational Development training, Volunteers have been able to improve government and management of civil society and schools.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	100,000	0

Narrative:

Peace Corps will target Volunteers and Counterparts working with OVC between the ages of 0-14years for training on Life skills education. Peace Corps will administer Volunteer Activities Support and Training (VAST) grants to

Volunteers and Counterparts to develop projects that seek to educate children on HIV/AIDS appropriate messages, child protection rights and advocacy training in communities. Projects may be after school clubs and peer education groups. PEPFAR funds will train Volunteers and Counterparts in interactive and experiential training methods and the use of appropriate AB messages for children at school.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

Narrative:

Peace Corps will target Volunteers and Counterparts working with youth between the ages of 15-18 years on appropriate prevention messages, reduction of concurrent partners, and through promotion of counseling and testing services. Peace Corps will administer VAST funding to Volunteers and counterparts to develop sound and appropriate HIV related community projects base upon the needs of specific target population. Violence against women, including sexual violence, is widespread in South Africa. Peace Corps Volunteers hope to address the inequalities through the VAST funding that are granted to Volunteers to address life skills programs for boys and girls through educational camps, girl's leadership programs and life skills programs at schools. Peace Corps Volunteers also work with rural women to empower them on economic strengthening programs.

Implementing Mechanism Details

Mechanism ID: 11500	**Mechanism Name: Community Grants**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Cooperative Agreement
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,490,000	
Funding Source	**Funding Amount**
GHP-State	1,490,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

"Community Grants assist grassroots, community-run projects throughout South Africa. It aims to strengthen health service delivery in communities affected by HIV and AIDS who provide OVC and HBC support with an emphasis on economic strengthening activities such as income generation and organizational capacity building. Coordinators strive to link predominantly rural community and faith-based organizations with larger PEPFAR partners and SAG departments to build capacity and ensure project sustainability.

Only projects that are working with local SAG departments (DOE, DSD and DOH) are accepted for funding. Organizations providing HBC services and community awareness activities must partner with local clinics with respect to messages, information and programs supported. In addition, the NSP calls for a greater focus on TB and many of the grant partners are being equipped with training in TB treatment in FY11.

Community Grants continues implement cost efficient mechanisms. Grouping visits to potential recipients, combining workshops and evaluating staffing needs are examples of cost saving measures.

Grants must conform to the PEPFAR Community Grants Guidelines. Coordinators vet the potential recipients by phone and a site visit. Projects are reviewed by Community Grants Mission Coordinator, Grants Officer, local review committee at the Consulate and Embassy, a technical Mission Health Committee and the Ambassador. Once awarded recipients receive training on implementation, expenditure documentation and documentation of beneficiaries based on PEPFAR's indicators. This training is aimed at increasing their accountability and equipping them to be stronger SAG partners to enable a transition from direct USG funding support to a NGO-SAG relationship.

"

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11500**		
Mechanism Name:	**Community Grants**		
Prime Partner Name:	**U.S. Department of State**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	345,000	

Narrative:

Coordinators select projects that work to reduce vulnerability of people affected by HIV through timely treatment interventions, support groups, prevention campaigns and which adopt a multi-sectoral approach that includes partners across SA government departments, NGOs and other resources. Most of the projects being supported by Community Grants are home based care programs although there are some clinic projects that are receiving funding. Caregivers at projects provide care to terminally ill HIV+ patients throughout South Africa. They are usually work with their local clinics, sharing patient information, making referrals and training family members in home based care. All ages and gender receive care. Visits generally take place two to three times a week to ensure that patients adhere to treatment.

During visits, caregivers may help patient(s) or his/her family with cleaning the house, cooking a nutritious meal, bathing or providing transportation to the clinic. Door-to-door campaigns are regularly conducted to identify new beneficiaries. Caregivers frequently assist children in obtaining foster grants, identification cards and birth certificates. Compensation ranges for caregivers from volunteers to R700 per month for organizations supported by the Department of Health. Community Grant funds cannot be used for compensation of caregivers. These organizations must provide clinical care, plus one or more of the following psychological care, spiritual support, social assistance and/or preventative care. Programs must conform to the PEPFAR Community Grants Guidelines. Programs report beneficiaries based on PEPFAR's indicators.

Projects are required to report not only on the number of patients served but on the successes and achievements which reflect the quality of care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,145,000	

Narrative:

"Community Grants works with NGOs in rural or peri-urban communities. Community drop-in centers that offer a safe place for children (under 18) to play. Target groups are orphaned and vulnerable children. Caregivers working in these after-school programs usually assist children with homework; orchestrate sport, dance and drama groups; bathe children when necessary; wash clothes; offer daily nutritious meals; and provide emotional/spiritual support. Caregivers frequently assist children in obtaining foster grants, identification cards and birth certificates. They work closely with local educators to monitor school progress and identify children who may be struggling due

to complications at home. Many of the organisations work closely with the local schools and educators to identify children at risk and will often make continued home visits to these identified children in order to strengthen their coping strategies at home, identify and report abuse and work with the family to absorb an orphaned or vulnerable child more smoothly into their family unit. *Compensation ranges for caregivers from volunteers to R700 per month for organizations supported by the Department of Social Development. The average drop-in center serves 75-150 children per day. These organizations must provide one or more of the following services: food and/or food parcels, shelter intervention, child protection, general healthcare, HIV prevention, psychological care or referral, general education, vocational training, economic strengthening, prevention and referral of children with HIV+ status to clinics for antiretroviral treatments.* *The small community based organizations that are supported by Community Grants are being linked with PEPFAR district partners where possible for mentoring and resource sharing. This strategy is aimed at improving opportunities for sustainability and reducing duplication of services although is not possible across the spectrum of community grants.* *"*

Implementing Mechanism Details

Mechanism ID: 12509	**Mechanism Name: WAMTechnology**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: WamTechnology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 900,000	
Funding Source	**Funding Amount**
GHP-State	900,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

During FY 2012/13, WAMTech will continue to support the South African Department of Health (DoH) at all levels, i.e. national, provincial, district, sub-district and facility levels with software development, maintenance, project management, equipment acquisition/configuration, end-user support, training and implementation assistance for the national TB and DR-TB surveillance tools, i.e. ETR.Net and EDRWeb. In addition to ongoing software maintenance and improvements, it is expected that the major software development activities during this period will revolve around integration of ETR.Net and EDRWeb with other relevant, authorized software systems used by NDoH.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12509**		
Mechanism Name:	**WAMTechnology**		
Prime Partner Name:	**WamTechnology**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	900,000	0
Narrative:			
During FY 2012 and beyond, WAMTech will continue to support the South African Department of Health (DoH) at all levels, i.e. national, provincial, district, sub-district and facility levels with software development, maintenance, project management, equipment acquisition/configuration, end-user support, training and implementation assistance for the national TB and DR-TB surveillance tools, i.e. ETR.Net and EDRWeb. Currently ETR.Net has			

±450 users, while EDRWeb has ±100 users.

It is expected that by 2014 the user base for EDRWeb would have grown to ±250, owing to NDoH's move towards decentralization of DR-TB management. For this reason, end-user support and training activities will probably need to be intensified.

During implementation, it might be required from WAMTech to provide new equipment or upgrade existing equipment in order to facilitate the implementation process and the smooth running of the systems.

In addition to WAMTech's normal services (listed above), we will guide and train NDoH personnel in preparation for the transitioning of certain functions performed by WAMTech to the NDOH. In doing so, we hope to further the transfer of ownership of the software systems to NDoH and to ensure their long term sustainability. The activities which will be targeted are:

(i) system requirements definition,
(ii) software compliance testing,
(iii) maintenance of the national databases,
(iv) end-user support,
(v) end-user training and sponsorship of equipment and
(vi) other direct expenses (e.g. travel) related to the project.

Transitioning of the ownership of the system to NDOH will ensure country ownership and sustainability as it will be done in a manner so as to build the capacity of the NDOH.

Implementing Mechanism Details

Mechanism ID: 12510	**Mechanism Name: South Africa Partners**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: South Africa Partners	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,400,000	
Funding Source	**Funding Amount**
GHP-State	1,400,000

Sub Partner Name(s)

Health Information Systems Programme	Ibhayi Living Centre	JRI Health Center for Traning and Professional Development
Masibambane	University of Fort Hare Psychological Services Centre	Zoe-Life

Overview Narrative

SA Partners (SAP) has a dual role in Integrated Access to Care and Treatment-(I ACT) Program: 1) Expansion of I ACT in Eastern Cape (EC) working with ECDOH on implementation in 7 districts; 2) Provision of a technical advisor for expansion of I ACT nationally. SAP coordinates with NDOH quarterly National Working Group, Task Team and Annual Stakeholder meetings. They provide training of partners and DOH to apply IACT. Goal of I ACT is to promote early recruitment of PLHIV into care & support programs, reducing loss to follow-up rate from time of diagnosis until commencing ART. SAP objectives include to increase early identification and referral of PLHIV into Care and support services; Increase retention of PLHIV in Care & support services; Empower PLHIV to advocate and manage their healthcare needs; Strengthen active engagement of PLHIV, families, healthcare providers & communities in the continuum of Care & Support and Prevention with Positives. I ACT supports Goal 2 of the partnership framework in support of SA's National HIV/AIDS and TB response. I ACT supports PHC re-engineering by Group Facilitator training through an in-service program for clinic staff collaborating with ECRTC; I ACT groups include content on the identifying of chronic illness and opportunistic infections, e.g. TB. I ACT is implemented in EC districts and nationally in collaboration with other Partners; target population is adult diagnosed PLHIV. I ACT's strategy to be more cost efficient is to include I ACT into ECDOH strategic plan. I ACT will transition to SAG, through National discussions to include I ACT in NDOH policy and implementation plans. Transition to a local organization will ensure sustainability of the program. One Vehicle request: $15,000 for EC staff travel.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	180,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12510		
Mechanism Name:	South Africa Partners		
Prime Partner Name:	South Africa Partners		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,200,000	0

Narrative:

I ACT group is a psycho-social support activity for PLHIV and their families in the community and health facility. Type of Care and Support given is an interactive group activity facilitated over 6 weeks that follows a set curriculum aiming to empower participants to manage their care. Target audiences include all who test, focusing on persons 15 years and above. The program is health facility and community based and is implemented nationally and specifically by SA Partners within all districts of Eastern Cape. Collaboration with DOH, partner NGOs and PEPFAR funded partners is essential for success. Participants are referred by health facilities and partners who do HCT. The aim is to place I ACT group activities firmly in Provincial and National Strategic Plans and policy. Mapping of program and HIV care, treatment and prevention sites in districts is done as part of implementation process ensuring referral between program sites is effective. Participants are referred to NGO activities where there are I ACT Groups assisting to retain PLHIV in a support structure that is in the communities. Provision of Training for implementing partners is a big focus of SA Partners role as a national TA organization. Training is also provided in all Provinces. In Eastern Cape there is a Community Based Income Generating Small Grant Program implemented through I ACT program. NGOs are assisted to commence small projects to provide skills development and support to past participants of I ACT Groups. SA Partners has a sub agreement with HISP (Health Information Systems Program) to administer the monitoring and evaluation. A sub agreement with the University of Fort Hare Psychological Services Centre provides aspect of Caring for the Carer by providing a program of self-reflection and debriefing for facilitators of I ACT Groups. Target participants in the program for Eastern Cape for FY2012 = 40 000 scaling up to FY2013 = 60 000. I ACT program supports goal 2 of SAG-USG

Partnership Framework, "increasing life expectancy and improve the quality of life for people living with and affected by HIV and TB.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	200,000	0
Narrative:			
South Africa Partners has an existing partnership with Zoe Life in Kwa Zulu Natal who will be sub-granted to develop paediatric materials for Integrated Access to Care and Treatment (I ACT) programme. These materials will be used to implement the I ACT programme for children and will provide a link and retention of these children to other care and support programmes. Zoe Life is a provincial lead partner in the roll-out of the now Department of Health's I ACT programme in KwaZulu Natal and has exceptional expertise in children and adolescent health programmes.			

Implementing Mechanism Details

Mechanism ID: 12840	**Mechanism Name: Pathfinder**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Pathfinder International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 900,000	
Funding Source	**Funding Amount**
GHP-State	900,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Pathfinder International will 1) improve HCT access; 2) strengthen the capacity of youth-friendly clinics to provide comprehensive HCT services 3) improve access to youth-friendly MTCT services including: prevention of HIV,

prevention of unwanted pregnancies, protection and treatment of positive mother and baby and support and treatment for the mother and baby; 4) expand access to youth friendly sexual and reproductive, STI, TB and HIV/AIDS care and treatment services including treatment of opportunistic infections; and 5) improve the quality of life of young PLHA.. The goal is to reduce HIV rates among youth aged 10-24 years and reduce MTCT.. This includes expanded prevention, treatment and care coverage, as tracked through the national HIV/AIDS indicator surveys. For those infected through MTCT, services will be available at the clinic. These people transitioned to adult clinics at age 25. In order to contribute to the PHC re-engineering, the project will work with school health to address issues such as contraceptive health rights, teenage pregnancy, drugs and alcohol in schools, and HIV and AIDS among learners. The project is being implemented in Amathole District in the Eastern Cape, Uthukela district in KwaZulu Natal, Orange Farm in Gauteng and North West and Mpumalanga provinces. Where NAFCI clinics existed, the project will work with the clinic staff so needs of young people are served using the youth friendly approach. Target group is young people aged 10-24 years. Vehicles - None purchased so far. New request is for 2 vehicles. Total purchased vehicles will be 2. The purpose of the vehicles is for ongoing monitoring and support of the sites in the Eastern Cape and Kwa Zulu Natal. The cost of the vehicle is approximately US$ 38500 each.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12840**		
Mechanism Name:	**Pathfinder**		
Prime Partner Name:	**Pathfinder International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	150,000	0

Narrative:

The target group for this intervention is HIV positive young people between the ages of 10-24 years. The project will be implemented in: Amathole District in the Eastern Cape, Uthukela District in KwaZulu Natal, Orange Farm in Gauteng, Northwest, and Mpumalanga provinces (district and sites still to be allocated by the provincial department of health in Northwest and Mpumalanga provinces). Clients that are HIV positive will be linked immediately with a peer educator whenever possible to provide ongoing support and additional counseling, planning, and support. These clients will also be referred for community resources such as community-based home care which consists of identification of and referral for useful resources within the community, support to the families of the clients, and creating a conducive atmosphere for positive living. Young people beginning ART will be linked to youth support groups for treatment literacy training and will be provided with ongoing support for facilitation of healthy living and positive prevention, identifying a buddy, and disclosing to family, friends, and community members when the person is ready. An important activity in the support groups will be adherence support with young people exchanging experiences and finding solutions together. This activity will be conducted at each of the clinics in small groups and will focus on: difficulties in adapting to the requirements of ART; discussion of and concrete means and methods of coping with side effects of the drugs; discussion on secondary prevention, discordant couples, and reproductive/fertility counseling; the impact of stigma and discrimination and coping strategies; accessing other available services and resources; and optimal nutrition and positive living. For families with a PLWHA, peer educators will provide adherence support, including home visits, follow-up, and linkages to referral centers. Peer educators will be trained on referral systems, knowing when to refer clients, and how to refer appropriately. Peer educators will plan a key role in community sensitization and addressing stigma reduction around HIV and AIDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	100,000	0

Narrative:

This project will be implemented in Amathole District in the Eastern Cape, Uthukela District in KwaZulu Natal, Orange Farm in Gauteng, Northwest province, and Mpumalanga province (districts still to be allocated). All Pathfinder supported sites will screen all young people 10-24 years and refer for TB diagnostics where approrpiate. Those needing INH prophylaxis and/or TB treatment are put on treatment in line with National Guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	100,000	0

Narrative:

This project will be implemented in Amathole District in the Eastern Cape, Uthukela District in KwaZulu Natal,

Orange Farm in Gauteng, Northwest province, and Mpumalanga province (districts still to be allocated). At all Pathfinder supported sites young people 10-24 years that are identified as HIV-infected receive CD4 count, and are provided with treatment where eligible. All eligible young people are either referred or initiated on ART as per National guidelines. Ongoing support is provided through peer educators and/or trained service providers for adherence and retention on ART. Pathfinder peer educators also run support groups for young people who are both +ve and -ve and will adopt the I ACT support group approach as it is being develioped for children. Family planning services are also provided for HIV +ve young people. Additional information, specifcially targeting young people, is provided through community outreach by the peer educators, in 'chill rooms' by nurses and peer educators. There are also IEC materials produced and electronic materials for young people to access online.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

During intake and counseling sessions, counselors will offer HCT to all clinic clients and will provide crucial information on prevention and the importance of being tested for clients and their partners; importance of early diagnosis and initiation of treatment; and safer sex using condoms consistently and correctly; and double method for dual protection against STIs/HIV and pregnancy. Counseling will be conducted with all clients individually and will provide referrals to other health services and care and support services within the facility or at nearby facilities e.g referrals for male circumcision, sexual abuse, adolescent mental health problems substance abuse, etc. Youth testing negative will be offered the option of enrolment in the facility's support group system. These support groups will reinforce the HIV prevention strategies - condoms, reduction in multiple partners, HIV testing, and treatment of other STIs. Emphasis will be on building young people's skills to make appropriate choices around their sexual behavior so that they can protect themselves. They will also be invited to participate in local social mobilization activities planned for the youth within the catchment area. Irrespective of HIV status, all youth will be encouraged to enrol with local community based youth clubs that will serve as a liaison with the facility and will address other issues and goals chosen by the group members in addition to health issues to sustain the groups beyond the health issue component. The project will train peer educators from CBOs within the clinic catchment area to provide information on HIV/AIDS & SRH issues, provide individual and group support to youth who utilize the health care services and do home visits when they are needed. The peer educators will conduct a mapping exercise within surrounding communities to identify the different venues (schools, sports associations, faith-based organizations, etc.) where they will be able to reach young people. For instance, at schools, peer educators will give talks during classes and set up "youth corners" that the students can visit for more information or one-to-one sessions with the peer educators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	300,000	0

Narrative:

This project will be implemented in Amathole District in the Eastern Cape, Uthukela District in KwaZulu Natal, Orange Farm in Gauteng, Northwest province, and Mpumalanga province (districts still to be allocated). HCT and provider initiated counseling and testing will be routinely offered to young pregnant women. Their partners will also be encouraged to test and testing will be offered to couples. Efforts will be made to ensure that the pregnant women is offered PMTCT counseling and testing during her first ANC visit and subsequently if she declines during her first ANC visit. The project aims to increase access to family planning services for young positive women by integrating FP and HIV services and establishing referral systems, including counseling during pregnancy regarding future fertility planning. Service providers will be trained to offer up to date FP counseling and contraceptive services. Pathfinder will also provide treatment of the positive mother and baby through integrated quality ANC/PMTCT including initiation and continuation of treatment for the mother, PCR at six weeks for the HIV exposed infant, identification of HIV infected infants that are eligible for HAART, and initiating therapy according to national guidelines. Various activities will be implemented to reduce the loss to follow up in the PMTCT services, including reinforcement of the counseling process, tracing of mother-baby pairs using peer educators, and initiating support groups. Counseling on exclusive breastfeeding will also be offered to all positive pregnant women. The community will be mobilized through existing networks of peer educators and local NGOs. They will be trained and supported to identify young pregnant women; provide support to young women during pregnancy; promote safer sex; encourage facility delivery; provide information on PMTCT; and promote exclusive breast feeding. In addition, community mobilization campaigns, awareness raising campaigns, community workshops, street events, and health calendar awareness will be conducted to promote HCT and PMTCT. Support groups will also be formed at the sites. Activities for the support groups will include: ART adherence, palliative care, and reduction of stigma and discrimination.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	150,000	0

Narrative:

Pathfinder will conduct Youth Friendly Service Assessments, using practical tools to assess gaps that need to be considered to improve community and facility services for young people. These will inform training content and approaches. Pathfinder will enhance/build the capacity of public sector providers, facility managers, peer educators, and organizations working at the community level around targeted facilities. The project will provide training to service providers and peer educators on technical subject matters that have been identified in the assessment such as HIV and AIDS management, NIMART, integration of services, provision of quality services, mentoring, and facilitation skills. There will also be service provider monthly supervision meetings, including participation of peer educators working in the clinic. These meetings will be conducted to ensure that the youth friendly approach is being practiced, and to exchange experiences and provide mutual support to avoid burnout. Periodic refresher training will also be conducted for the providers and peer educators. For youth that are on

ART, providers will be trained to facilitate monitoring of illness stages through clinical staging, with CD4 counts and through viral load monitoring. Services will include Septrin prophylaxis, diagnosis and treatment of opportunistic infections, diagnosis and treatment of TB, and administration and monitoring of HAART. For youth receiving ARVs, providers will facilitate adherence and monitoring of treatment failure with CD4 counts. To monitor performance, an internal program monitoring system will enable staff and stakeholders to track progress against output indicators and generate progress reports on a quarterly and annual basis. Reports will allow for quick identification and dissemination of lessons learned, even during the life of the project. Data sources used to measure the proposed indicators will include: facility service statistics, training records, and project activity records.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	100,000	0

Narrative:

This project will be implemented in Amathole District in the Eastern Cape, Uthukela District in KwaZulu Natal, Orange Farm in Gauteng, Northwest province, and Mpumalanga province (districts still to be allocated). At all Pathfinder supported sites young people 10-24 years that are identified as HIV-infected receive CD4 count, and are provided with treatment where eligible. All eligible young people are either referred or initiated on ART as per National guidelines. Ongoing support is provided through peer educators and/or trained service providers for adherence and retention on ART. Pathfinder peer educators also run support groups for young people who are both +ve and -ve and will adopt the I ACT support group approach as it is being develioped for children. Family planning services are also provided for HIV +ve young people. Additional information, specifcially targeting young people, is provided through community outreach by the peer educators, in 'chill rooms' by nurses and peer educators. There are also IEC materials produced and electronic materials for young people to access online.

Implementing Mechanism Details

Mechanism ID: 12887	**Mechanism Name: GH11-1152 Comp Prev**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,210,000	
Funding Source	**Funding Amount**
GHP-State	1,210,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

AIDS Foundation of South Africa (AFSA) will work with four community-based organizations (CBOs) in uMgungundlovu District to increase the number of people who know their HIV status and are linked to prevention, care, and treatment services. AFSA will work with four CBOs to implement gender-responsive prevention interventions, provide HIV counseling and testing, promote the prevention of mother-to-child transmission,refer HIV-negative men to medical male circumcision services, and implement sexual behavior change interventions . This includes: 1) equipping the CBOs with organizational development and management resources ; 2) developing capacity to strengthen intervention planning, implementation, monitoring and evaluation; 3) building the organizational capacity to improve governance; and 4) providing support for an inclusive, multisectoral, community-based HIV prevention response. Vehicles for use by sub-contractors: 4 vehicles for use by community based sub-contractors to conduct field work. The purpose is to mobilise the communities for uptake of HCT and to bring services within reach and make referrals. Vehicle Purchased for sub contractors (community organisations) Nissan Hardbody 2.5 litre double cab vehicle x 4 vehicles for use by sub-recipient community organisation- @ $ 34,000 per vehicle. TOTAL= $134,223.62. AFSA vehicle: AFSA to purchase 1 x Nissan for use by Project Officers for the purpose of travelling for site visits. Vehicle for AFSA - Nissan for use by AFSA Project Officers x 1 vehicle- Vehicle cost @ $34722 per vehicle. GRAND TOTAL= $ 154,394.04. COP FY 2012: no procurement of vehicles between period: October 2012-Sept. 2013.

Cross-Cutting Budget Attribution(s)

Gender: GBV	15,000
Gender: Gender Equality	15,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12887**		
Mechanism Name:	**GH11-1152 Comp Prev**		
Prime Partner Name:	**AIDS Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	350,000	0

Narrative:

The activities include: 1) soliciation and selection of CBOs; 2) producing a synthesis report of the epidemic and response in the district; 3) capacity building and training ; 4) conducting onsite visits and mentoring ; 5) reporting and monitoring; and 6) implementing HIV evidence based risk reduction education and campaigns. Using open competition best practices, AFSA will screen and select four CBOs with the best potential to implement evidence based HIV prevention interventions and health promotion services that reduce risk behaviours and determinants , including gender-based violence in the selected four areas of the Umgungundlovu district. After selection and project orientation, AFSA will produce a synthesis report of the district HIV epidemic, response, and current HIV services in selected areas. The prevention interventions and awareness campaigns will be informed by this report. To effectively deliver , AFSA will build organisational management capacity of CBOs by conducting training workshops, onsite support and mentoring to enhance skills for project management and implementation and monitoring and financial accounting and organizational governance. Workshops will focus on HIV & AIDS Counseling and HIV (HCT) screening (accredited course); gender, culture and HIV; strategies for community mobilization and consultation; and financial accounting & compliance. AFSA is an accredited training service provider with the Health and Welfare SETA . AFSA will establish and strengthen ward-level community dialogue groups to address structural, social HIV determinants, including culture, masculinity and gender relations. CBOs will gain capacity to produce workplans, budgets, project reports and establish governance, financial and operational structures and policies to implement prevention interventions. Through this activity, 24 CBO project coordinators will be trained; 72 project reports with 20 audited annual income & expenditure verification reports will be produced; 240 onsite support and mentoring visits wil be conducted and 28 080 beneficiaries reached .

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVCT	400,000	0

Narrative:

Target population for the HCT will include men and boys; communities residing in rural areas and informal settlements; traditional medical practitioners and their clients; women & girls in vulnerable households; people in polygamous relationships; and youth out of school.
Approximately, 2000 households will be visited per quarter to promote individual, couple and family HCT. The HCT will be complimented by general health screening for TB; STI, hypertension, PMTCT and diabetes. Those tested positive and presenting with other health problems will be referred to public health facilities for further testing, clinical staging and treatment. HCT service will ensure referral to community-based PHDP programs; community based programs for key population and VMMC services . In addition, AFSA 's sub-partners will offer ongoing community-based couple and family counselling. Through this activity, 40,000 households will be visited and offered HCT and approximately 20,000 people expected to get tested annually.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	460,000	0

Narrative:

Target population for the HIV prevention intervention include men and boys; communities residing in rural areas and informal settlements; traditional medical practitioners and their clients; women & girls in vulnerable households; people in polygamous relationships; and youth in and out of school. To increase access to community based positive health dignity and prevention programs for people living with HIV , AFSA will:
• Build capacity and provide mentorship to sub-partners to identify opportunities for the implementation of PHDP
• Assist in early detection; referral and uptake of HIV treatment, as well as as well as preventing secondary infection and promoting adherence to treatment. Assist sub-partners to integrate PHDP into community-based prevention and care and support programs. It is expected that about 6000 people will benefit from the program and staff will undergo training on PHDP using materials developed by CDC-SA and I-TECH.
To ensure appropriate education and information on the VMMC procedure, AFSA and sub-partners will :
• Conduct education workshops and provide individual counselling for boys and men interested in undergoing MMC;
• Collaborate with the PEPFAR funded partners to create referral linkages and access for groups of men and boys to undergo VMMC;
• Conduct follow-up visits or ensure that men who have undergone MMC visit the clinic for post-procedural care and to promote sustained behavior change.
To increase the uptake of PMTCT, AFSA will:
• Educate women and men on the benefits of antenatal care and facilitating early access to quality care via local clinics;
• Assist the local antenatal clinics with HCT and patient preparedness education and treatment compliance as

requested by the DoH; *• Conduct family visits to provide advice and monitor health of mother and baby;* *• Facilitate support groups to promote men's active participation in securing the health, safety and wellbeing of their female partners and children.* *The project will promote increased access and uptake of appropriate and high quality sexual and reproductive health services, focusing on:* *• Sensitize communities to the gender based violence and other social issues including alcohol and drugs that increase the vulnerability and risk to HIV infection* *• Sensitize health care workers to unmet HIV prevention needs of under-served communities (including LGBTI and people in polygamous unions).* *• Promote safer sexual behaviours, including consistent and correct use of barrier methods and STI screening and referral amongst sexual partners.* *Through this activity, 40,000 community members will be reached; educated, served and referred and 156 community dialogues per year.*

Implementing Mechanism Details

Mechanism ID: 13000	**Mechanism Name: Council of Scientific and Industrial Research**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHP-State	1,000,000

Sub Partner Name(s)

University of Cape Town	University of Pretoria, South Africa	University of Venda, South Africa

Overview Narrative

Under its objective to assist the South African National Department of Health (NDoH) and provincial departments of health to integrate TB/HIV, counselling and testing, and care and treatment in the Republic of South Africa via a set of identified activities which form the basis of the South African NDoH policy analysis and systems strengthening program, a PEPFAR Cooperative Agreement 1U2G/PS002710-01 was awarded to the Council for Scientific and Industrial Research (CSIR). This award is to allow the CSIR and its sub-contracted partners to provide a programme in assistance for strengthening the NDoH, provincial governments and PEPFAR partners on infection control. The project is undertaken in close collaboration with the CDC SA, NDoH, provincial government departments of health, and PEPFAR partners. CSIR has formally engaged the Healthcare Technology Management programme at the University of Cape Town, and the Division of Infectious Diseases in the Department of Internal Medicine at the University of Pretoria. The CSIR has informally engaged the Medical Research Council (Tuberculosis Epidemiological) to support this objective.The CSIR Infection Prevention and Control Support Project addresses the challenges of South African NDoH policy analysis and systems strengthening program via four project activities enhancing enabling systems (Activity 1); providing implementation support (Activity 2); capacity development (Activity 3) and education support (Activity 4).

"

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13000		
Mechanism Name:	Council of Scientific and Industrial Research		
Prime Partner Name:	COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	1,000,000	0

Narrative:

The CSIR is providing assistance to the South African National Department of Health and the Provincial and District Departments of Health on the improvement of infection control measures in hospitals, primary health care facilities, community health centers and other settings where infection control needs to improve. The CSIR is supporting the DOH with the development of one integrated infection control program that combines bio-medical, financial, sociological and psychological knowledge to educate healthcare workers and hospital managers to follow best practice models in infection control. Tools will be developed to monitor and evaluate the effectiveness of infection control practices in order to reduce and limit infection control risks to service providers. This will cover a range, including the effectiveness of DOTS (direct observed treatment strategy), the efficacy and adverse implications of technical infection control interventions, the management impacts on infection control, the financial implications of infection control for service, home based versus facility infection control management. The clinical associate program will iniate the program into at least eighteen hospitals. The CSIR will iniate establishment of one national UV measuring instrument calibration laboratory, will develop and consolidate ongoing continued education courses related to Environmental Health, Facility Design and Engineering Approaches to Airborne Infection control for TB/HIV, will develop an integrated healthcare infrastructure postgraduate program, will continue in the development of the strategic planning framework GIS tool.

Implementing Mechanism Details

Mechanism ID: 13558	**Mechanism Name: GH1151**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Human Science Research Council of South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 606,676	

Funding Source	Funding Amount
GHP-State	606,676

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this project is to pilot and field test culturally adapted prevention with positives (PwP) material for use by health care providers and lay counselors providing services to HIV-infected MSM and CSWs. These materials will be piloted and field tested in Gauteng, KwaZulu-Natal and Western Cape for future use throughout South Africa. The aim of this project is to develop population appropriate PwP materials to increase the number of HIV infected MARPs receiving appropriate PwP messages and interventions. Upon finalization, materials will be made available to the DoH and trainings and training of trainers will be conducted to ensure sustainability and local ownership. The successful implementation of this project will contribute directly to PEPFAR's overall goal to reduce new HIV infections in South Africa among MARPs and their partners by: (i) Achieving prevention of HIV infection through evidence-based activities (ii) integrating new effective technologies and innovative HIV prevention intervention when found efficacious (iii) promoting a comprehensive package of prevention services for HIV-positive individuals in the target populations, including better integration of these individuals into care and treatment programs, to reduce the potential for further spread of HIV among MARPs. Additionally, by targeting HIV-positive MARPs with prevention interventions (preventing secondary transmission), this project contributes to the PEPFAR goal of preventing 12 million new infections by 2013. HSRC's project information system includes a customized module developed for this project designed to support reporting requirements. As such HSRC plans to comply with all CDC and PEPFAR reporting requirements and submit interim and annual progress and financial reports.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13558**
Mechanism Name:	**GH1151**
Prime Partner Name:	**Human Science Research Council of South Africa**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	206,676	0

Narrative:

In FY13, HLAB funding will support lab costs associated with the Methods of Prevention Packages Program (MP3) Pilot Study. The overarching objective is to develop a combination package of biomedical, behavioral and community-level HIV prevention interventions and services for men who have sex with men (MSM) in Southern Africa. The sample will consist of 400 MSM, 200 in each Cape Town and Port Elizabeth, South Africa, and up to 5 female sex partners referred by each enrolled MSM, with a maximum of 75 female participants per study city.The MSM target population will be men aged 18 years and older who self-report that they had anal intercourse with men in the past year, and must be current residents of the study city. Female participants will be female sex partners of MSM enrolled in the study, over the age of 18, and current residents of the study city. Lab costs include HIV, syphilis, urine, rectal swabs, hepatitis B serology, creatinine and related equipment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	400,000	0

Narrative:

In FY2012 HSRC will conduct focus groups and key informant interviews with health care providers (professional nurses, doctors and lay counselors) to obtain feedback on PwP material that have been adapted for most at-risk populations (MARPs) in South Africa. These materials were initially developed by CDC-HQ and have been used elsewhere in sub-Saharan Africa (Tanzania, Namibia, etc). HSRC will introduce these material and train health care providers on their use. Health care providers will pilot the developed materials in their clinic settings and feedback information to HSRC regarding acceptability, utility and appropriateness of the provided materials. The information collected during interviews and focus groups will be used to refine PwP materials to be used by service providers and outreach workers addressing the prevention needs of MARPs. In each of the pilot sites, monitoring and evaluation reports will be compiled as to the implementation of the intervention by health care workers. In

addition a report on the lessons learnt during the pilot will be compiled. Through the development of PwP materials appropriate for use with MSM and CSW clients, this project will build the capacity of the health sector to respond to the prevention needs of HIV-positive MSM and CSWs and allow for greater integration of PwP services for MARPs with other HIV services. In the later years of the project, distribution of materials and training will be scaled up (through trainings and training of trainers) to promote sustainability. In FY2012, $225,000 will be used to pilot materials and conduct focus groups and key informant interviews with service provider.

Implementing Mechanism Details

Mechanism ID: 13567	**Mechanism Name: GH1151**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,869,900	
Funding Source	**Funding Amount**
GHP-State	1,869,900

Sub Partner Name(s)

Anova Health Institute	San Francisco Department of Public Health	

Overview Narrative

In the NSP, the NDOH recognized the need to address growing HIV epidemics in the key populations of commercial sex workers (CSW), men who have sex with men (MSM), injecting drug users, and mobile populations However, South Africa's ability to monitor progress towards meeting the targets for these populations has been hampered by poor coordination of program activity and lack of data. To date, there has been little coordination on inputs, outcome measures, and feedback of ethnographic, survey, and program monitoring and evaluation (M&E) data to understand the dynamics of these epidemics and to effectively allocate resources to the areas of greatest need among these high-risk populations. The strategy of this project is to work with local institutions to provide the

training, technical assistance and long-term capacity building to improve the quality of HIVprevention interventions by enhancing local organizations' capacity to conduct routine HIV surveillance and program M&E related to high-risk, underserved populations of MSM, IDU, and SW; and to utilize surveillance and M&E data to guide planning, program improvements and allocation of resources for these populations. The proposed project will build local institutional capacity to sustainably reduce HIV transmission and improve the capacity for collecting and using high-quality data among high risk populations. In addition, UCSF will also be implementing a Public-Private Partnership (PPP) with the Gates Foundation targeting HIV prevention activities among truck drivers and commercial sex workers along one high volume trucking corridor in South Africa by conducting the baseline assessment including mapping, population size estimations and a bio-behavioral survey in the target geographic area.

Cross-Cutting Budget Attribution(s)

Key Populations: FSW	1,100,000
Key Populations: MSM and TG	769,900

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13567**		
Mechanism Name:	**GH1151**		
Prime Partner Name:	**University of California at San Francisco**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	300,000	0

Narrative:

This is Year 2 of a surveillance activity targeting high risk populations including mapping, population size estimation, and bio-behavioral surveillance. FY 2011 activities for UCSF focused on female commercial sex workers include baseline assessments and community mapping, stakeholder sensitization and buy-in, protocol and tool development, ethical clearance, training for study team members and data collection in two sites. In year two, FY 2012 data collection will take place at two additional surveillance sites including HIV and STI testing and a behavioral interview for each participant.

In addition, UCSF will also be implementing Year 2 surveillance activities truck drivers and commercial sex workers along one high volume trucking corridor in South Africa by conducting a bio-behavioral survey including HIV and STI biomarkers and a behavioral survey among these two populations in the targeted geographic area. UCSF will also implement the MPowerment MSM HIV prevention program in Mpumalanga. (Note: this should be under HVOP but the box cannot be edited)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	400,000	0

Narrative:

This is Year 2 of a surveillance activity targeting high risk populations including mapping, population size estimation, and bio-behavioral surveillance. FY 2011 activities for UCSF focused on female commercial sex workers include baseline assessments and community mapping, stakeholder sensitization and buy-in, protocol and tool development, ethical clearance, training for study team members and data collection in two sites. In year two, FY 2012 data collection will take place at two additional surveillance sites including HIV and STI testing and a behavioral interview for each participant.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,169,900	0

Narrative:

This is Year 2 of a surveillance activity targeting high risk populations including mapping, population size estimation, and bio-behavioral surveillance. FY 2011 activities for UCSF focused on female commercial sex workers include baseline assessments and community mapping, stakeholder sensitization and buy-in, protocol and tool development, ethical clearance, training for study team members and data collection in two sites. In year two, FY 2012 data collection will take place at two additional surveillance sites including HIV and STI testing and a behavioral interview for each participant.

In addition, UCSF will also be implementing Year 2 surveillance activities truck drivers and commercial sex

workers along one high volume trucking corridor in South Africa by conducting a bio-behavioral survey including HIV and STI biomarkers and a behavioral survey among these two populations in the targeted geographic area.

Implementing Mechanism Details

Mechanism ID: 13570	**Mechanism Name: GH1151**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,500,000	
Funding Source	**Funding Amount**
GHP-State	3,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Through its consolidated local affiliate SFH, Population Services International (PSI) will contribute to the goals of PEPFAR and the objectives of NSP by preventing new HIV infections through supporting SAG to increase the prevalence of MMC in underserved areas of Gauteng, KwaZulu Natal and Mpumalanga. The target population is HIV-negative males aged 15 and higher.SFH will set up six high volume medical male circumcision (MMC) centers. Two of the sites will be managed by SFH. The remaining four will be managed by to-be-determined franchise subawardees. SFH will provide financial, training, quality assurance, marketing and technical support to franchisees. All MMC centers will be located on the grounds of SAG health facilities for seamless transition to SAG ownership at the completion of project; mobile teams will be used for hard-to-reach populations. SFH will coordinate with a wide variety of on the ground partners including government, other PEPFAR-funded partners and other NGOs to optimize service delivery efficiency and coverage in target areas. SFH will implement an internal and external quality assurance system to ensure that services provided are in line with South African and international standards. A monitoring and evaluation plan will be developed in the first months of the program and include monthly, quarterly, semi-annual and annual reports. PSI requires 7 vehicles for all the MMC sites to be

opened within COP2011. Each MMC site requires a vehicle in order to provide mobile services. 3 sites will use vehicles purchased through previous CDC CoAgs and SFH plans to purchase 4 vans for program implementation at the other sites. The estimated unit cost for the vans is based on current market prices at $28,571 per van.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	50,000
Human Resources for Health	20,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**13570**		
Mechanism Name:	**GH1151**		
Prime Partner Name:	**Population Services International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	3,500,000	0

Narrative:

SFH will maintain high volume MMC sites in KwaZulu-Natal, Gauteng, and Mpumalanga provinces, accomplishing 48,600 MMCs (at $142/MMC) in FY2012 and 134,400 MMCs (at $51/MMC) in FY2013. SFH will conduct MMC on SAG facility premises and deploy one additional team per catchment area to perform mobile outreach and MMC. Unit costs per MMC will decrease as site efficiencies are established and a trained cadre of staff amass the skills to manage the patient volumes of high through-put sites. SFH will operate against a sustainability plan to transfer their skill set to facility staff for impact past the completion of the project. SFH will

support SAG monitoring efforts by using reporting mechanisms that fold into district, provincial and national systems, avoiding parallel reporting structures. The MMC program will build on best practices including forceps-guided surgery, using models to optimize volume and efficiency (MOVE), incorporating gender messaging on male norms and proper treatment of females, and delivering these as part of a package of HIV prevention services, including HCT, age-appropriate risk reduction counseling, condom demonstration, provision and promotion, and linkages to family planning, STI, HIV, TB, and other treatment services. Partner will make efforts to retain patients in care through healing to minimize complications and reinforce risk reduction messages. Demand creation will be essential and entail community dialogues, mass media, local media, engagement of female partners and caregivers, engagement of key influencers, employers, and community stakeholders, peer referral networks, "word of mouth" campaigns, and strong linkages from HCT, PMTCT and other touch points within the health system. The MMC activities are intended not only as a single biomedical intervention to reduce HIV acquisition risk, but also an opportunity to engage men in health services and maximize linkages to other key resources for males' improved long-term engagement in the health sector, increasing their likelihood to seek support for sexual and reproductive health and chronic disease management.

Implementing Mechanism Details

Mechanism ID: 13577	**Mechanism Name: GH1152**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: HIV Managed Care Solutions	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,585,606	
Funding Source	**Funding Amount**
GHP-State	1,585,606

Sub Partner Name(s)

Hello Doctor		

Overview Narrative

The aim for this project is to provide comprehensive HIV prevention services in six discrete mining communities in Mpumalanga province. Mpumalanga reportedly has the second highest provincial HIV prevalence in South Africa. The goal of the project is to reduce the number of new HIV infections in this community by a comprehensive HIV prevention service that includes behavioural, structural and biomedical strategies. The project objective is to reach a minimum of 80% of the community with a combination of interventions which include HIV training, HCT, behavioral change, referral to MMC and linkages to treatment for HIV, TB, STI and drug rehabilitation where appropriate. To achieve this reach, an innovative incentivized field marketing approach is proposed to gain community participation via word-of-mouth marketing and social entrepreneurship. Use will be made of new locally developed bio-metric technology to gather information anonymously on HIV status and to link it to changes in patterns of knowledge, attitude and practices (KAP) over time. Based on this information, it is intended to adjust the interventions to achieve the optimum reduction of the number of new HIV infections in this community over the 5-year period of the project. The project has a strong emphasis on developing indigenous capacity and coordination with South African, United States and international agencies. Over time, the functions will be transferred on a managed basis to the community and health systems so as to ensure sustainability on the conclusion of the project.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**13577**		
Mechanism Name:	**GH1152**		
Prime Partner Name:	**HIV Managed Care Solutions**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	CIRC	500,000	0

Narrative:

In South Africa most men are not circumcised and if they are traditionally circumcised they are often not fully circumcised (and thus have no protection). As an HIV prevention intervention medical male circumcision requires a number of additional interventions in order to ensure it is effective. Firstly people have to know about MMC and men have to present themselves to the appropriate services. Post circumcision they have to remain abstinent until the wound is completely healed and then they have to continue to have safer sex for the rest of their lives. HIV Managed Care's social mobilisation intervention will work with male-dominated sectors (e.g., mining, transportation, and others) to provide education about MMC (both men and women) and establish direct link between mobilization and service delivery. HIV Managed Care has a proven track record of working with businesses to establish HIV prevention, care and treatment services, the MMC funds will be used to leverage those existing partnerships as well as expand to other areas. HIV Managed Care will work closely with service delivery partners in designated areas to ensure linkage between mobilization activities and service delivery. This activity is entirely PEPFAR funded.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	635,606	0

Narrative:

The target area of the project is six discrete communities totaling about 85,000 people situated in settlements adjacent to large mining activities in the Mpumalanga province of South Africa. The overall project goal to reach 80% of the target population with prevention interventions, including HIV training, HCT, behavioral change, referral to MMC and linkages to treatment for HIV, TB, STI and drug rehabilitation where appropriate. Annual targets for this project include conducting 19,500 HIV tests. Additionally, the 240 Peer Educators (PEs) will reach at least 4,800 individuals with HIV prevention messages, including referral to MMC services being offered by CDC-funded partners in the province. Additionally, those testing HIV-positive will be referred to HIV treatment services and receive a minimum package of Prevention with Positive services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	450,000	0

Narrative:

The target area of the project is six discrete communities totaling about 85,000 people situated in settlements adjacent to large mining activities in the Mpumalanga province of South Africa. The overall project goal to reach 80% of the target population with prevention interventions, including HIV training, HCT, behavioral change, referral to MMC and linkages to treatment for HIV, TB, STI and drug rehabilitation where appropriate. Annual targets for this project include conducting 19,500 HIV tests. Additionally, the 240 Peer Educators (PEs) will reach

at least 4,800 individuals with HIV prevention messages, including referral to MMC services being offered by CDC-funded partners in the province. Additionally, those testing HIV-positive will be referred to HIV treatment services and receive a minimum package of Prevention with Positive services.

Implementing Mechanism Details

Mechanism ID: 13585	**Mechanism Name: GH1152**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Shout It Now	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHP-State	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this program is to increase knowledge of HIV status through increased access to HCT services using mobile vans and to link HCT services to other clinical and community HIV prevention programs for a comprehensive care package. The program is targeting youth: 60% females and 40% males aged 15 – 29 and 10% children less than 15 years of age in Gauteng and Limpopo.This program directly supports the prevention goal of the PF, including addressing female vulnerability to HIV and STIs by reducing incidence in the number of sexual partners. It is similarly supportive of the NSP goal to reduce new HIV infections by 50% and ensuring that 100% of the people diagnosed with HIV infection are linked to appropriate care, treatment and other support services. For sustainability HCT test kits will be obtained from the SAG health facilities in the supported districts. Shout It Now will procure medical consumables and HCT test kits (buffer stock only) for effective and safe clinical HIV testing. Shout it now will ensure that all program staff is trained by the approved external service provider on Quality Assurance to ensure quality of rapid HIV testing in line with the SAG HIV Policy guidelines. The project will contribute towards creation of a cadre of trained professionals for seamless transition to SAG management. Shout It

Now will ensure all program activities, outputs, outcomes and impact are tracked effectively and generate monthly, quarterly, semi-annual, and annual reports. Shout IT Now will integrate data systems to avoid duplication with SAG systems. Data systems will be electronic in order to permit timely reporting of all activities and outcomes.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	100,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**13585**		
Mechanism Name:	**GH1152**		
Prime Partner Name:	**Shout It Now**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	0	0

Narrative:

Shout It Now will build off of its successful community based HCT model to specifically target and link males aged 15-49 to medical male circumcision (MMC) services in geographic areas with significant PEPFAR MMC investment. Shout it Now will target males in numerous districts across Gauteng, Mpumalanga, and Limpopo provinces. The program will strengthen and utilize existing referral networks to directly link HCT clients to MMC, as well as care, treatment, prevention, and supportive services such as STI treatment, CD4 services, PMTCT, and substance abuse programs. Shout It Now will ensure follow up for referred HCT clients using effective tracking and

tracing mechanisms. Shout It Now will conduct community outreaches where they will utilize marquees and tents to provide HCT services. One on one interactive video and modern technology will be utilised dring the outreach programs to provide standardized Sexual Reproductive Health messages and HIV prevention information. The videos will feature popular musicians and celebrities to provide HIV prevention messages in a manner that appeals to the youth.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,000,000	0

Narrative:

Shout IT Now will provide community based HCT services targeting youth: 60% females and 40% males aged 15 – 29 and 10% children less than 15 years of age at Ekurhuleni & Metsweding District, Gauteng (GP) Province & Waterberg District in Limpopo Province. The program will strengthen and utilize existing referral networks to directly link HCT clients to care, treatment, prevention, and supportive services such as MMC, STI treatment, CD4 services, PMTCT, and substance abuse programs. Shout IT Now will ensure follow up for referred HCT clients using effective tracking and tracing mechanisms. Shout It Now will conduct conduct community outreaches where they will utilize marquees and tents to provide HCT services. One on one interactive video and modern technology will be utilised dring the outreach programs to provide standardized Sexual Reproductive Health messages and HIV prevention information. The videos will feature popular musicians and celebrities to provide HIV prevention messages in a manner that appeals to the youth. The program will strengthen and utilize existing referral networks to directly link HCT clients to care, treatment, prevention, and supportive services such as MMC, STI treatment, CD4 services, PMTCT, and substance abuse programs. Shout IT Now will ensure follow up for referred clients using effective tracking and tracing mechanisms.

Implementing Mechanism Details

Mechanism ID: 13608	**Mechanism Name: University of Washington**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,220,000	

Funding Source	Funding Amount
GHP-State	2,220,000

Sub Partner Name(s)

University of California at San Francisco		

Overview Narrative

The purpose is to support scale-up of prevention with positive activities in Bonjanala Platinum and Dr. Ruth Segomotsi Momapti districts, Northwest province to reduce new HIV infections. I-TECH, will collaborate with, and increase the capacity of provincial government programs.. I-TECH will expand and augment HCT with sexually transmitted infections syndromic management; tuberculosis screening; pregnancy testing; personalized risk-reduction counseling for promoting safer sexual behaviors, consistent and correct condom use, reducing the number of multiple concurrent sexual partners, and disclosure to sexual partners and appropriate family members; family planning; provision of male and femalcondoms; and referrals for medical male circumcision. This will be accomplishedby hosting eight community-based "Wellness Days" per month in Bonjanala Platinum district and 8 "Wellness Days" per month in Dr. Ruth Segomotsi Momapti district. A minimum of 43,200 people will be screened and counseled over the course of five years in Northwest Province. Referrals and linkages to Primary Health Centers (PHCs) will be a primary focus. I-TECH will also strengthen health systems by implementing a positive prevention training program for PHC nurses in 130 PHCs. I-TECH will train 300 district trainers to implement the PP program and train 520 clinical nurse mentors to build sustainability and local support for nurses initiating and managing ART in the North West Province. I-TECH will conduct training-of-trainers for local community members to facilitate the post test clubs (PTCs), building long-term sustainability for the program at the district level. Women will be prioritized for the TOTs.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Leased	13,297

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13608		
Mechanism Name:	University of Washington		
Prime Partner Name:	University of Washington		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	720,000	0

Narrative:

I-TECH will support the NDoH HCT campaign by hosting sixteen Wellness Days per month in eight community-based venues in two districts in North West Province for any person over the age of 18 years of age. Wellness Days will include client-initiated HIV counseling and testing (using Bioline rapid tests) augmented with pregnancy testing, rapid RPR syphilis testing in pregnant women, syndromic management for STIs (using the NDoH guidelines), symptomatic screening and referral for TB, personalized risk-reduction counseling for family planning, education on one's sero-status, actively and safely facilitating mutual disclosure to sexual partners and appropriate household members, screening for interest in safe medical male circumcision, promotion of safer sexual behaviors (including partner reduction and alcohol risk-reduction), and emphasizing the importance of consistent and correct condom use. Condoms will be widely disseminated and female and male condom demonstrations will be integrated into counseling activities during Wellness Day activities, post-test clubs and in training at PHCs. The counseling standard for this program will be modeled on the client-centered, personalized risk model recommended by the U.S. CDC and World Health Organization (WHO). This counseling model is grounded in personalized risk assessment and the development of a realistic, personalized risk reduction plan for each participant. Furthermore, to optimize HCT services, I-TECH will encourage use of couples-based HCT for wellness days, where both partners are tested simultaneously and disclose their results to each other during post-test counseling, a strategy that has been documented to decrease rates of sero-conversion and reduce sexual risk behavior. A standard protocol for conducting couples-based HCT (including training testing counselors) will be used.

Referrals and linkages to follow-up services are a primary focus during Wellness Days. Persons testing positive for HIV, women presenting with vaginal discharge and lower abdominal pain, persons screened positive for TB using the screening tool, any pregnant woman regardless of HIV status, and men seeking medical male circumcision (MMC) will be referred to local PHCs. In order to increase linkage to care, those referred to a PHC will be given

"incentive cards" to present to staff at the PHC in addition to the patient passport. If persons referred for follow-up at a PHC present their incentive card at primary health centers within two weeks of the Wellness Day, they will be given 20 Rand of cell phone air time at the conclusion of their appointment. All routine testing and treatment patient data will be collected during Wellness Days using the national data collection forms to ensure standardization of data collection and reporting. The data process will mirror that of the PHCs; HCWs will use tick sheets, registers, and other national tools.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,500,000	0

Narrative:

I-TECH will conduct community mobilization through Post Test Clubs (PTC's). This will include establishing 64 PTC's (12 members each) and they will reach 302,400 community members. I-TECH will also conduct training for about 768 PTC members (the course will cover PwP messaging, HIV transmission risks, STI and other related content). I-TECH will conduct training on Prevention with Positives (PwP) for healthcare workers (HCWs). PwP will be added when training the clinical nurse mentors for NIMART. The target is to produce 1020 Nurse Trainers and 540 Nurse mentors. In addition, I-TECH will develop training and mentoring programs for M & E assistants and HCW in selected Primary Health Care facilities. The target is to train 20 officers per year. I-TECH will conduct a training of trainers which will includes staff in the NW-DOH supported by I-TECH, as well as staff from other districts in Northwest, so that they can roll out the training in their areas. The HCWs that will be trained on PwP will include lay counselors, nurses, health promoters and others staff who conduct patient counseling. This will enhance integration of PwP in all service points and it will improve linkages to care and treatment. This program plans to reach about 1,700,000 people in 5 years (340 000 per year) and the estimated unit cost is about $4.5 for each person reached.

Implementing Mechanism Details

Mechanism ID: 13618	**Mechanism Name: GH1151**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,300,000	
Funding Source	**Funding Amount**
GHP-State	2,300,000

Sub Partner Name(s)

OUT LGBT		

Overview Narrative

There are two objectives of this project; 1)To build governmental and community-based capacity to reduce HIV infections in South Africa among MSM and their partners by providing appropriate comprehensive HIV prevention services to MSM in Eastern Cape, KwaZulu-Natal, Free State, Northern Cape and Limpopo, and 2)To strengthen capacity of NDOH and other stakeholders to develop HIV-related strategic information systems for MARPs in South Africa. This project aligns with PEPFAR goals and the Partnership Framework in that it aims to strengthen evidence-based decision making to increase HIV prevention, and build local capacity, sustainability and country ownership. The project contributes to prevention within a subgroup at high risk in the country with the highest number of HIV-infected individuals, thus making a significant contribution to the PEPFAR prevention goal of preventing 12 million new infections by 2012. ICAP will ensure that project activities have full government ownership and buy-in, and are increasingly financed and directed by the SAG. ICAP's M&E activities incorporate new indicators, identified based on consensus with the NDOH. M&E CQI exercises include root cause analysis and participatory methods so that service delivery is adjusted based on monitoring results. Indicator reporting will be developed for project milestone and used for programmatic and financial reporting using PEPFAR's Next Generation Indicators as adapted for the South African context (described in the 2010 South African Strategic Information Guidelines). As the project advances, ICAP will incrementally transfer project activities to local and community organizations ensuring that subsequent MSM projects and MARPs strategic information systems are completed and implemented by South Africans.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000
Motor Vehicles: Purchased	153,432

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13618**
Mechanism Name:	**GH1151**
Prime Partner Name:	**Columbia University Mailman School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	800,000	0

Narrative:

In FY2012 ICAP will provide MSM appropriate services for HCT and STI screening, and increased access of MSM to post-exposure prophylaxis for HIV exposure. Innovative HCT methods such as peer outreach and social networking strategies (utilizing trained MSM peers to encourage members of their social and sexual networks to be tested); couples testing, venue-based testing and home-based testing will be conducted. Those found to be HIV-positive or screen positive for STIs will be effectively linked to appropriate clinical and support services. Social mobilization, anti-stigma campaigns and innovative technologies, such as the use of mobile phone technologies, will be employed to increase the utilization of HCT and prevention services by MSM. ICAP will provide technical assistance and capacity building to the DOH and other implementing partners on indicator selection, M&E and reporting of HCT interventions targeting MSM and other MARPs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,500,000	0

Narrative:

ICAP activities in FY2013 will promote the development and implementation of comprehensive prevention packages for MSM that incorporate behavioral, biomedical, structural, and community elements through the ICAP Mosaic Men's Health Initiative approach. Behavioral interventions will be delivered through one-on-one or small-group sessions or at the community level to address mediators of risk behavior (i.e., HIV risk-related knowledge, emotional states, social influences, and service utilization, including testing and treatment for HIV/ STI, substance abuse treatment and men's health). Evidence-based behavioral risk reduction interventions aimed at behaviors and norms related to MSM risk will be tailored to the needs and resources of the project areas.

Sustainable provincial and district-level systems will be strengthened to distribute condoms and water-based lubricant to MSM. To address barriers to HIV prevention services for MSM (i.e, homophobia-driven stigma and discrimination in health care settings), ICAP will support integration of MSM Peer Educators in health facilities. ICAP will establish and integrate Prevention with Positives into the package of care for MSM, and strengthen linkages for entry in care and treatment and referral systems to coordinate social, mental health, medical, and HIV prevention services for MSM. Community mobilization aimed at decreasing community stigma and discrimination and increasing awareness and demand for MSM-specific health services will be conducted. ICAP supports development of sustainable government-led mechanisms to identify and prioritize knowledge gaps about MARPs and has developed a coordinated MARP strategic information agenda at national and provincial levels, which will include data dissemination and the promotion of data use to inform MARPs programming and policy. ICAP will provide technical assistance and conduct capacity-building activities for DOH and other organizations providing prevention services for MARPs on M&E of MARPs-specific interventions and activities, and will capacitate other implementing partner and DOH to provide appropriate and non-judgmental health services to MSM, PWID and SWs through provision of sensitization training to health care workers.

Implementing Mechanism Details

Mechanism ID: 13619	**Mechanism Name: JHPIEGO SA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,200,000	
Funding Source	**Funding Amount**
GHP-State	1,200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

JHPIEGO MMC program goal is to build sustainable capacity within Nkangala District to promote primary

prevention of HIV by scaling up safe, comprehensive MMC services with: provision of high quality, high-volume, integrated adult MMC services; collaborate with circumcising communities and leaders to offer MMC as a component of traditional initiation rites; work in partnership with local workplaces and unions generate demand for MMC services; and collaborate with other HIV partners in the district to ensure the continuum of care and promote and refer clients to MMC. JHPIEGO will enter year 2 of an intensive MMC program in 3-4 hospitals and roving services. This program directly supports the prevention goal of the PF, including addressing female vulnerability to HIV and other STI infection. It is also supportive of the NSP goal to reduce new HIV infections by 50%. Providers of HCT and other health services will be oriented to MMC and provided with tools to refer HIV-negative men. This and regular follow up from JHPIEGO will strengthen bidirectional referrals and linkages between MMC and other services. Clients recruited for MMC will be encouraged to bring their partners. Training and knowledge development of staff from area clinics will increase cost efficiencies by reducing JHPIEGO's follow up burden. Bulk procurement of MMC consumables will ultimately reduce costs as well. The project will build sustainable local capacity with a cadre of trained professionals and equipped facilities for transition to SAG management at the end of project period. JHPIEGO will work with SAG and other partners to implement a quality assurance training program per national guidelines. JHPIEGO plans to purchase one vehicle with COP 2011 funds; and three with COP 2012 funds.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	150,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13619**
Mechanism Name:	**JHPIEGO SA**

Prime Partner Name:	JHPIEGO		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	1,200,000	0

Narrative:

JHPIEGO will contribute towards provincial and national MMC targets by circumcising 32,000 males in FY 2013. Four percent of HIV-negative males aged 15-49.This will be achieved with fixed services at district hospitals and mobile services in hard-to-reach populations in Nkangala District, Mpumalanga. JHPIEGO proposes to conduct MMC in high volume settings. The unit cost for MMC in the second project year in a high volume setting is estimated at $100/procedure, inclusive of the full package of services and supportive activities such as social mobilization and program monitoring. JHPIEGO will conduct MC in District hospital, they will place Doctors and Nurses to support DOH staff in the MC Procedures. JHPIEGO will operate against a sustainability plan to capacitate health facilities and their staff for MMC impact beyond the completion of the project. JHPIEGO will build on best practices in MMC, including use of forceps-guided surgery, employing models to optimize volume and efficiencies, incorporating messaging on gender norms and proper treatment of females, and delivering these as part of a package of prevention services, including HCT, age-appropriate risk reduction counseling, condom demonstration, provision and promotion,linkages to family planning, supportive supervision and QA, STI, HIV, TB, and other treatment services.Demand creation will include formative assessments of clients, their partners and communities to understand facilitators, barriers and preferences in MMC service delivery; resulting demand creation activities will utilize a mix of media and grassroots approaches to attract adequate client flow.The program will use reporting mechanisms that fold into SAG district, provincial and national systems.This will integrate the project within the larger MMC effort in South Africa and avoid creating parallel structures.The MMC activities are intended not only as a single biomedical intervention to reduce HIV acquisition risk, but also an opportunity to engage men in health services and maximize linkages to other key resources for males' improved long-term engagement in the health sector, increasing their likelihood to seek support for sexual and reproductive health and chronic disease management.

Implementing Mechanism Details

Mechanism ID: 13634	**Mechanism Name: PHC Evaluation**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHP-State	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Department of Health is committed to enhancing PHC, and a PHC task team has noted specific opportunities for improvement, including strengthening the district health system, placing more emphasis on population-based health and outcomes, and focusing on a selected number of health priorities. In this context, a drive to "re-engineer" PHC has been launched, and the idea of a sub-district demonstration project is gaining momentum. This project's approach is guided by partnerships with DOH in support of the National Strategic Plan (NSP) 2012-2016 and the US-SA PEPFAR Partnership Framework. The approach is also aligned with the PHC re-engineering document, including the themes of capacity building at the district health system / district management team (DMT) level, emphasizing population-based health outcomes and community-based services, and focusing on a selected number of health priorities. It is also aligned with the Eastern Cape Department of Health's emphasis on "revitalization" of primary health care (r-PHC). The project is to support the Eastern Cape Department of Health in its efforts to design, develop, and pilot expanded primary health services, with a particular focus on enabling PHC outreach teams and community health workers (CHW) and Specialist Teams focusing on MCH to provide the PHC package as defined by DOH, and to link facility- and community-based services. In partnership with DOH, the project will support a model network within King Sabata Dalindyebo KSD sub-district, supporting the sub-district management team to enhance health workforce management, referral systems, service integration, and quality improvement.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13634**		
Mechanism Name:	**PHC Evaluation**		
Prime Partner Name:	**Columbia University Mailman School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	100,000	0

Narrative:

The goal of this project is to undertake the full implementation of the revitalization of primary health care initiative at King Sabata Dalindyebo Sub-district (KSD) in the OR Tambo District of the Eastern Cape Province. The workplan will be strongly aligned with the KSD Plan, consistent with priorities and themes of ECDOH's vision for revitalizing primary health care in the Eastern Cape Province. The key components of the project are:1. Mapping/GIS of health systems outlets; assessment of existing linkage and referral systems; rapid site assessments focusing on key domains including leadership, resources, infrastructure development and needs, clinical systems, equipment and supplies needs, laboratory capacities, supply chain management systems and monitoring, evaluation and quality assurance activities), information about staffing; training needs analysis and existing cadres of health workers including assessment and review of a comprehensive Community Health Worker program. 2. Intensive capacity building efforts to support EC provincial, district and sub-district DOH staff. Activities will include providing support for convening and workshops, train and build skills on implementing r-PHC. Didactic, webinar-based and distance learning platform training and mentoring on germane areas such as health systems strengthening, integration of services and implementation science will also start in this phase and continue throughout the length of the project. The project will also support training and mentoring for DOH staff members (provincial, district and sub-district) who are specifically responsible for the implementation of r-PHC for the province.3. Focus on implementing the M&E strategy and framework and ensuring quality assurance for implementation activities that will make KSD a model network. In collaboration with DOH, activities include: collation and review of available M&E tools, registers and reporting mechanisms; development and implementation of an M&E framework with key stakeholders; development/adaptation of needed tools, databases, analytic frameworks, training and mentorship protocols; support for the development and dissemination of findings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	200,000	0

Narrative:

The goal of this project is to undertake the full implementation of the revitalization of primary health care initiative at King Sabata Dalindyebo Sub-district (KSD) in the OR Tambo District of the Eastern Cape Province. The workplan will be strongly aligned with the KSD Plan, consistent with priorities and themes of ECDOH's vision for revitalizing primary health care in the Eastern Cape Province. The key components of the project are: 1. Mapping/GIS of health systems outlets assessment of existing linkage and referral systems; rapid site assessments focusing on key domains including leadership, resources, infrastructure development and needs, clinical systems, equipment and supplies needs, laboratory capacities, supply chain management systems and monitoring, evaluation and quality assurance activities), information about staffing; training needs analysis and existing cadres of health workers including assessment and review of a comprehensive Community Health Worker program. 2. Intensive capacity building efforts to support EC provincial, district and sub-district DOH staff. Activities will include providing support for convening and workshops, train and build skills on implementing r-PHC. Didactic, webinar-based and distance learning platform training and mentoring on germane areas such as health systems strengthening, integration of services and implementation science will also start in this phase and continue throughout the length of the project. The project will also support training and mentoring for DOH staff members (provincial, district and sub-district) who are specifically responsible for the implementation of r-PHC for the province. 3. Focus on implementing the M&E strategy and framework and ensuring quality assurance for implementation activities that will make KSD a model network. In collaboration with DOH, activities include: collation and review of available M&E tools, registers and reporting mechanisms; development and implementation of an M&E framework with key stakeholders; development/adaptation of needed tools, databases, analytic frameworks, training and mentorship protocols; support for the development and dissemination of findings.

Implementing Mechanism Details

Mechanism ID: 13644	**Mechanism Name: University of Cape Town**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Cape Town	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	

G2G: No	Managing Agency:

Total Funding: 480,000	
Funding Source	**Funding Amount**
GHP-State	480,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

University of Cape Town prioritizes pharmacovigilance approaches that are most efficient at assessing the burden of drug-related morbidity and mortality on the healthcare system. The focus is on Adverse Drug Reaction (ADR) in HIV infected patients, but the proposed multicentre hospital surveys will also evaluate serious ADRs in HIV uninfected patients. The aim wherever possible is to strengthen pharmacovigilance for all medicines. The approaches are intended to identify gaps and future priorities of the national drug policy, strengthen and evolve the existing national pharmacovigilance structure and strengthen the link between drug safety surveillance and improving the quality of care for patients infected with HIV/AIDS. The goals are to develop systems to assess the burden of clinically significant adverse drug reactions and to create a sustainable and responsive system for reporting of ADRs, which links ADR reporting to provision of information and clinical advice. The objectives are: to perform a gap analysis and landscaping exercise of existing pharmacovigilance structures and activities, in collaboration with the NDOH; to describe the frequency, nature and preventability of ADRs which result in hospital admission, and ADRs occurring during admission; to determine to what extent ARV and antitubercular medicines contribute to the burden of adverse drug reactions resulting in hospitalisation and occurring in hospital; and to strengthen the capacity to collect ART program surveillance data by establishing reasons for treatment-limiting toxicities in treating adults and children, broadly representative of the national programme, with the possibility of expansion to further sites.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13644		
Mechanism Name:	University of Cape Town		
Prime Partner Name:	University of Cape Town		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	480,000	0

Narrative:

"The Division of Clinical Pharmacology at the University of Cape Town has been at the forefront of ADR surveillance and drug policy for many years. The Medicines Information Centre of the Division of Clinical Pharmacology at the University of Cape Town was allocated funding by the Department of Health in 2004 to run an HIV medicines information service (HIV Hotline) and to support the passive reporting of ARV adverse drug reactions of the National Adverse Drug Event Monitoring Centre of the Medicines Control Council. All of the objectives of the proposal were met. These activities have been sustainable and have expanded with subsequent funding of the National HIV Hotline from the Foundation for Professional Development (who are funded largely by PEPFAR), and an enhanced ARV passive reporting system was set up in collaboration with the Western Cape provincial government with funding from the Global Fund. Adverse event reporting was nested within routine program monitoring requirements with all facilities reporting serious ADRs as a monthly reporting requirement. The proposal prioritises pharmacovigilance approaches that are most efficient at assessing the burden of drug-related morbidity and mortality on the healthcare system. The focus is on ADRs in HIV infected patients, but the proposed multicentre hospital surveys will also evaluate serious ADRs in HIV uninfected patients. The aim wherever possible to strengthen pharmacovigilance for all medicines. The approaches are intended to identify gaps and future priorities of the national drug policy, strengthen and evolve the existing national pharmacovigilance structure and strengthen the link between drug safety surveillance and improving the quality of care for patients infected with HIV/AIDS.

Implementing Mechanism Details

Mechanism ID: 13682	**Mechanism Name: Health Information Systems**

	Program
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Health Information Systems Program	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,500,000	
Funding Source	**Funding Amount**
GHP-State	2,500,000

Sub Partner Name(s)

Jembi Health Systems of Cape Town		

Overview Narrative

Health Information Systems Program (HISP) is a new partner whose Cooperative Agreement is initiating at the end of Fiscal Year 2011, whose primary objectives are to provide technical assistance and build the capacity of the South African Department of Health (DOH) at national and provincial levels to strengthen the national health information system. The objectives of the HISP agreement align with the Partnership Framework by strengthening the health system, particularly by building capacity in the health information sector, and improving the information systems for use for management and decision making. The geographic coverage of the activities will be national, including directed activities within all nine provinces. Target populations to benefit are all patients receiving public healthcare in the country, as the project will impact all data collection and use of the routine health data information system, the District Health Information System (DHIS), which is utilized in all districts nationally. HISP is a local partner, who will hire staff to provide technical assistance to the health information division at each provincial DOH; the sustainability plan which will be developed in the first year of the agreement will outline the process to transition that technical expertise to the DOH staff before the agreement's termination. The monitoring and evaluation plan for the five year project will be developed within the first year, with indicators targeted to health information capacity building in all provinces, the number of data capturers providing timely feedback reports to facilities, and the percentage of districts achieving data quality assessment scores of 80% or greater.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13682**		
Mechanism Name:	**Health Information Systems Program**		
Prime Partner Name:	**Health Information Systems Program**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	1,000,000	0

Narrative:

HISP is the developer of the national, primary HIS for routine health data, the District Health Information System (DHIS), and as such they are a natural leader in health information systems (HIS) and SI in South Africa. The SI barriers for the planned HISP SI activities are primarily that there are multiple different HIS which operate in parallel and are non-compatible, only one of which is the DHIS. Facilities are expected to report on required indicators using multiple different HIS, separate HIS for HIV/AIDS, TB, drug-resistant TB, HRH, pharmacy supply management, and primary healthcare routine indicators. There is a lack of interoperability between HIS, even those that seek to collect identical datasets. The new HISP agreement seeks to address these barriers by developing an enterprise architecture for the eHealth strategy which will account for the role and technical functionality of every HIS. The development of the architecture will enlist all stakeholders including NDOH and software developers who created the current HIS, as well as architecture experts and frameworks. HISP will also

work towards developing standards for interoperability between HIS, and work to facilitate a national electronic data standards committee. These activities will be done enlisting the approval and cooperation of the NDOH. HISP will also pilot methods of leading the development of governance structures for HIS at the provincial level. They will also works closely with the USAID partner John Snow, Inc/Enhance SI and the CDC partner WAMTech. These linkages pertain to SI activities such as routinely monitoring and improving data quality within the DHIS, and working towards interoperability between the DHIS and the TB and drug-resistant TB electronic registry HIS by revising the database structure and function. The opportunities for future linkages include working towards interoperability in the newly selected ART monitoring HIS, and PEPFAR South Africa will work to ensure that cooperation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,500,000	0

Narrative:

HISP will strengthen the National Health Information System (NHIS) through facilitating an independent HIS capacity assessment to identify gaps in the overall NHIS. This assessment should at least assess and analyze 1) the Enterprise Architecture of the NHIS, 2) health data standards, 3) health data governing structures, 4) institutional capacity to support NHIS, 5) inter-sectoral collaboration, 6) country ownership and leadership. The results will be used to develop plans to bridge gaps in collaboration with NDOH and Provincial DOH. HISP will provide technical assistance, guidance and support to implement these plans as determined by NDOH. HISP will give implementation support to Districts and PEPFAR District Partners for Tiers 1 and 2 of the 3-tiered ART monitoring system. This system was selected by the National Health Council of South Africa to be the single ART monitoring system in the country; all ART statistics are to be reported via this system. OHSS activities pertaining to this roll-out are change management and tool-specific training for the district management teams and each facility. HISP will draft a comprehensive capacity building strategy and activity plan and start implementing the initiatives during FY2012. The plan will be drafted in collaboration with NDOH and PEPFAR/SA to ensure alignment with SAG priorities and coordination within the Partnership Framework. HISP will embark on activities aimed at strengthening the HMIS and institutional capacity in South Africa through: 1) providing targeted technical assistance to NDOH, Provinces and Districts. The TA will focus on strengthening data management, data quality, use of data, and reporting at all levels but mainly at facilities; 2) supporting existing or establishing new HIS Coordinating or Data Committees for NDOH, Provinces and Districts. The role of these committees will be to deal with data quality, feedback to data sources, integration of data from parallel sources, security/confidentiality policies, and general data management issues. The idea is to replicate the existing National Health Information Systems Committee structure at Provincial and District levels.

Implementing Mechanism Details

Mechanism ID: 13688	**Mechanism Name: GH1151**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Health and Development Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 675,000	
Funding Source	**Funding Amount**
GHP-State	675,000

Sub Partner Name(s)

Project Support Association	Sonke Gender Justice	

Overview Narrative

The goal of this project is to prevent HIV infections in Gert Sibande, Mpumalanga by combine evidence based prevention programming targeting commercial sex workers (CSWs) and tavern patrons to reach 80% of CSWs in selected drinking places with comprehensive, evidence-based behavioral interventions to reduce high risk sexual behavior; ensure annual HIV testing of 90% of targeted CSWs; increase referral of CSWs to HIV care and support; implement Prevention with Positives; increase awareness of safer sex and alcohol use; and develop a project to be integrated into SAG services at provincial and district levels. When possible, indicators will be internationally recognized and derived from the PEPFAR Indicator Reference Guide. Standard data collection tools will be used to measure training and implementation outputs and outcomes, meetings will be conducted to discuss data and make data-driven decisions, information will be checked for accuracy and reliability, and audits will be conducted using established tools. HDA activities will be coordinated with Soul City's 'Phuza Wize' campaign to ensure resource efficiency. The project aligns with South Africa's strategic plan and partnership framework, and supports PEPFAR and SAG goals of supporting country-led initiatives aimed at primary prevention of HIV infections. HDA has a track record of building the capacity of local organizations, and the Departments of Social Development and Education regard HDA as a key partner in the delivery of capacity-building initiatives. PSASA staff will be trained as trainers and receive management and technical support to scale up interventions. As part of the community mobilization strategy, HDA will pass developed training resources and capacity building interventions to local organizations.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	50,000

TBD Details

(No data provided.)

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**13688**		
Mechanism Name:	**GH1151**		
Prime Partner Name:	**Health and Development Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	135,000	0

Narrative:

Reliable data exists neither of the HIV prevalence, current HCT coverage, nor the size of the sex worker population in this geographic area. Using a model that employs community mobilization through peer education and outreach, HDA will provide community-based HIV counseling and testing (HCT), STI screening, appropriate referrals to HIV, STI care treatment and support (including mental health and substance abuse support) to CSWs working at drinking establishments, and their male clients/tavern patrons. All HVCT funding provided through this cooperative agreement will support provision of HCT for CSWs, a most at-risk population. This project aims to reach 80% of identified sex workers in the target area with HCT. CSW peer advocates will be employed to facilitate referral to appropriate care and treatment services. HDA will work with PEPFAR partners and DoH to establish referral systems to ensure ease of access and track and follow up on the service provided. . In FY2012, HDA aims to provide HCT and STI screening to 1000 persons (800 CSWs and 200 of their male clients). In FY2012, HDA will conduct

bio-behavioral surveillance as part of the situational assessment to obtain baseline prevalence and risk behavior information. In 2012, this surveillance activity will sample 500 CSWs in Gerte Sibande district at a unit cost of $40.57 per study participant.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	540,000	0

Narrative:

HDA has identified 5 target groups for this project: CSWs, male tavern patrons, tavern owners and managers, primary healthcare workers, and partnering CBOs. HDA's HCT activities will be complemented by sex worker peer advocates and male peer advocates trained through the "One Man Can" campaign, who will provide community mobilizations around HCT and STI screening services, distribute female and male condoms and risk reduction information to sex workers and male patrons at drinking establishments. CSWs identified through stakeholder engagement will participate in formal workshops and trainings (Stepping Stones Intervention) to examine attitudes towards gender and relationships, build on their knowledge of aspects of sexual health and HIV/AIDS, and develop skills to help them communicate their needs to others. The target for the Stepping Stones training in FY2012 is 600 CSWs. Of the CSWs participating in Stepping Stones, those who show leadership and an aptitude for peer education will be trained as peer advocates. The functions of peer advocates are to provide risk reduction education and condoms to their peers, support the practice of preventative behavior, and link CSWs to the primary health care system. HDA aims to train 80 CSW in FY2012 as peer advocates, who will in turn provide risk reduction information, support and materials to 6200 people in FY2012 . The 'One Man Can' tools and materials will be adapted to provide men-to-men peer outreach in taverns to discuss alcohol use, violence, and masculinity to ensure a combination of behavior change strategies in drinking locations. 20 peer educators for the One Man Can component of this project will be trained in FY2012. HDA will hold training sessions for tavern owners and managers on how to support the project and CSWs frequenting their establishments as well as ensuring the availability of condoms. The buy-in and support from local health workers is crucial for the creation of a conducive environment in which CSWs able to practice risk reduction behavior and seek appropriate health services. In partnership with Department of Health, DHA will obtain buy-in and provide clinic health staff with information and sensitizations trainings on providing cooperative and friendly places for CSWs (and their sex partners), to obtain appropriate health services, and collect condoms and lubricants. DHA will work with PEPFAR partners and DoH to establish referral systems based on the standard HBC system for their peer educators to ensure ease of access and track and follow up on the service provided.

Implementing Mechanism Details

Mechanism ID: 13695	**Mechanism Name: Epicentre AIDS Risk Management**
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: Epicentre AIDS Risk Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,300,000	
Funding Source	**Funding Amount**
GHP-State	1,300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In response to national and PEPFAR priorities, Epicentre is establishing an HIV incidence surveillance system in Sisonke District of KwaZulu Natal (KZN) Province. The objectives of the surveillance system are to 1) establish population-level adult HIV incidence and monitor changes in incidence trends over time, 2) determine programmatic factors associated with changes in new HIV infections, and 3) validate laboratory HIV incidence estimation assays against cohort incidence measurements.

This surveillance system will employ a cross-sectional approach with an embedded cohort and is designed to be complementary to the national household survey. The system is being established where PEPFAR partners and the district government are scaling-up intensive, multi-pronged prevention interventions including MMC, HCT and comprehensive prevention services. It will collect localized and detailed information about the HIV response in the geographic area and have the ability to look more closely at associations in scale-up of prevention efforts on changes in HIV incidence in a "real world", non-trial setting. It will also establish population-level incidence and prevalence baseline in order to monitor future trends as new bio-medical technologies become available including pre-exposure prophylaxis (PrEP), post exposure prophylaxis (PEP) and vaginal or anal microbicides. In addition, it will provide the ability to validate different laboratory assays and algorithms against cohort-derived incidence as well as potentially introducing additional laboratory components. This activity is being conducted with the strong endorsement of the KZN provincial government and in close collaboration with government and PEPFAR partners in Sisonke District. No vehicles are being purchased.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13695**		
Mechanism Name:	**Epicentre AIDS Risk Management**		
Prime Partner Name:	**Epicentre AIDS Risk Management**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	300,000	0
Narrative:			
FY 2012 activities for this partner included baseline assessments and community mapping, stakeholder sensitization and buy-in, protocol and tool development, ethical clearance, and training for study team members cross-sectional data collection. In FY 13 cohort data collection will take place including HIV and STI testing and a behavioral interview of each participant as well as incidence testing and validation of new incidence assays. The sample size will be approximately 6,000 men and 6,000 women in one district in KwaZulu Natal where PEPFAR and the local government are scaling-up medical male circumcision and comprehensive prevention programs.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	600,000	0
Narrative:			
FY 2012 activities for this partner included baseline assessments and community mapping, stakeholder sensitization and buy-in, protocol and tool development, ethical clearance, and training for study team members cross-sectional			

data collection. In FY 13 cohort data collection will take place including HIV and STI testing and a behavioral interview of each participant. The sample size will be approximately 6,000 men and 6,000 women in one district in KwaZulu Natal where PEPFAR and the local government are scaling-up medical male circumcision and comprehensive prevention programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	200,000	0

Narrative:

FY 2011 activities for this partner included baseline assessments and community mapping, stakeholder sensitization and buy-in, protocol and tool development, ethical clearance, and training for study team members. In year two, FY 2012 surveillance data collection will take place including HIV and STI testing and a behavioral interview of each participant. The sample size will be approximately 2,500 men and 2,500 women in one district in KwaZulu Natal where PEPFAR and the local government are scaling-up medical male circumcision and comprehensive prevention programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	0

Narrative:

FY 2012 activities for this partner included baseline assessments and community mapping, stakeholder sensitization and buy-in, protocol and tool development, ethical clearance, and training for study team members cross-sectional data collection. In FY 13 cohort data collection will take place including HIV and STI testing and a behavioral interview of each participant as well as incidence testing and validation of new incidence assays. The sample size will be approximately 6,000 men and 6,000 women in one district in KwaZulu Natal where PEPFAR and the local government are scaling-up medical male circumcision and comprehensive prevention programs.

Implementing Mechanism Details

Mechanism ID: 13709	**Mechanism Name: University of Washington**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	

G2G: No	Managing Agency:

Total Funding: 6,000,000	
Funding Source	**Funding Amount**
GHP-State	6,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The SAG, PEPFAR, GHI & I-TECH recognize the importance of strong systems for integrated health programs. COP12 activities will be expanded to include TA to the NDoH & PDOH to meet the goals and objectives of the partnership framework and the National Strategic Plan in support of the national HIV/AIDS, and TB response (2012 – 2016). Priority will be given to developing sustainable programs that will be transitioned to country-owned and country-driven. I-TECH SA Goal: To improve the effectiveness, efficiency and sustainability of the SA national HIV, STI and TB Response. I-TECH Objectives: Reduce HIV and TB incidence; Strengthen community systems to prevent HIV/TB transmission; strengthen managerial capacity across the public sector particularly in M&E, information systems, implementation and HIV mainstreaming; Increase institutional capacity to deliver health system functions; and Invest in OR & new innovative methods to evaluate the true impact of programs. I-TECH SA will strengthen the National Health System with emphasis on 4 of the 6 building block of the WHO HSS framework, which include human resources for health, information, service delivery, and governance. Specifically, I-TECH's TA to the NDOH, PDOH & RTCs will included strengthening the 9 RTCs capacities based on the US AETC model with primary emphasis on: 1. Human capacity development (leadership & governance capacity building, human resource development/ management, financial management); 2. Strategic information (strategic planning, data management and reporting systems, monitoring and evaluation, target indicator development, disseminating best practices to improve program efficiency/ effectiveness).

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Leased	13,297

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13709**		
Mechanism Name:	**University of Washington**		
Prime Partner Name:	**University of Washington**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	750,000	0

Narrative:

I-TECH aims to reduce HIV and TB incidence. I-TECH SA will support the scale-up of a national advanced HIV, AIDS and TB training program in collaboration with the National and Provincial Departments of Health as well as District Management Teams in three priority districts with possible expansion to other areas, targeting worst performing districts at primary health centres to improve specific TB and HIV quality of prevention, care and treatment indicators. As part of this effort, I-TECH will strengthen programs against TB, MDR-TB and XDR-TB aligned to the decentralized TB prevention, care and treatment guidelines. I-TECH will conduct a baseline assessment, collaborating with the University of Free State to standardize the approach that has already been used in Northern Cape and Eastern Cape, develop a training plan and then scale-up the training program. One of the focus areas of the baseline assessment would be the data quality and reporting tools used at the facility. I-TECH will ensure that national tools are used and that TB indicators are reported correctly so that high-quality data is available for progress monitoring and outcome evaluation. I-TECH maximizes its impact through a "training of trainers and mentors" strategy. This leverages large numbers of new HCW trained and assures that departments of health have internal master trainers/mentors available who allow them to rely less and less on external technical assistance (TA). Using this model, I-TECH will work closely with the RTCs to develop a network of district trainers to implement the national training program at the sub-district level. I-TECH will train nurse mentors to support knowledge into practice at the district level. Additionally, I-TECH will work with the Department of Correction Services to develop and implement an HIV and TB training program. The goal of the program is to support health care workers working in the prison system to provide essential HIV and TB prevention care and treatment for inmates. As with the facilities, I-TECH will assist in improving the quality of the treatment data and evaluate the flow of data to ensure that Correction Services TB data is included in national reporting. I-TECH will conduct on-going monitoring and an outcome evaluation to ensure that the TB and HIV quality of prevention, care and

treatment indicators improve as a result of the interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	4,500,000	0

Narrative:

During FY 2012, I-TECH's OHSS-funded activities will assist the strengthening of the South African Health System mainly as follows:

1. Regional Training Center (RTC) Capacity Building: Using the International AIDS Education and Training Center (IAETC) model, I-TECH SA will capacitate the Provincial Regional Training Centers (RTCs) to ensure a sustainable, high-quality and standardized training program in the management of HIV, AIDS, TB, STIs, chronic diseases and mental health. I-TECH will:

(i) Conduct a situational analysis of the RTC models identifying best practices and lessons learned, the envisaged role of RTCs in the PHC re-engineering process in collaboration with the HRD at NDOH.

(ii) Analyse potential models for a decentralized RTC structure that includes recommendations for leadership and managerial capacity, human resources needed to support RTC functions, a standardized training program (including distance learning options), infrastructure, data management, and trainer competencies required to implement continuing education for health care workers using the IAETC model.

(iii) Develop a standardized training program working with the NDOH and key partners.

(iv) Develop six provincial plans for RTC strengthening. Implementation will begin in 3 priority RTCs in COP12 with scale-up in COP13 to remaining RTCs.

2. District Leadership and Management Development. I-TECH SA will strengthen district, sub-district and facility-level health systems through the development of practical management skills of key managers through implementation of a leadership and management initiative (LMI). I-TECH will train officials from districts through provincial trainings, with focus on the 10 pilot districts for National Health Insurance and other priority districts identified by the NDOH.

3. Human Resources Information System (HRIS): I-TECH will strengthen the national HRIS through:

(i) Expanding the implementation of the Training System Monitoring and Reporting Tool (TrainSMART) from 3 to 6 provinces and Department of Correctional Services providing a national platform for training data collection and reporting. TrainSMART is an open-source, web-based training data collection system developed by I-TECH aligned to the reporting requirements of PEPFAR.

(ii) Providing TA to DOH at all levels with the development and national roll out of the Skills System Monitoring and Reporting Tool (SkillSMART) to become the national HRIS tool. The system will be used to capture data from health care workers (HCW) on qualifications, skills, past trainings, and levels of confidence and competence at an individual level.

(iii)Expanding the electronic library nationally with NDOH.I-TECH will lead the process of assessing current

similar resources to propose a standard or linked national resource.
4. Department of Correctional Services: I-TECH will strengthen the HIV, AIDS, STI and TB prevention, care and treatment of inmates through targeted training and systems strengthening activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	750,000	0

Narrative:

I-TECH SA COP 12-13 will focus on TA to strengthen the SA NDoH, PDoH, District Management Teams, RTCs and HCWs/CHWs in the implementation of prevention of STI, TB and HIV with HIV positive people (PwP) as a key building block for HSS. I-TECH's TA will support prevention activities in the Free State (FS), KwaZuluNatal(KZN), Mpumalanga(MP) and Gauteng(GP) provinces. I-TECH will build capacity and provide on-the-job training for HCWs and CHWs on Prevention with Positives (PwP), and Post Test Clubs (PTCs), enhancing knowledge, skills and practices in service delivery to ultimately improve patient outcomes. The goal of the PwP program is to reduce transmission of HIV to uninfected persons (partners and children) and promote prevention and healthy living in communities and clinical settings.
Objective 1: To integrate PwP activities into clinical care settings. I-TECH conducted a formative assessment in FS to evaluate the HIV prevention information conveyed by HCWs & information received by patients in selected health care settings. I-TECH COP 12 activities will implement the same evaluation in GP, MP and KZN provinces and will implement a 4 hour onsite PwP training course for HCWs & CHWs. Content is adapted from the CDC PwP training course and piloted in GP. Additionally, I-TECH will standardize PwP approaches and materials; conduct 4 TOTs on PwP trainings for RTCs & PEPFAR partners to rapidly scale up PwP activities in districts, sub district & community level. I-TECH will work with NDOH/PDOH to scale-up a nationalized STI training program to RTCs and priority districts and leverage support of NDoH/PDOH to integrate PwP training into the NIMART training & PHC re-engineering process. Objective 2: Strengthen community systems to prevent HIV and TB transmission. I-TECH will expand the Post Test Clubs (PTCs) to interface with the Integrated Access to Care and Treatment (I-ACT) initiative and the HIV testing process to empower communities to provide support for persons living with HIV. I-TECH will provide TA to roll out PTCs in GP, MP & KZN in COP 12. PTCs empower newly diagnosed HIV persons with PwP messages, positive living, teach life skills & nutrition. Clinics & community linkages will be strengthened. Program evaluation will assess the impact on key PwP indicators for adherence, disclosure of status, partners testing, loss to follow-up, risk reduction behaviours& improved quality of life. Five training of trainers will be conducted for RTCs, partners and Community Based organizations (CBO's) for scale-up of PTCs to rapidly scale-up and deliver the training across the country.

Implementing Mechanism Details

Mechanism ID: 13750	**Mechanism Name: GH1152**
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: University of Stellenbosch, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,300,000	
Funding Source	**Funding Amount**
GHP-State	1,300,000

Sub Partner Name(s)

Catholic Welfare and Development	Etafeni Day Care Center	Living Hope
Philippi Trust	Sizakuyenza	

Overview Narrative

In line with the PF priority to achieve HIV prevention through the expansion of HIV counseling and testing (HCT) programs linked to evidence based behavioral change, this proposal aims to expand and enhance six existing community based, NGO-led HIV HCT centers into Community HIV Prevention Centers. The overall goal is to reduce the number of New HIV infections within the Cape Metropole and specifically within the targeted geographical areas highlighted below, where HIV prevalence is high and the incident rate is growing. During the first six months of the project, a situational analysis will be undertaken to understand the needs and gaps in HIV prevention strategies, in each of the chosen communities, staff will be trained accordingly and a monitoring system will be developed to track progress. The proposed project will be carried out within the Cape Metropole of the Western Cape. The project will be carried out in partnership with government (Provincial Department of Health and City of Cape Town Health Department) and various NGOs. Such activities include but may not be limited to, condom distribution and referral and follow up of clients for (a) male medical circumcision (b) STIs (c) HIV care (d) TB treatment and (e) pregnant women to PMTCT program. The proposed project will allow for transference of skills to and increased capacity for local indigenous organizations i.e. NGOs to provide HIV prevention interventions in their communities. Activities will be constantly monitored through the use of specific M&E tools developed, so that a model of a "best practices" for a Community HIV Prevention Centre may be established and potentially replicated in other areas of South Africa, through local organizations. No vehicle will be procured in this

program for two years.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Leased	6,500

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13750**		
Mechanism Name:	**GH1152**		
Prime Partner Name:	**University of Stellenbosch, South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	350,000	0

Narrative:

The overall goal is to reduce the number of New HIV infections within the Cape Metropole and specifically within the targeted geographical areas. Activities will be aimed at young adult men and women aged 18-35. Target for COP 2012 is 5000. HIV Prevention activities will include: addressing delay of sexual debut, safer sex practices, risk behaviour reduction practices, HCT, and MMC. All routine data (indicators) will be collected on a monthly basis at each centre and sent to the project manager for collation. Monthly meetings will be held with the project manager, PNs and NGO representatives to assess progress against measurable outputs. This will allow for monthly planning and adaptations being made to existing plans to reach targets set. Database shall be used to input data and for reporting means.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVCT	350,000	0

Narrative:

The overall goal is to reduce the number of New HIV infections within the Cape Metropole and specifically within the Eastern, Northern Mitchell's Plein & Klipfontien Sub-Districts. Activities will be aimed at young adult men and women aged 18-35. HCT target for COP 2013 is 6000 aggregated by 3000 male and 3000 female. HCT activities will be conducted to create a gateway to HIV prevention, care and treatment services. Additionally, HCT activities will be used to: provide individual and couple counseling; conduct screening to the clients for STIs and refer if symptomatic for treatment; provide support to Sero-discordant partners, as well as those who have the same status; explore topics such as substance abuse with clients during post-test counseling sessions, as part of a client's risk reduction plan, and enroll in external quality assurance program for rapid HIV test. All test kits will be procured and stored following the NDOH rapid testing guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	600,000	0

Narrative:

The overall goal is to reduce the number of New HIV infections within the Cape Metropole and specifically within the Eastern, Northern Mitchell's Plein & Klipfontien Sub-Districts. The program will target young adult men and women aged 18-35. In COP 2013, 7000 target is set. Activities will include but not limited to: Conduct referrals of heterosexual males to medical male circumcision (MMC); Distribution of male and female condoms; Screening and Referrals for STI patient's treatment. Provision of youth and HIV Prevention Sessions to promote awareness/ education around HIV, including addressing delay of sexual debut, safer sex practices and risk behaviour reduction practices. Strengthens monthly youth "groups" at each identified site. Incorporate sport, games, movies, life skills, motivational speakers, job skills, assistance with homework etc. Referral of pregnant women for midwife obstetric unit (MOU) for entry into the PMTCT program. All routine data (indicators) will be collected on a monthly basis at each centre and sent to the project manager for collation. Monthly meetings will be held with the project manager, PNs and NGO representatives to assess progress against measurable outputs. This will allow for monthly planning and adaptations being made to existing plans to reach targets set. Databases shall be used to input data and for reporting means.

Implementing Mechanism Details

Mechanism ID: 13761	**Mechanism Name: HRH Transition Plan Support - Aurum Health Research**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: Aurum Health Research	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 14,388,001	
Funding Source	**Funding Amount**
GHP-State	14,388,001

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This program aims to identify need, recruit, hire and manage various levels of clinical, technical, and administrative health care staff to support the SAG's implementation of HIV and TB prevention, care and treatment services in South Africa. The following are NDOH and CDC agreed identified priority districts/areas for this project: Free-State: Xhariep, Motheo, Lejweleputsa, Fezile Dabe, Eastern Cape: Nelson Mandela Bay Metro, Buffalo City, OR Tambo, Northern Cape: Pixley ka Sema, Francis Baard, KwaZulu Natal: Zululand, Umzinthathi, Uthukela, Umgungundlovo, Limpopo: Waterberg, North West: Bojanala, Ngaka Modiri Moleme, R Moila, Tswaing. Measurable outcomes will be in alignment with: To rapidly assess and prioritise the human resource needs in the areas identified as well as conduct a baseline assessment of existing PEPFAR supported human resource provision to those areas, especially partners with current CDC funding which is about to expire, To conclude and implement memoranda of understanding with the relevant NDOH structures at the various levels to ensure the support for this project. To recruit, hire and place suitable staff to meet the identified needs in the areas based upon the priorities determined, To manage the consistent remuneration and administration of the placed staff based on equitable standards acceptable to the NDOH and in accordance with all relevant laws and regulations, To conduct adequate performance management of all staff throughout the grant period, To progressively and systematically arrange for the transfer to and absorption of staff into the NDOH by the end of the grant, according to agreed schedules, and To monitor and evaluate the performance of all role players in this project to ensure project performance.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	588,954

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

TB

Budget Code Information

Mechanism ID:	**13761**		
Mechanism Name:	**HRH Transition Plan Support - Aurum Health Research**		
Prime Partner Name:	**Aurum Health Research**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	591,408	0

Narrative:

This program provides Human Resource (HR) staffing support in public sector clinics and health departments, generally focused in 12 districts nationally, to fill critical gap staffing needs as determined jointly with PEPFAR partners and the Department of Health (DOH). The partner's work is coordinated with another PEPFAR partner (HST) providing programmatic capacity support and TA in the same districts. The two partners coordinate their work together, and with DOH, for comprehensive program impact.

In HBHC, activities and inputs support mainly the roll-out of the Public Health Care (PHC) re-engineering strategy of SAG, which should build connection to the community and strengthen the linkages to care. At the community level, it is likely that the needs identification process will point towards the strengthening of the community outreach team as defined in the PHC re-engineering strategy. These outreach teams are likely to have a number of vacancies without initial mechanisms to fill them which is where this grant will be appropriate.

The M&E approach is a fundamental component of the grant execution. For this budget code, the sub-partner (SEAD) executing a baseline HR survey of the target districts will include the HBHC needs analysis and the

meeting of that need over the course of the grant. Annual re-surveys will inform HR planning for this category of health worker. The M&E plan also addresses internal performance of the consortium in meeting HBHC staffing targets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,655,942	0

Narrative:

This program provides HR staffing support in public sector clinics and health departments, generally focused in 12 districts nationally, to fill critical gap staffing needs as determined jointly with PEPFAR partners and DOH. The partner's work is coordinated with another PEPFAR partner (HST) providing programmatic capacity support and TA in the same districts. The two partners coordinate their work together, and with DOH, for comprehensive program impact.

In HVTB, activities and inputs support the following:
• Alignment of annual planning activities to strategic level policies and plans for TB and HIV;
• Specialist data analysis to reviewing and report trends in TB epidemiology and diagnosis;
• Guide the NDOH on interpretation of reports on PEPFAR TB/HIV ;
• Researching innovative approaches to improved efficiencies in TB/HIV;
• Reviewing District level TB/HIV linkage issues with a view to finding efficiencies and more effective approaches.

The M&E approach is a fundamental component of the grant execution. For this budget code, the sub-partner (SEAD) executing a baseline HR survey of the target districts will include the HVTB needs analysis and the meeting of that need over the course of the grant. Annual re-surveys will inform HR planning for this category of health worker. The M&E plan also addresses internal performance of the consortium in meeting HVTB staffing targets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	413,986	0

Narrative:

This program provides HR staffing support in public sector clinics and health departments, generally focused in 12 districts nationally, to fill critical gap staffing needs as determined jointly with PEPFAR partners and DOH. The partner's work is coordinated with another PEPFAR partner (HST) providing programmatic capacity support and TA in the same districts. The two partners coordinate their work together, and with DOH, for comprehensive program impact.

In PDCS, the staffing to be provided will be targeted mainly at very high priority key facility and community workers undertaking PDCS activities for HIV-exposed children and their families aimed at extending and

optimizing the quality of life of such children. Included in the activities undertaken are: diagnosis, clinical, family and psychosocial support.

The M&E approach is a fundamental component of the grant execution. For this budget code, the sub-partner (SEAD) executing a baseline HR survey of the target districts will include the PDCS needs analysis and the meeting of that need over the course of the grant. Annual re-surveys will inform HR planning for this category of health worker. The M&E plan also addresses internal performance of the consortium in meeting PDCS staffing targets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

This program provides HR staffing support in public sector clinics and health departments, generally focused in 12 districts nationally, to fill critical gap staffing needs as determined jointly with PEPFAR partners and DOH. The partner's work is coordinated with another PEPFAR partner (HST) providing programmatic capacity support and TA in the same districts. The two partners coordinate their work together, and with DOH, for comprehensive program impact.

A) In the first instance (budget $600 000), staffing will be targeted mainly at roles which are cross-cutting the pillars of sound health systems, including human resource planning, financial planning, management and leadership, and interdisciplinary health professional capacity. The work of the seconded staff will target health systems support work such as:

• Identifying and developing proposed system solutions to district level systems barriers impeding overall programme efforts;

• Identifying and describing cross-cutting issues which could improve systems performance;

• Activities supporting the forward planning capacities of District Management Teams.

• Support for an NHLS project manager to coordinate a pilot project to evaluate cryptococcal antigen testing in NHLS facilities.

B) In the second instance (budget $300 000), this work will support the development of a Human Resources Transition Plan together with the NDOH for all USG Care and Treatment personnel to the NDOH over an as yet to be defined transition period. This activity is likely to be a joint exercise between Aurum and sub-partner SEAD engaging with the NDOH and USG agencies.

The M&E approach is a fundamental component of the grant execution. For this budget code, the sub-partner (SEAD) executing a baseline HR survey of the target districts will include the PDTX needs analysis and the meeting

of that need over the course of the grant. Annual re-surveys will inform HR planning for this category of health worker. The M&E plan also addresses internal performance of the consortium in meeting PDTX staffing targets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	2,559,845	0

Narrative:

Aurum will maintain its established high volume MMC site in Ekurhuleni District, Gauteng, accomplishing 5,000 MMCs in 2012 and 5,000 MMCs in 2013 ($100/MMC). Unit costs per MMC reflect use of efficient staffing and site management and are the standard rate for MMC in South Africa. Aurum will operate against a sustainability plan to transfer their skill set to facility staff for impact past the completion of the project. Project will support SAG monitoring efforts by using reporting mechanisms that fold into district, provincial and national systems, avoiding creating parallel reporting structures. Their program will continue to build on best practices in MMC, including use of forceps-guided surgery, employing models to optimize volume and efficiencies (MOVE), incorporating gender messaging on male norms and proper treatment of females, and delivering these as part of a minimum package of HIV prevention services, including HCT, age-appropriate risk reduction counseling, condom demonstration, provision and promotion, and linkages to family planning, STI, HIV, TB, and other treatment services. Aurum will make efforts to retain patients in care through the duration of their healing to minimize complications and reinforce risk reduction messages. Demand creation will be essential and entail community dialogues, mass media, local media, engagement of female partners and caregivers, engagement of key influencers, employers, and community stakeholders, peer referral networks, "word of mouth" campaigns, and strong linkages from HCT, PMTCT and other touch points within the health system. The MMC activities are intended not only as a single biomedical intervention to reduce HIV acquisition risk, but also an opportunity to engage men in health services and maximize linkages to other key resources for males' improved long-term engagement in the health sector, increasing their likelihood to seek support for sexual and reproductive health and chronic disease management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,715,083	0

Narrative:

This program provides HR staffing support in public sector clinics and health departments, generally focused in 12 districts nationally, to fill critical gap staffing needs as determined jointly with PEPFAR partners and DOH. The partner's work is coordinated with another PEPFAR partner (HST) providing programmatic capacity support and TA in the same districts. The two partners coordinate their work together, and with DOH, for comprehensive program impact.

In MTCT, activities and inputs support the following:

• Building the capacity of health care providers and facilities to provide PMTCT services at facility level in the priority sub-districts;
• Building capacity at national, provincial, district and clinical site level to oversee the program, routinely collect data and monitor the quality of services;
• Improving/coordinating practices that promote paired mother-infant care and linkage to other appropriate treatment, and care and support services;
• Supporting integration of PMTCT into routine maternal/child health services and other prevention programs.

The M&E approach is a fundamental component of the grant execution. For this budget code, the sub-partner (SEAD) executing a baseline HR survey of the target districts will include the MTCT needs analysis and the meeting of that need over the course of the grant. Annual re-surveys will inform HR planning for this category of health worker. The M&E plan also addresses internal performance of the consortium in meeting MTCT staffing targets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	6,032,358	0

Narrative:

This program provides HR staffing support in public sector clinics and health departments, generally focused in 12 districts nationally, to fill critical gap staffing needs as determined jointly with PEPFAR partners and DOH. The partner's work is coordinated with another PEPFAR partner (HST) providing programmatic capacity support and TA in the same districts. The two partners coordinate their work together, and with DOH, for comprehensive program impact.

In HTXS, activities and inputs support the following:
• Training activities, including pre- and in-service training and mentorship focusing on improved treatment quality and coverage;
• On-site HSS activities;
• Efforts to track and evaluate clinical outcomes and other performance data and current clinical outcomes to measure performance for quality improvement at the sub-district and site level;
• Efforts to improve retention of patients initiated on ART and outcomes of these activities;
• Adherence activities and outcomes of these adherence activities;
• Target population(s) and coverage with a comprehensive care and treatment package, including ART provision, cotrimoxazole prophylaxis, and TB screening;
• Efforts to improved efficiencies to allow for continued expansion of services

The M&E approach is a fundamental component of the grant execution. For this budget code, the sub-partner (SEAD) executing a baseline HR survey of the target districts will include the HTXS needs analysis and the meeting

of that need over the course of the grant. Annual re-surveys will inform HR planning for this category of health worker. The M&E plan also addresses internal performance of the consortium in meeting HTXS staffing targets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,419,379	0

Narrative:

This program provides HR staffing support in public sector clinics and health departments, generally focused in 12 districts nationally, to fill critical gap staffing needs as determined jointly with PEPFAR partners and DOH. The partner's work is coordinated with another PEPFAR partner (HST) providing programmatic capacity support and TA in the same districts. The two partners coordinate their work together, and with DOH, for comprehensive program impact.

In PDTX, activities and inputs support the following:
• Training activities, including pre- and in-service training and mentorship focusing on improved treatment quality and coverage;
• On-site HSS activities with paediatric outcome objectives;
• Efforts to track and evaluate clinical outcomes and other performance data and current clinical outcomes to measure performance for quality improvement at the sub-district and site level;
• Efforts to improve retention of patients initiated on ART and outcomes of these activities;
• Adherence activities and outcomes of these adherence activities;
• Target population(s) and coverage with a comprehensive care and treatment package, including ART provision, cotrimoxazole prophylaxis, and TB screening;
• Efforts to improved efficiencies to allow for continued expansion of services; and

The M&E approach is a fundamental component of the grant execution. For this budget code, the sub-partner (SEAD) executing a baseline HR survey of the target districts will include the PDTX needs analysis and the meeting of that need over the course of the grant. Annual re-surveys will inform HR planning for this category of health worker. The M&E plan also addresses internal performance of the consortium in meeting PDTX staffing targets.

Implementing Mechanism Details

Mechanism ID: 13767	**Mechanism Name: Re-Action!**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Re-Action!	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 720,000	
Funding Source	**Funding Amount**
GHP-State	720,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Re-Action project aims to reduce number of new HIV infections among commercial sex workers (CSWs) in Nkangala District, Mpumalanga Province, South Africa. The project will draw on Re-Action's successful "Public-Private Mix" (PPM) approach to health systems strengthening and extensive institutional partnerships and community outreach infrastructure in Mpumalanga, as well as RTI International's technical expertise in working with female sex workers and the implementation of the women-focused evidence-based "Women's Health CoOp" (WHC) intervention package. Drawing on these strategies and capacities, the project will: (a) produce an accurate, thorough situational assessment of CSWs throughout Mpumalanga through the use of community mapping strategies; (b) strengthen local networks and other support structures, and increasing availability of condoms and water-based lubricants; (c) reach a minimum of 80% of identified CSWs in the target area with comprehensive prevention interventions, link them to relevant, care and treatment resources and services, including HIV testing, substance abuse support, and life skills mentoring. The project will initially be implemented in Nkangala District, expanding to Ehlanzeni district in subsequent years in order to reach CSWs throughout the province. Re-Action will work with other partners working with CSWs and their clients in Mpumalanga (such as Health and Development Africa and Careworks) to ensure activities are coordinated and collaborative. By localizing the evidence-based capacity to "reach, test, treat and retain" CSWs, this project has tremendous promise for sustainability. Through this cooperative agreement, Re-Action will purchase two vehicles to conduct mobile HCT, and STI services.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	100,000
Motor Vehicles: Purchased	41,858

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13767		
Mechanism Name:	Re-Action!		
Prime Partner Name:	Re-Action!		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	180,000	0
Narrative:			
Reliable data does not exist for the HIV prevalence, current HCT coverage, nor the size of the sex worker population in this geographic area. Through this award Re-Action will establish and strengthen the provision of comprehensive HIV prevention services including the provision of mobile HCT services to sex workers at brothels, truck stops, and other venues where sex workers can be found with the goal of reaching 80% of identified CSWs in Nkangala district with HCT services. To ensure accuracy of mobile HCT, Re-Action will enroll in an external quality assurance program for rapid HIV testing and all test kits will be procured and stored following the NDOH HIV testing algorithm. Sex workers found to be HIV positive will be offered prevention with positives interventions tailored to the unique HIV risk profile of sex workers. Through the utilization of peer educators and outreach workers, Re-Action will improve referral to HIV care, treatment and support services. All HVCT funding provided through this cooperative agreement will support provision of HCT for CSWs, a most at-risk population.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	540,000	0
Narrative:			
Re-Action's HCT program is complemented by the implementation of behavioral and biomedical prevention interventions that addresses substance abuse, gender-based violence and mental health as a component of HIV			

prevention. The aim of the project is to reach a minimum of 80% of the identified CSWs with the prevemtion interventions (STI diangosis and treatment, TB screening, behavioural interventions), provide referrals relevant prevention, care and treatment resources and services, including referrals to substance abuse counseling and life-skills mentoring. Mobile units conducting HCT will also be equipped to conduct syndromic STI screening and treatment for CSWs and offer condoms, lubricants and IEC material related to substance abuse, gender-based violence and provide individualized risk assessment and risk reduction counseling and support. Local networks will be strengthened to increase the availability of condoms (including female condoms) and water-based lubricants. To ensure sustainability and local ownership, Re-Action will conduct training for maser trainers, peer education/ outreach workers, NGO staff and department of health personnel, sensitize healthcare workers to the health needs of CSWs and promote community dialogues on sexuality, gender and beliefs/expectations/stigma regarding CSWs. Additionally, Re-Action will monitor technology and policy developments relevant to HIV prevention, care and treatment for CSWs such as vaginal microbicides, PrEP, PEP, etc.), and will integrate new technologies as approved and when available.

Implementing Mechanism Details

Mechanism ID: 13771	**Mechanism Name: Howard University**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Howard University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this project is to develop and strengthen the pre-ART surveillance system and improve access to care and treatment. It will be built on the newly created platform of the HCT campaign mobilizing all South Africans to

get HIV tested. The project activities will monitor disease progression, reduce morbidity through a package of preventive interventions, prepare patients for ART and assist clinicians to identify patients who are eligible for ART. The project will support the PF goal that seeks to prevent new HIV infections through linking persons who test HIV positive to treatment, care and prevention services. It will support and strengthen surveillance and the use of quality epidemiological data to inform policy, planning and decision making. GAPS analysis will be performed in all 52 districts and all government levels to determine policy and practice gaps by assessing: the existence of policies for pre-ART care surveillance, data collection tools , scope of data collection on pre-ART care by facility type, the competence of data collectors, existing data flow structures, type of information system, data management and analysis, linkages between point of testing and pre-ART care, the robustness of referral systems and establishing the presence of a unique patient identifier. This analysis will support PHC re-engineering and improve HIV management at district level. There will be close collaboration with the NDOH and other partners and will gradually relegate the responsibility of operating pre-ART surveillance to the NDOH to ensure sustainability of the program. Performance evaluation will be carried out at mid-term and end of program life and performance will be measured against the baseline values and targets in the M&E plan and protocol.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13771**		
Mechanism Name:	**Howard University**		
Prime Partner Name:	**Howard University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Governance and Systems	HVSI	500,000	0

Narrative:

The goals of this project are to develop and strengthen the pre-ART surveillance system in South Africa and to improve access to care and treatment for patients who test positive. It will monitor disease progression, reduce morbidity through a package of preventive interventions, prepare patients for ART, and assist clinicians identify patients who are eligible for ART timely. This project supports the partnership framework goal that seeks to prevent new HIV infections through linking persons who test HIV positive to treatment, care, and prevention services early. It also seeks to strengthen and increase effectiveness of the HIV /TB response by supporting/strengthening surveillance and the use of quality epidemiological data to inform policy, planning, and decision making. There will be partnership with SANAC and SHSPH at University of Pretoria will focus on a GAPS analysis that will assess: the existence of policies for pre-ART care surveillance, data collection tools , scope of data collection on pre-ART care by facility type, the competence of data collectors, existing data flow structures, type of information system, data management and analysis, linkages between point of testing and pre-ART care, and the robustness of referral systems and establish the presence of a unique identifier for each patient who is tested positive to allow follow-up for the current system with the aim to guide the establishment of an improved system within the structures of the NDOH. Information will be collected on persons diagnosed with HIV who are not enrolled in ART care and treatment program and in partnership with other stakeholders, the system will be revamped and strengthened, and recommendations of the gap analysis will be implemented . Pre-ART register will be updated to ensure it captures the minimum data required for monitoring pre-ART care. Data capturers at various facilities will be trained on how to fill out the pre-ART register to strengthen data collection and reporting from service sites. Data transmission systems will be strengthened to allow timely reporting of data from facilities upward to the national M&E unit and enable timely feedback on data quality and performance of targets.

Implementing Mechanism Details

Mechanism ID: 13789	**Mechanism Name: SACTWU**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: South African Clothing & Textile Workers' Union	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 7,100,000	
Funding Source	**Funding Amount**
GHP-State	7,100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

SACTWU Workers Health Program's (SWHP) overarching goal in support of SAG's national goal to reduce new HIV infections by 50%, is to circumcise 80% of target population i.e. HIV negative men between the ages of 15 – 49 years within the 5 years. Established SWHP objectives are to: (a) Implement MMC activities within high-volume regions; (b) Train all MMC activity staff, DOH staff, and private practitioners within the district according to NDOH / WHO guidelines to ensure sustainability; (c) Provide a comprehensive package of MMC services; (d) Strengthen and improve the quality of existing health care facilities and services through the scale up of MMC activities; (e) Establish referral systems and linkages with other public sector HIV care and treatment services; (f) Provide extensive community mobilization activities. SACTWU will provide MMC support in several districts within KwaZulu-Natal, Gauteng, Northern Cape, and Free State.. SWHP's program is configured around the Models of Optimizing Volume and Efficiency (MOVE). In terms of Monitoring and Evaluation SWHP will contribute by working closely with DOH and other PEPFAR partners to build the country capacity for implementing and maintaining a fully comprehensive data management system. This will include developing tools for performance assessment. To date, five vehicles have been requested under this award, three of which are pending approval from CDC PGO; however, in COP 2012 SACTWU plans to purchase up to 7 additional vehicles to accommodate more than three-fold program expansion.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1
Motor Vehicles: Purchased	38,857

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13789		
Mechanism Name:	SACTWU		
Prime Partner Name:	South African Clothing & Textile Workers' Union		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	7,100,000	0

Narrative:

In response to the normative guidance and under the leadership of SAG, PEPFAR funds in SHWP will be utilized to support the implementation of safe voluntary medical male circumcision. Number of male Circumcisions to be performed according to national standards during the reporting period will be 50,000. SWHP overarching goal, in support of SAG's national goal to reduce new HIV infections by 50%, is to circumcise 80% of target population i.e. HIV negative men between the ages of 15 – 49 years within the 5 years. The proposed districts that will be provided with MMC support are Amajuba and UThukela and are currently underserved in terms of MMC. SWHP will integrate a minimum package of MMC services as per NDOH guidelines, in their provision of MMC activities. All clients accessing MMC services will be provided with pre-operative provider initiated HIV counseling and testing (HCT), which will include routine screening for the exclusion of symptomatic TB and STIs. Safe MMC surgical procedures will be conducted on a daily basis by appropriately trained clinical staff using models that optimize volume and efficiency (MOVE). Post-surgery, the client will again receive counseling on correct and consistent condom usage and post-operative care, including sexual abstinence during wound healing. SWHP will support the integration of MMC referral into all HIV services and will strengthen links with HIV care and treatment sites and non-medical HCT sites, to ensure the referral of HIV negative men to MMC service facilities. To increase informed demand for MMC services, SWHP will employ community based individuals to provide advocacy, community mobilization, and education. SWHP will deploy on-site mentors to support and provide mentorship and supportive supervision to DOH staff and private practitioners conducting MMC activities. SWHP will recruit and appropriately train M&E staff to provide quality assurance and monitor service delivery through the implementation of an effective and efficient M&E system, which will address all the required MMC activities.

Implementing Mechanism Details

Mechanism ID: 13793	**Mechanism Name: THCA - GH1152**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TB/HIV Care	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 5,850,000	
Funding Source	**Funding Amount**
GHP-State	5,850,000

Sub Partner Name(s)

Edzimkulu	Sonke Gender Justice	

Overview Narrative

TB HIV Care Association (THCA) is implementing comprehensive HIV prevention programs in KZN (Sisonke District), WC (Cape Town and W.Coast) and EC (Alfred Nzo and OR Tambo Districts) and targets both men and women aged of 15-49. In its second year of implementation, THCA will expand its activities to include MMC in Northern Cape and Eastern Cape provinces as an additional intervention that will target HIV negative males of reproductive age (15-49 years).The goal of the program is to support the DOH to increase access to HIV and TB prevention, diagnosis, and treatment and adherence support. The objectives are to: prevent HIV through HCT and behavioral interventions; prevent HIV through biomedical interventions and structural interventions; and build capacity to strengthen TB/HIV integration. The program's goals are aligned with the National Strategic Plan's key priority areas (KPA) for prevention, treatment, and care and support. The project aims to build and strengthen capacity of all relevant actors and to work with the community to educate and empower them to demand better health services, take ownership, and drive improvements in the health system. Strategies to build capacity include training of CHWs and DOH staff. The training will also address gender equity and masculinity norms. THCA has a developed M&E system to track progress and ensure quality services. Indicators will be monitored and reported on a quarterly basis to the project team, the District, and to PEPFAR. In order to facilitate its expansion plans. THCA will work closely with the DOH to ensure that staff are absorbed over the 5 years of the project. THCA intends to purchase 10 4X4 Toyota Hillux vehicles for the combination Prevention Program.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1
Motor Vehicles: Purchased	719,189

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13793**		
Mechanism Name:	**THCA - GH1152**		
Prime Partner Name:	**TB/HIV Care**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	1,000,000	0

Narrative:

THCA will provide a structured MMC package of services for adolescent and adult males aged 15 and 49 and their partners in NC and EC provinces. The goal is to decrease transmission of HIV in sexually active males and females. This will include providing HIV negative males access to MMC services, referral of HIV positive males to HIV care and treatment, and PWP services to prevent further HIV transmission. Males aged 15-49 years comprise 25% of the population (126,746). Areas that are more than 25 km away from facilities will be prioritized. . Provision of HCT services will identify HIV negative males who will be eligible for MMC and 80% will be circumcised by the end of project. MMC will be implemented using scheduled facility-based MMC and by creating MMC camps. Approximately 14,000 MMCs will be performed during 2013. Medical staff will be recruited and trained to provide circumcisions and manage referrals across prevention and treatment and care programs. THCA will employ mobile HCT and MMC teams in each of the sub-districts where they will be providing services and will work closely with the DOH to ensure that staff is absorbed over the 5 years of the project. To increase informed demand for MMC services, CHWs will be used to mobilize communities by door to door visits, distributing

pamphlets, and making loudspeaker announcements to inform potential clients about where and when MMC services are available. THCA will also establish relationships with local and national media and peer educators will be used as MMC advocates and supporters. TBHC will recruit and appropriately train M&E staff to provide quality assurance and monitor service delivery through the implementation of an effective and efficient M&E system, which will address all the required MMC activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	2,450,000	0

Narrative:

The program is implemented in three provinces, namely KZN (Sisonke District), WC (Cape Town Metro) and EC (Alfred Nzo and OR Tambo Districts) and targets both men and women aged 15 and 49. The HCT target for 2012 is 40% of the population aged 15-49 tested for HIV. HCT will be rendered through a strategic mix of service delivery models including: PITC in health facilities, fixed community based HCT sites, mobile HCT and home based HCT. Through these models, individual and couple counseling will be promoted and provided to both adults and adolescents. THCA will employ a mobile HCT team in each of the sub-districts to provide HCT. THCA mobile HCT teams will also play an important role in identifying high-risk areas and mobilizing people to be tested for HIV and follow-up purposes. HCT with TB and STI screening will identify HIV-positive clients, TB suspects and STI suspects who will be appropriately referred for diagnosis and treatment. Mobile HCT teams and HBCT teams will target the entire adult population based predominantly in rural areas in this district. PITC will be offered at health facilities to all clients. CT will be provided according to national guidelines for HCT, HBCT, rapid testing quality assurance, mentorship, PICT and couples counseling. In addition, clients will be referred for biomedical prevention interventions. The project interventions are designed to strengthen governmental systems through the provision of quality information to support planning, decision making, improve planning and management of human resources. THCA aims to build capacity in communities by educating and empowering them to demand better and sustainable health services. Strategies to build capacity to provide optimal HCT include training of CHW's on HBCT and professional HCWs on PITC. All cadres will be trained on data collection. TBHC will recruit and train M&E staff to provide quality assurance and monitor service delivery through the implementation of an effective and efficient M&E system which will address all the required MMC activities. CHWs will also be trained to address gender equity and masculinity norms.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,400,000	0

Narrative:

THCA will embark on other preventive interventions targeting both males and females aged 15 and 49 years in KZN, EC and WC. These will provide clinical support and focus on integrating HIV prevention with primary health care programs and will include: Correct condom use with demonstration and distribution. Behavioral interventions

for adults to promote correct and consistent condom use, reduce the number of sexual partners and concurrent partnerships. Promote MMC for HIV-negative men, promote and provide HCT including partner testing and disclosure and refer to PMTCT services. Age-appropriate youth interventions for youth not sexually active which will include counseling to delay sexual debut, working with parents and guardians to help improve connectedness and communication to youth about their values and expectations regarding adolescent behavior and providing necessary information and skills building to make their transition to sexual activity safer and healthier. For sexually active youth, interventions will include condom use, reducing the number of sexual partners and concurrent relationships, HCT, referral for MMC and PMTCT. PwP services will provide HIV prevention messages and also include HCT for sex partners and family members, counseling and support for HIV sero-discordant couples, support of disclosure, promotion of safer sex, STI screening and treatment, family planning and adherence counseling for clients on ART or PMTCT. Support of biomedical interventions by strengthening DoH efforts to improve clinical care through clinical mentorship and supportive supervision of providers in health facilities Training and mentorship to professional nurses on PMTCT guidelines including early infant PCR testing and paediatric ART initiation. Syndromic management of STIs at health facilities to symptomatic patients. Delivery of ART at primary care facilities through NIMART under the guidance of a roving medical officer. Prevention of HIV through structural interventions that address gender equity and masculinity norms thus reducing gender-based violence.

Implementing Mechanism Details

Mechanism ID: 13797	**Mechanism Name: Track 1 Follow-On**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Health Systems Trust	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 25,652,321	
Funding Source	**Funding Amount**
GHP-State	25,652,321

Sub Partner Name(s)

Management Sciences for Health	University of Cape Town, Infectious Disease Unit	

Overview Narrative

HST's goal is to improve the effectiveness of the District Health System to decrease the burden of HIV, AIDS, STIs, and TB, and reduce child and maternal deaths.This five-year project will contribute to achieving the prevention; care, support, and treatment; and sustainability goals of the PEPFAR 5-year strategy and the approach will align to Global Health Initiative (GHI) principles. The approach of this proposal is largely developmental and geared towards health systems strengthening. In leveraging proven strategies and methodologies to minimize risk and maximize efficiency and effectiveness, this project will seek to develop local indigenous capacity both within government and the NGO sector to: 1. Do population-based planning, target setting, and monitoring and evaluation; 2. Deliver integrated HIV services including pediatric, PMTCT, and TB services; 3. Develop, implement, and maintain referral networks that will contribute to improved quality of service delivery; and 4. Use information as a key driver to decision making to improve health outcomes through implementation of the three tier health information system. The interventions will combine health systems strengthening and community-based and facility-based strategies to deliver HIV/AIDS and TB services. The approach is to build capacity of managers and technical staff through mentoring and technical assistance to ensure local ownership and sustainability. Herewith a summary of the vehicle request: 16 x VW Polo (one per SA SURE district); $ 320,384; vehicles will be used for traveling to perform activities related to project implementation. This vehicle will be shared by the project team in the districts.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Leased	346,326

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13797**
Mechanism Name:	**Track 1 Follow-On**
Prime Partner Name:	**Health Systems Trust**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,218,279	0

Narrative:

HST will work closely with National, Provincial, and District DOH and other PEPFAR partners in ensuring a continuum of care and support, through both community- and facility-based services, for PLHIV starting from the time of diagnosis. Priority will be given to the early identification of PLHIV, linking and retaining them within care and support services to minimize loss to follow-up, and to reduce early morbidity and mortality. Upon diagnosis of HIV, HST will advocate for immediate CD4 testing (POC testing technology will be considered) and counsel clients to return for results. The partner will also ensure that patients are immediately linked to psycho-social counselling and support groups (e.g. I ACT). HST will implement and maintain pre-ART registers to follow-up patients and track-down early defaulters. To maintain the quality of life of PLHIV, HST will provide cotrimoxazole prophylaxis and Isoniazid preventive therapy (IPT) to all eligible patients and will ensure that PLHIV are provided with routine screening and management of Tuberculosis, other opportunistic infections (i.e. Cryptococcal disease, cervical cancer), and sexually transmitted infections. PLHIV will further be supported through routine nutritional assessments, counselling and support (NACS), and the assessment and management of pain. In order to reduce the transmission of HIV to uninfected individuals, HST will implement prevention with Positives (PwP) programming that may include condom distribution, reduction in high risk behaviour, and reduction in risks imposed by alcohol and use of illegal drugs. The partner will also conduct activities related to care and support program monitoring and evaluation according to appropriate guidelines of the DOH or as advised by PEPFAR.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	3,411,180	0

Narrative:

HST provides comprehensive care and treatment support in 12 districts across RSA in cooperation with another PEPFAR partner, Aurum. In this program model, HST provides program capacity and TA support while Aurum fills key gap HR needs in the public health workforce, in the target districts.
HST will work close together with the national, provincial, district and sub-district departments of health, other PEPFAR funded partners and stakeholders to ensure that no duplication of services will take place and that the NDOH/PDOH policies are adhered to. Facility TB/HIV assessments will be done to identify needs to be addressed. No new tools or training materials/guidelines will be developed without the approval of the national, provincial, district and sub-district departments of health. Only approved NDOH TB/HIV training will be supported. The

partner will focus on the 5 I's: infection control (in collaboration with CSIR and NDOH), implementation of INH prophylaxis to all legible clients; intensified case finding (supporting the NDOH household/outreach case finding initiative, through close collaboration with NDOH and provincial DOH); integration of TB/HIV (all HIV patients will have a known TB result and all HIV patients been symptom screened for TB and referred for TB management or IPT); initiation of ARV's to eligible TB patients (including CD4 counts to all TB patients). Community TB contact and default tracing will be supported by the partner as well as the NDOH MDR/XDR decentralized (program by means of "injection teams" to deliver treatment). Support will also be given to strengthen TB and TB/HIV recording and reporting (monitoring and evaluation) and the partner will work close with NHLS to ensure short turnaround times of results (including support to the GeneXpert diagnostics). The partner will also support the essential drug management (EDL) program to ensure that no interruption of treatment will occur. The partner will ensure that PMTCT, ANC, and pediatric services be part of all TB/HIV activities. Support will be given to advocating, monitoring and social mobilization (ACSM) activities on district, sub-district and facility level, TB and HIV days and the Kick TB initiative.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	852,795	0

Narrative:

HST provides comprehensive care and treatment support in 12 districts across RSA in cooperation with another PEPFAR partner, Aurum. In this program model, HST provides program capacity and TA support while Aurum fills key gap HR needs in the public health workforce, in the target districts.

Activities will target children and adolescents from newborn to 21 years of age. The partner will do needs assessments and work with the District health management (DHMT) team to identify gaps in care. HST will support and strengthen integration of MCH, IMCI, IMAI, nutrition, growth monitoring and HIV services. Identification of HIV exposed (HEI) and infected babies at 6 weeks will be strengthened through optimal use and the recording of the mothers HIV status on the Road to health card. HST will strengthen referral systems between maternity (labor and delivery) and Primary health care clinics to improve follow up and tracking and tracing of mother infant pairs. The partner will support and strengthen the recording and reporting and improve systems to ensure that commodities for DBS PCR testing and drugs (ARVs, cotrimozaxole and Nevirapine syrup) are available at health facilities. HST will strengthen the provision of a minimum package of care for HIV infected children which includes, cotrimoxazole prophylaxis, TB screening at every visit, provision of IPT for children, growth monitoring and nutritional assessment, immunizations, and psychosocial support. HST will support the strengthening of adolescent services including PICT, and psychosocial support especially around issues of disclosure, prevention with positives, and adherence.HST will assist the district and facilities with the implementation of a quality improvement program that will include the following: improved recording and reporting, and monitoring and evaluation. Moreover, the partner will also support the facility, district and province to develop strategies to improve uptake in PCR testing, cotrimoxazole, retesting post weaning and retesting at 18 months.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,286,750	0

Narrative:

Partner will provide support in O R Thambo (EC), Fezile Dabi (FS), Lejwelaputswa (FS), Mangaung (FS), Xarieb (FS), Umgungungdlovu (KZN), Uthukela (KZN, Zululand (KZN) Umzinyati (KZN), Waterberg (LP), Frances Baard (NC) and Pixley Ka Seme (NC) districts towards the implementation of key national programs and health initiatives specifically focusing on:

1. Provide support towards the development of district health plans

2. Provided assistance in strengthening leadership and management capacity

3. Support new or existing management systems and tools specifically aimed at HRH management (recruitment, retention, decreasing vacancy rates) as well as the implementation of the NDOH/PEPFAR HRH transition plan at district, sub-district and facility levels

4. Support capacity development through the coordination, planning, training for and implementation of priority programs (i.e. NIMART, I-ACT) as designed by the National Department of Health

5. Strengthen supply chain management systems

6. Strengthen information management systems (including M&E, disease surveillance and outbreak monitoring, management reporting),

7. Strengthen laboratory processes / systems

8. Support the implementation of quality improvement initiatives within the district

9. Support the implementation of the PCH re-engineering strategy, working with the District Health Team to establish/roll-out the specialist support teams, school health programs and community outreach teams as specified in the PCH re-engineering strategy for the country

10. Support in the planning for the National Health Insurance (NHI) in identified districts

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	3,533,008	0

Narrative:

HST provides comprehensive care and treatment support in 12 districts across RSA in cooperation with another PEPFAR partner, Aurum. In this program model, HST provides program capacity and TA support while Aurum fills key gap HR needs in the public health workforce, in the target districts.

HST will provide support to the District and province in improving the quality and coverage of the PMTCT services in women from age 15-49 years, to achieve Mother to Child transmission rate < 2% at 6 weeks and < 5% at 18 months by 2015 in line with National Service Delivery agreement. HST will continue to support the national PMTCT program by addressing some of the inherent programmatic gaps through technical assistance including

ongoing support thru on-site mentorship of NIMART trained nurses; and health care workers trained in family planning, TB/HIV/STI management, couple counseling, Basic Antenatal Care services and infant feeding practices. HST will ensure that all women seen at ANC will have access to family planning counseling services, safer pregnancy counseling, and nutritional counseling and support services. HST will work with South African government to improve linkages and integration of services between PMTCT, MCH, sexual and reproductive health, youth services and family planning services. Activities will include promotion of PICT, TB screening of all pregnant women irrespective of their HIV status, promote early booking and the retesting at 32 weeks. HST will develop effective strategies to follow-up mother-baby pair post delivery. The program will prioritize early infant diagnosis by strengthening the referral systems between hospitals, clinics and community outreach programs. Furthermore, activities addressing cultural attitudes to infant feeding practices, male involvement in PMTCT and antenatal care, and increased uptake of services will also be supported. HST will also work with the laboratory department to ensure improved turnaround time for CD4 counts, PCR and other laboratory results. HST will conduct quality improvement activities in order to identify areas of and need and will work with the district to innovate solutions for better program outcomes. HST will provide support to District health information system to enable tracking of progress by using Maternal and PMTCT indicators according to SAG.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	12,426,441	0

Narrative:

HST provides comprehensive care and treatment support in 12 districts across RSA in cooperation with another PEPFAR partner, Aurum. In this program model, HST provides program capacity and TA support while Aurum fills key gap HR needs in the public health workforce, in the target districts.

HST will work with the National, Provincial and District DOH to identify priorities and needs for adult HIV treatment. HST will also work with other stakeholders to ensure that there is no duplication of services provided within their supported sub-district and/or district. HST will overall support the following: 1. Collaborate with the District to support PHC re-engineering initiatives.2. Provide supportive supervision and mentoring to all the nurses trained on NIMART to be confident about their skills. 3. HST will support the Department of Health (DoH) in its efforts to improve access to ARV treatment by assessing jointly with DoH, the readiness of facilities for initiation of patients on ART. 4. Support the District to ensure that all facilities have updated treatment guidelines on site and that staff at sites are familiar with their content.5. Ensure that all patients with CD4<350 are initiatated on ART.6. HST will also work with the DoH to strengthen quality improvement of treatment programs. These efforts will include strengthening and supporting the implementation of the DoH 3-tiered system of M&E for ART; improving adherence to treatment by increasing the proportion of adults and children who remain on ART after initiation; and conducting cohort studies and ensuring integration of TB and HIV services. Moreover, HST will ensure that data is "owned" by the site staff and will support sites to use data by identifying gaps in care and problem solving to develop a plan to address these gaps.7. Through all activities, HST will strive to build local capacity at the facility

and district level s with the goal that these activities will be transitioned to the local government in the next 5 years.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	PDTX	2,923,868	0
Narrative:			
HST provides comprehensive care and treatment support in 12 districts across RSA in cooperation with another PEPFAR partner, Aurum. In this program model, HST provides program capacity and TA support while Aurum fills key gap HR needs in the public health workforce, in the target districts. *HST will support District and SAG's overall arching goals to scale up the number of Pediatric patients on ART to 15% the total on ART for the sub-district or district, and increase service delivery to HIV-infected infants, children and adolescents. This will be achieved with the District and the Regional Training centers, and other stake holders. Capacity will be built in the following manner:1. Provide continuous training to Clinicians (physicians, nurses and clinical associates) on the diagnosis, treatment and management of HIV-infected infants and children. 2. Provide support to the District and facilities to ensure scale up of PICT. Sensitize provider to offer HIV tests to infants, children and adolescents that are encountered at all levels of care with an unknown HIV status. 3. Provide ongoing support for NIMART. The partner will provide onsite mentorship and regular onsite follow up to ensure that nurses are capacitated to initiate and provide care and treatment services to HIV-infected infants and children.4. Support and ensure linkages to programs providing nutritional support, adherence, and psychosocial support.5. Support and ensure that Pediatric ART services are integrated with MCH, EPI and IMCI.6. Support the District to ensure that all HIV-infected children have access to CD4% and viral load testing. Work with the NHLS and District to ensure that results are returned to facilities at a timely manner. Work with District to ensure that staff at facility reports and records results.7. Support the District and sites in ensuring that there is a quality improvement plan in place. Ensure that District and sites use data to affect change at the site and District levels. 8. Support District and RTC in providing training and onsite support for improving data collection, recording and reporting. 9. Support the District to ensure that there are adolescent friendly spaces to address the unique issues and challenges that HIV-infected adolescents encounter, particularly issues related to disclosure, and sexual and reproductive health.*			

Implementing Mechanism Details

Mechanism ID: 13798	**Mechanism Name: GH1152**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Soul City	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,700,000	
Funding Source	**Funding Amount**
GHP-State	1,700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The comprehensive prevention program goal of SCI is to decrease new HIV infections in selected areas of Northern Cape and North West Provinces. The key objectives include: Increase the proportion of men who are circumcised; Decrease the number of babies getting infected ; Increase access and utilization of HIV prevention services ; Change knowledge and social norms related to safer sex ; Change unsafe sexual behaviors including decreasing the proportion of men who have multiple partners; Decrease HIV and TB transmission between sero-discordant couples; Create an enabling environment for social change through dialogues, discussion, mass media, and events that will shift norms and enable communities to tackle HIV prevention issues at a local level; Promote structural changes in alcohol availability and laws; and Shift gender norms to decrease male dominance and change male attitudes to sexuality and gender based violence.The Northern Cape has 1.1 million people and is characterized by a high unemployment rate (30%) - the highest in the country - and very high levels of alcohol use. The North West Province has 3.2 million people and is also characterized by high unemployment – 24% – and high levels of alcohol misuse. HIV prevalence in North West is 11.3%, making it the province with the third-highest HIV prevalence in South Africa. Soul City Series 11 will have MMC and PMTCT as its key themes within the context of OneLove. Recognizing that HIV transmission occurs within the structural context of poverty, violence and alcohol abuse, SCI launched a national safe drinking campaign, PhuzaWize. The program will also ensure sustainability by improving health workers knowledge, attitudes, and ability to deliver key services, in partnership with Government.

Cross-Cutting Budget Attribution(s)

Gender: GBV	180,000
Human Resources for Health	100,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13798		
Mechanism Name:	GH1152		
Prime Partner Name:	Soul City		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	300,000	0
Narrative:			
The goal of this program is to provide comprehensive HIV prevention services in selected areas in the Northern Cape and North West Provinces. Activities will aim to: Change knowledge and social norms related to safer sex by promoting decreasing multiple and concurrent partners; binge drinking; intergenerational sex and transactional sex among youth and adults; and Change unsafe sexual behaviors including decreasing the proportion of men who have multiple partners in the past year; increasing consistent condom; decreasing the percentage of youths who have had sexual intercourse before 15 years, decreasing drunkenness during sex; and decreasing intergenerational and transactional sex.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	1,400,000	0
Narrative:			
• Increase the proportion of men who are circumcised; *• Decrease the number of babies getting infected;* *• Increase access and utilization of HIV prevention services by linking people with services and increase numbers of people attending services for HCT, medical male circumcision, STI treatment (and ART), PEP and early attendance for the prevention of mother to child transmission.* *• Change knowledge and social norms related to safer sex by decreasing multiple and concurrent partners; binge*			

drinking; intergenerational sex and transactional sex among youth and adults; *• Change unsafe sexual behaviors including decreasing the proportion of men who have multiple partners; increasing consistent condom; decreasing the percentage of youths who have had sexual intercourse before 15 years, decreasing drunkenness during sex; and decreasing intergenerational and transactional sex;* *• Decrease HIV and TB transmission between sero-discordant couples;* *• Create an enabling environment for social change by engaging communities through dialogues, discussion, mass media and events that will assist in shifting norms and enabling communities to tackle the issues most relevant to HIV prevention at a local level;* *• Promote structural changes in alcohol availability and laws pertaining to the sale of and access to alcohol, thus decreasing interpersonal violence, and decreasing alcohol related HIV infections;* *• Shift gender norms to decrease male dominance and to change male attitudes to sexuality and gender based violence. strategic approaches to achieve these objectives include partnerships with provincial and local government departments with regards to service provision, training of providers, and procurement of commodities, as well as community mobilisation and mass media approaches. Partnerships SAG and with other NGOs - e.g. Positive convention and DENOSA will help to assist with service provision*

Implementing Mechanism Details

Mechanism ID: 13800	**Mechanism Name: TB capacity building**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHP-State	400,000

Sub Partner Name(s)

University of Cape Town		

Overview Narrative

The HIV and AIDS, STI and TB (HAST) National Strategic Plan (NSP) 2012-2016 plan and the US – SA PEPFAR Partnership Framework, provide a platform for increasing capacity and providing policy guidance at all levels to meet the demands of the TB/HIV/AIDS response. This Technical Assistnace therefore focuses to develop and establish an international accredited tertiary education center that will educate postgraduate HCW on TB/HIV, infection control, and operational research. The project will leverage South Africa's TB and HIV response by expanding the number of trained HCW, enhancing support to the TB and HIV sector to build human resource capacity in TB, and improving collaboration between South Africa National Department of Health TB and HIV programs and TB partners. ICAP will work collaboratively with the Department of Health and the University of Cape Town's Desmond Tutu HIV Centre (UCT-DTHC) and other partners to develop curricula and implement three courses: TB/HIV best practices, infection prevention/control programs, and operational research. The course content will primarily be delivered utilizing the blended learning platform, which combines face-to-face teaching with computer mediated instruction—a platform that is proving highly effective in building HCW capacity in Africa—complemented by a longitudinal mentoring program.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	400,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13800**		
Mechanism Name:	**TB capacity building**		
Prime Partner Name:	**Columbia University Mailman School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVTB	400,000	0

Narrative:

This new activity has four main goals that aim to reduce the TB/HIV burden by creating best practice guidelines, education, and training.The first goal of the project is to develop, implement, and monitor a TB/HIV course for clinicians and other professional health care worke• Develop a training course framework with course objectives, unit standards, and course modules for a four-day international TB/HIV course for clinicians and other HCW. • Build leadership, management, and OR skills in health care professionals by delivering TB/HIV training. • Evaluate the impact of the course on the knowledge of all participants by means of pre- and post-test surveys.• Evaluate the training course and curriculum.The second goal is to develop, implement, and monitor an infection control diploma course• Develop a national IC training strategy to meet the Strategic Plan. • Develop a training course framework with course objectives, unit standards, and course modules for an IC training program by the end of PY01. Include in each model, training, or education a practical component and research opportunity for participants• Increase capacity of SA DOH to implement TB/HIV-related projects that relate to IC training programs, environmental control evaluations, and general infrastructural, environmental health, or biomedical engineering input.The third goal is to develop, implement and monitor an OR training• Develop OR training strategy to meet the Strategic Plan. • Develop a training course framework with course objectives, unit standards, and course modules for an OR training program. • Develop a mentoring program for participant-conducted OR projects. Provide opportunities for participants in TB epidemiological surveillance and programmatic data collection; design of tools/materials for data collection; collection and analysis of information; and building statistical and epidemiological knowledge.

Implementing Mechanism Details

Mechanism ID: 13888	**Mechanism Name: Population Services International**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,100,000	
Funding Source	**Funding Amount**

GHP-State	3,100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Populations Services International (PSI) and its local affiliate Society for Family Health (SFH) will implement a comprehensive HIV prevention project in the Free State and Mpumalanga Province. The goal of this program is to contribute to the efforts of PEPFAR and the objectives of the HIV & AIDS and STI Strategic Plan for South Africa (NSP) to reduce the number of new HIV infections in Free State and Mpumalanga. Specifically, the objectives include: Increase knowledge of HIV sero-status through greater access to HCT; Promote safer sexual behaviors and sexual norms; Reduce multiple concurrent sexual partnerships;
Increase correct and consistent condom use; Increase safer sexual behaviors and promote prevention with positives to people living with HIV and AIDS and sero-discordant couples; and, Increase uptake of referrals to related services. Target populations for mobile HCT will be men and couples and for home-based HCT will be families and couples. Target populations for community- and school-based prevention interventions will be schoolchildren aged 15-19 and their parents as well as young adults 20-24. The focus for condom distribution will be bars, small late night shops, and other high risk outlets. Lubricant will be distributed primarily through organizations working with men who have sex with men. SFH will conduct rigorous internal and external quality assurance of testing. A monitoring and evaluation plan for the project will be developed. No vehicles will be purchased with the proposed COP 2012 funding. No new vehicles will be purchased with this funding. PSI will propose to transfer all vehicles purchased through the old agreement with PSI to be used with this current agreement.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	50,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13888		
Mechanism Name:	Population Services International		
Prime Partner Name:	Population Services International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	300,000	0
Narrative:			
Laboratory funding will be used to support the incidence testing in the MMC program evaluation as well as other tests that are not routinely offered by the program.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	200,000	0
Narrative:			
SFH's school-based YouthAIDS curriculum targets children aged 15-19 and takes place twice weekly during the school year. The program will take place in 10 schools in each of the four program areas. The "Safe from Harm" program reaches children aged 15-17 and their parents over a two week period through four sessions aimed at improving parent-child communication around sexuality and related prevention issues. Messaging for both YouthAIDS and Safe from Harm is focused on abstinence, delay of sexual activity, secondary abstinence, and related adolescent risk behaviors such as alcohol and drug abuse, intergenerational sex, and transactional sex. On the ground SFH YouthAIDS coordinators train and supervise peer educators operating in schools. All activities are conducted using standardized curricula and materials developed to address the key drivers of the epidemic among youth. A monitoring and evaluation plan will be developed. The YouthAIDS project has been approved by DOE provincial and district offices together with the participating schools.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	1,250,000	0
Narrative:			
Population Services International (PSI) and its local affiliate Society for Family Health (SFH) will provide mobile and home-based HCT through SFH's New Start HCT network, South Africa's largest NGO HCT network. The			

target population for mobile HCT services will be males aged 25-35 and couples. Testing rates among men remain lower than those among women. The target population for home-based HCT will be couples and families living in townships. Overall, approximately 50% of all South Africans have ever been tested. New Start uses a parallel testing algorithm. New Start develops a referral guide for all project areas that allows counselors to refer clients appropriately to follow on services. Referred clients are requested to give New Start their cell phone number and New Start referral coordinators follow up on all clients telephonically to ensure clients reach their referral point and to provide follow up counseling. This also allows New Start to evaluate the quality of services listed in the New Start referral directory. SFH has rigorous internal and external quality assurance procedures. SFH's external quality assurance partner is the South African national reference laboratory, the National Institute for Communicable Diseases. SFH will conduct campaigns to promote both New Start and testing in general. SFH's YouthAIDS, Safe from Harm, and MMC programs are also closely linked to New Start. Monitoring and evaluation allows for the gathering of all data needed to manage the program, report to government, and report to donors. SFH will test 100,716 individuals. 52% of clients will be male and 5% will test as a couple. New Start is a non-profit franchise network and HCT services will be provided by SFH and by two to-be-determined subaward franchisees. Franchisees are provided with financial, technical, M&E, marketing, and quality assurance support by SFH.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,350,000	0

Narrative:

SFH's YouthAIDS program targets children aged 15-19 in school but also provides community outreach activities aimed at reaching youth aged 20-25 with appropriate messaging that includes condom use, testing, MMC, concurrent sexual partnerships, abstinence, secondary abstinence, drug and alcohol abuse, intergenerational sex and transactional sex. YouthAIDS community activities are closely linked to SFH's HCT and MMC programs. Community activities include community outreach events and community radio call in shows. All activities are conducted using standardized curricula and materials developed to address the key drivers of the epidemic among youth. A monitoring and evaluation plan will be developed in the first months of the project. SFH also will distribute the Government of South Africa's free-issue Choice brand condom, responsible for distributing Choice condoms into high risk and non-medical outlets such as bars, taverns, and late night shops. These condom distribution activities will be carried out province-wide and SFH will distribute 21M condoms. SFH also will distribute 15,336 sachets of lubricants, primarily through organizations working with men who have sex with men.

Implementing Mechanism Details

Mechanism ID: 13902	**Mechanism Name: HSRC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: Human Sciences Research Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,000,000	
Funding Source	**Funding Amount**
GHP-State	2,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A HIV behavioral surveillance (household survey) will be conducted that will produce HIV prevalence and trend data since 2002. In addition, a new surveillance system will be established to estimate maternal mortality and improve death/birth notification systems. Data from the 2014 household survey will serve as a basis for the evaluation of the NSP for HIV and AIDS and STI 2012-2014 and will provide the baseline information for tracking the progress and impact of the next NSP 2012-2016. It will also enable the South African government to monitor and assess key health outcomes for the population that will provide data used in developing HIV prevention and treatment programmes for South Africa. The maternal/infant mortality surveillance will provide baseline data and allow comparison of South Africa with other countries. These projects meet the partnership framework goal of building South Africa's capacity to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance and supports PEPFAR's efforts to develop, implement, and evaluate new HIV surveillance activities, where necessary, or to strengthen current HIV surveillance activities in South Africa.

Cross-Cutting Budget Attribution(s)

Key Populations: FSW	303,338
Key Populations: MSM and TG	303,338

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13902		
Mechanism Name:	HSRC		
Prime Partner Name:	Human Sciences Research Council		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	2,000,000	0

Narrative:

HSRC is a parasatatal mandated by the SAG to provide epidemiological data useful in directing the Country's efforts in designing evidence based interventions. For FY 2012 it will be funded mainly to work towards conducting an HIV behavioral and prevalence surveillance (population-based survey) and establish maternal and infant mortality surveillance. These activities support the partnership framework goal that seeks to strengthen the effectiveness of the HIV /TB response by supporting/strengthening surveillance and the use of quality epidemiological data to inform policy, planning, and decision making. The 2014 survey will be the fifth in a series of national population-based surveys conducted for surveillance of the HIV epidemic every 3 years since 2002 in South Africa. The South African HIV population-based survey, unlike other surveys, includes children less than 15 years and adults aged 50 years and older and has provided planning data used in these age groups. In addition, these surveys sample participants from all races and locality types as well as in all nine provinces of South Africa. Data from the 2014 household survey will serve as a basis for the evaluation of the NSP for HIV and AIDS and STI 2012-2014 and will provide the baseline information for tracking the progress and impact of the next NSP 2012-2016. The maternal and child mortality surveillance, which aims to improve the design of the birth notification system by capturing data on factors associated with birth outcomes will focus on: establishing a project committee for scientific guidance and leadership of the project, evaluation of the existing birth and death notification systems and vital registration system, training of 70 fieldworkers per province on the implementation of the evaluation tools, conducting an assessment of the contributory causes of under-reporting at the different levels

of collecting and processing of data related to births and infant and maternal deaths in the country, and mapping out of the service infrastructure from community to national level to assess availability and its ability to collect reliable and accurate information.

Implementing Mechanism Details

Mechanism ID: 13903	**Mechanism Name: Community Media Trust**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Community Media Trust	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 700,000	
Funding Source	**Funding Amount**
GHP-State	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the project is to reduce the number of new HIV infections in the Eastern Cape Province focusing in three high-prevalence districts (i.e. Alfred Nzo, O.R. Tambo and Amathole). CMT's activities will be conducted to support TB/HIV Care Association (funded to provide comprehensive HIV prevention services in the same areas). CMT's role will be to mobilize the community in these areas by implementing HIV prevention awareness events, HCT promotion as well as community dialogue to promote community involvement, ownership, and knowledge to support prevention initiatives. Locations such as shopping malls, taxi ranks, and community centers together with door to door events will ensure that the program messaging is taken beyond the context of the health facility, reaching the community as a whole. The EMIT system will be used for CHWs and social mobilisers to report their daily activities, where data gathered will monitor the number of people reached with education and health promotion messages, either during facilitated sessions at health facility or in the community at open days/awareness events and where possible some indicators will be derived from the PEPFAR Indicator Reference Guide. The project objectives are aligned to both the South African Strategic Plan and Partnership Framework goal of impacting

positively on the HIV prevention. The emerging CHW-Primary Health Care policy formulation speaks to the long-term sustainability of the program where the CHW's trained and deployed by CMT can be absorbed into the formal health system, and they will have an invaluable role in maintaining the quality and integrity of the county's CHW and Primary Health Care program.

The rural and hard-to-access nature of the target districts result in expenpensive transport.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**13903**		
Mechanism Name:	**Community Media Trust**		
Prime Partner Name:	**Community Media Trust**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	100,000	0
Narrative:			
Community Media Trust (CMT) will build off of its successful social mobilization efforts to specifically target and link males aged 15-49 to medical male circumcision (MMC) services in the Eastern Cape province. CMT will target males in various districts across Eastern Cape province where traditional circumcision is widely practiced. CMT			

is currently funded to implement social mobilization activities in conjunction with TB/HIV Care, who provides the clinical services; these funds will provide MMC-specific activities such as community outreaches, interpersonal communications, standardized sexual and reproductive health messages and HIV prevention information. Because traditional circumcision is widely practiced in Eastern Cape, and there has been a strong opposition to MMC, targeted efforts are needed to ensure MMC services can be provided in a culturally-appropriate and sensitive manner.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	600,000	0

Narrative:

The CMT program will consists of the following three complimentary and integrated activities:• The provision of 30 well-trained CHWs as envisaged in the emerging CHW Primary Health Care Policy in South Africa. CHWs will be placed at selected feeder clinics and district hospitals, with a referral system from the community to the facilities. This team will be supported by 1 Trainer per district to mentor and support CHWs to ensure quality of information given by CHWs and to provide training for partner organizations within the district as well as 2 Data Officers per district to improve data collection and accuracy of DHIS data collected in clinics in order to have accurate measures for overall program impact.• A Social Mobilization team, consisting of 3 social mobilizes to work with local community workers, NGOs and others to implement target awareness events, HCT promotion, and testing services as well as community dialogues to promote community involvement, ownership, and knowledge to support prevention initiatives.• A mass media campaign to provide prevention messages through local print media and community and regional radio; saturating target districts and the provinces as a whole to reinforce prevention messages, promote safer sexual norms in communities, and promote access to health services – particularly for PMTCT, HCT, MMC, and sexual and reproductive health. This campaign will make use of 1 Community Journalist per district to produce inserts on HIV prevention and treatment literacy for community and regional radio and web use, together with newspaper articles on related HIV topics – providing comprehensive, relative health messages.

Implementing Mechanism Details

Mechanism ID: 13904	**Mechanism Name: Tuberculosis Care Association - 1151**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TB/HIV Care	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,810,000	
Funding Source	**Funding Amount**
GHP-State	1,810,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

TB HIV Care Association will strengthen the current health care system to provide accessible and sustainable HIV, STI and TB prevention services to sex workers (CSW) in collaboration with the South African DOH in Cape Town Metro, Western Cape, and eThekweni Metro Area, KwaZulu-Natal. The project aims to provide client-centered prevention services to CSW within the current health system and will contribute to the PEPFAR goals of preventing 12 million new infections by 2013, by preventing new HIV infections among CSW, by strengthening systems to prevent HIV transmission, and by promoting HCT to identify CSW with HIV and linking them to HIV/STI/TB care and treatment services. The project's strategy aligns with SAG's NSP to reduce vulnerability to HIV infection and the impacts of HIV/AIDS and reduce transmission of HIV and has been designed to encourage and promote stronger collaboration with existing service providers and promote local ownership and sustainability for the future. Training and mentorship will be aligned with South African DOH policies and plans, using materials adopted by the DOH. HCT and STI screening will be strengthened at health facilities and community-based services will be provided to reach CSW who don't access health facilities. Clinicians will be trained, mentored, and supported on CSW sensitivity and CSW-specific risk reduction counseling. The project will be monitored using an activity chart, work plan, GANNT chart, and reports on progress towards set targets relevant to the objectives. An M&E plan and system will be developed to measure prevention indicators, and the success of the program will be measured and a communication strategy will be developed to report on the success of the project. No vehicles will be purchased.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1
Motor Vehicles: Purchased	310,164

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13904		
Mechanism Name:	Tuberculosis Care Association - 1151		
Prime Partner Name:	TB/HIV Care		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	550,000	0

Narrative:

Through this project TB Care Association (THCA) will provide mobile and client-centered HCT, STI screening, and referral services for the entire sub-population of CSW in the target areas. Aside from preventing missed opportunities for diagnosing HIV at health facilities through provider-initiated HCT (PITC), community-based HIV counseling and testing (HBCT) services will be provided to reach people who don't access health facilities. HCT, TB, and STI screening will be delivered using one mobile HCT team in each of sub-districts. Each team will consist of 1 professional nurse (PN), 3 lay counselors, and 4 CSW Peer Educators (CPEs). All mobile teams will be equipped with a Pima CD4 machine ($8.00/cartridge), providing point of care CD4 counts to HIV positive clients. HCT will be provided according to national guidelines and counseling will focus on personalized risk assessment and risk reduction that take into consideration issues around CSW sexual risk behaviors. Community-based HCT and TB and STI screening will identify HIV-positive clients, TB suspects, and STI suspects who will be appropriately referred for diagnosis and treatment. CPEs will coordinate with community care workers to trace these patients ensuring continuum of care. Clinicians at identified sites will be trained, mentored, and supported on CSW sensitivity and CSW-specific risk reduction counseling and health needs. Patients started on ART or TB treatment at health facilities will be linked with CCWs to ensure retention in care and adequate treatment adherence support. Indicators will be monitored and reported on a quarterly basis to the project team, the District, and PEPFAR. Processes will be set in place to evaluate the effectiveness of prevention services and will be evaluated using the continuous quality improvement methods. Managers of the mobile HCT teams will be trained using the CQI approach and will work with nurses at health facilities to implement these interventions, review

regular performance quality, improve quality and systematically close the gaps through the development and testing of innovative solutions to effectively deliver services. In FY 2012 THCA aims to provide HCT to 1,600 CSW (800 in Cape Town and 800 in eThekweni).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,260,000	0

Narrative:

The project is focused on interventions that address the immediate health and safety needs of sex workers as well as targeting sex workers collectively with in-depth workshops around safer sex, general health, and life skills. In FY 2012, THCA will promote behavior change interventions and structural prevention strategies in consultation with the district and provincial department of health, community leaders, and important stakeholders, including NGOs with expertise in issues around HIV, sex work, gender, mental health, and substance abuse. THCA will collaborate with Sex Workers Education and Advocacy Taskforce (SWEAT) to engage all levels of society in addressing dominant concepts of masculinity, reducing stigma, discrimination, and gender-based violence towards sex workers; increase knowledge about HIV prevention; reduce CSWs' risk behaviors; and improve rates of HIV testing for CSWs. To build the capacity of the public health system to address the health needs of CSWs, THCA will support the DOH to improve and integrate clinical care of CSWs into existing health services through clinical mentorship and supportive supervision of nurses and other health providers in the target areas, including sensitivity training and inclusion of risk behavior assessments specific to CSWs. Current and former sex workers will be empowered with skills to enhance their capacity to negotiate safer sex and make informed choices about their health, occupation, and human rights. To promote sustainability and government ownership, THCA will place focused emphasis on improving and developing a functioning tracking system for CSW client identification, treatment, care, and support follow through, using a community consultative approach in the development, integration, and implementation of the CSW HIV prevention project. Over the lifetime of the project, THCA aims to reach 80% of CSWs in the target areas with HCT and behavior change interventions. In FY 2012 THCA aims to reach to 1,600 CSW (800 in Cape Town and 800 in eThekweni) with individual or group level evidence-based prevention interventions and reach 400 HIV positive CSW (200 in Cape Town and 200 in eThekweni) with prevention with positives services.

Implementing Mechanism Details

Mechanism ID: 13923	**Mechanism Name: NEPI**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,162,707	
Funding Source	**Funding Amount**
GHP-State	1,162,707

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The shortage of health professionals especially nurses, along with increased demand for health care as a result of TB/HIV, places severe limitations on South Africa's ability to deliver effective services. Nursing Tutors lack appropriate knowledge and skills. The Nursing Capacity Building Program (NCBP), a multi country program, consists of two types of sub-projects: (a) general pre-service and/or in-service nursing training and capacity building has a special focus on HIV/AIDS, addresses a range of nursing issues, and has flexibility in addressing multi-sectoral, national, and local nursing issues and (b) the Nursing Education Partnership Initiative (NEPI) - focuses on improving the quality and quantity of nurse and midwifery graduates through the strengthening of nursing/midwifery educational institutions. The NCBP helps build individual country level programs and collaborates with Nurses Councils and Associations to provide enhanced technical expertise and networking support for governments to develop expanded scopes of practice and increased nursing leadership. The goals of the program are identifying the needs of nursing education institutions, so that they can adequately train graduating nurses for clinical work, and improving the pre-service training. NCBP will work closely with the DOH in identified provinces in the country as well as with nurse educational institutions (NEI) to build on the Campus to Clinic Mentorship Program (CTCM) developed by the ICAP Nurse Capacity Initiative (INCI) and to improve the production, quality, and relevance of nurses and midwives to address essential population-based health care needs, including HIV and other life threatening conditions.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,162,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13923		
Mechanism Name:	NEPI		
Prime Partner Name:	International Center for AIDS Care and Treatment Programs, Columbia University		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	1,162,707	0

Narrative:

The continuing shortage of health professionals especially nurses, along with increased demand for health care as a result of TB/HIV, places severe limitations on South Africa's ability to deliver effective services. Nursing Tutors who teach TB/HIV interventions in the nursing schools, lack appropriate knowledge and skills, and continues to contribute little to the training of nursing students in the area of TB/HIV.

The goals of the NCBP program in South Africa is identifying the needs of nursing education institutions, so that they can adequately train graduating nurses for clinical work and improving the pre-service and in-service training. The NCBP in South Africa helps build programs aimed at:

• Identifying gaps in current pre-service and in-service nursing knowledge, clinical skills, system skills;

• Building nursing school faculty competency;

• Equipping nursing faculty with comprehensive HIV and TB training and confidence to teach these skills to nursing students; and

•Provide nursing students with a comprehensive pre-service teaching before entering practice.

NCBP/SA will also collaborate with the South African Nursing Council and Associations to provide enhanced technical expertise and networking support for the South Africa government to develop expanded scopes of practice and increased nursing leadership in the country.

NCBP/SA will work closely with identified provincial Departments of Health as well as nurse educational institutions (NEI) in the provinces to expand on the Campus to Clinic Mentorship Program (CTCM) that was developed by INCI during 2009 and 2010, and to improve the production, quality, and relevance of nurses and midwives to address essential population-based health care needs, including HIV and other life threatening conditions, in low resource settings. Advisory Committees will be formed with heads of the relevant departments of health and senior representatives from each NEI. The program will employ full time staff that will be supervised by a senior nursing advisor. The program uses a case study approach covering knowledge, skills and systems thinking.

Implementing Mechanism Details

Mechanism ID: 13938	**Mechanism Name: Catholic Medical Mission Board**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Medical Mission Board	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this program is to integrate safe medical male circumcision (MMC) into hospitals and clinics in Sisonke District, KwaZulu-Natal (KZN) Province as part of a package of HIV prevention services for 90% of males 15-49. This program directly supports Goals of the Partnership Framework including: preventing new HIV and TB infections and addressing female vulnerability to HIV and other STI infection by reducing incidence in male sexual partners. It is similarly supportive of the National Strategic Plan to reduce new HIV infections by 50%, as well as the KZN HIV strategy that lists MMC as one of three top priority interventions. The program will train healthcare

professionals in safe MMC and build the capacity of 4 district hospitals and approximately 20 district clinics to provide routine facility-based and mobile MMC; the program will also establish linkages between MMC and STI, HIV, and TB management. MMC commodities will be purchased to support safe clinical procedures. Institutional skills and knowledge and bulk procurement will create cost efficiencies beyond the initial sunk costs of program setup and training. The project will create a cadre of trained professionals and equipped facilities for seamless transition to SAG management at the end of the project period. CMMB will ensure all program activities, outputs, outcomes and impact are tracked effectively and generate monthly, quarterly, semi-annual, and annual reports. CMMB will integrate data systems to avoid duplication with SAG systems. Data systems will be electronic and automated and in real-time in order to permit timely reporting of all MMC activities and outcomes. CMMB will purchase two vehicles to support expanded coverage to 3 new hospitals and surrounding clinics in its 2nd year of operation.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	100,000
Motor Vehicles: Purchased	36,492

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13938**		
Mechanism Name:	**Catholic Medical Mission Board**		
Prime Partner Name:	**Catholic Medical Mission Board**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	500,000	0

Narrative:
CMMB will contribute towards provincial and national MMC targets by circumcising 14,200 males in FY FY2012 (at $140/MMC) and 17,000 males in FY2013 (at $100/MMC). This will be achieved with fixed services at district hospitals and clinics and mobile services in hard-to-reach populations. As staff's technical skills and site management capacity increase, more efficiencies and cost savings are anticipated. CMMB will operate against a sustainability plan to capacitate facilities and their staff for MMC impact beyond the completion of the project. The program will use reporting mechanisms that fold into SAG district, provincial and national systems, avoiding creating parallel structures. CMMB will build on best practices in MMC, including use of forceps-guided surgery, employing models to optimize volume and efficiencies, incorporating messaging on gender norms and proper treatment of females, and delivering these as part of a package of prevention services, including HCT, age-appropriate risk reduction counseling, condom demonstration, provision and promotion, and linkages to family planning, STI, HIV, TB, and other treatment services. Demand creation will include coordination with local partners, and building upon its existing relationships with local community-based and faith-based organizations, and engaging local leaders to encourage men to accept and request MMC. Men will be reached in their homes, through the community centers, workplaces, athletic events, markets, churches, and also in the schools and provided with targeted prevention and MC uptake messages, as well as information on the availability of MC. The MMC activities are intended not only as a single biomedical intervention to reduce HIV acquisition risk, but also an opportunity to engage men in health services and maximize linkages to other key resources for males' improved long-term engagement in the health sector, increasing their likelihood to seek support for sexual and reproductive health and chronic disease management.

Implementing Mechanism Details

Mechanism ID: 14126	**Mechanism Name: GH11-1151 MARPs**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: South Africa Partners	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 365,000	
Funding Source	**Funding Amount**
GHP-State	365,000

Sub Partner Name(s)

Health Information Systems Program		

Overview Narrative

The goal of this project is to reduce HIV and TB vulnerability and prevent new HIV infections at St Albans Prison, a male correctional facility managed by the Department of Correctional Services in Port Elizabeth, Eastern Cape Province. Through this project, South African Partners will provide voluntary and confidential HIV counseling and testing, STI and TB screening; implement Prevention with Positives activities; increase awareness of safer sex and drug use among inmates and correctional staff; strengthen referral to care treatment and support; and develop and evaluate a demonstration HIV prevention project at a male correction facility. The goal of the project is to increase the number of offenders and correctional staff at St Albans that receive annual HIV, TB and STI testing and/or screening by 80%. When possible, indicators will be internationally recognized and derived from the PEPFAR Indicator Reference Guide. The project aligns with South Africa's NSP and Partnership Framework, supporting country-led initiatives aimed at primary prevention of HIV infections, particularly among key populations. Education and advocacy for increased HIV testing and prevention services for prisoners will be conducted to addressing key drivers of HIV infection and focus on areas of highest transmission such as male-male sex and injection drug use in correctional services. To promote sustainability and the leveraging of resources, best practices and lessons learned from this project will be disseminated through stakeholders meeting and ongoing communication with the departments of Health and Correctional Services to help inform future HIV prevention efforts correctional settings.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	14126		
Mechanism Name:	GH11-1151 MARPs		
Prime Partner Name:	South Africa Partners		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	120,000	0

Narrative:

HIV counselling and testing (HCT) activities related to this award include providing voluntary and confidential HIV, TB and STI testing at St Albans Prison, a male correctional facility located outside of Port Elizabeth in the Eastern Cape. The goal of the project is to increase number of offenders and correctional staff at St Albans that receive annual HIV, TB and STI testing and/or screening by 80%. To promote the success of these prison-based services, project staff will work in concert with Department of Correctional Services to ensure that appropriate referrals to care, treatment and support services are available to those who test positive, and that prison staff are sensitized to the HIV-related needs of male inmates.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	245,000	0

Narrative:

FY 2012 activities inlucde: Conducting a baseline situational analysis to inform the development of a demonstration HIV prevention project at St Albans Prison; development of visual assessment training protocols for HIV, STI and TB which will be used to train offenders and correctional services staff; provision of education sessions on HCT, TB and STI awareness and risk, including substance abuse risk assessment and risk reduction activities; provision of Prevention with Positives (PwP) interventions for inmates and DSC staff; provision of MSM sensitization training to DCS staff; distribution of condoms and water-based lubricants and ongoing monitoring and evaluation activities. To address correctional facility-specific issues, theater performances based on real-life correctional facility scenarios will be conducted and community based referrals for released offenders and their families will be strengthened.

Implementing Mechanism Details

Mechanism ID: 14278	**Mechanism Name: New-AIDSTAR Human Resource Development (HRD) Task Order**

Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

Health and Development Africa	International HIV/AIDS Alliance	

Overview Narrative

In collaboration with the Department of Social Development (DSD) a solicitation for this activity will be done using the AIDSTAR IQC mechanism. The AIDSTAR IQC mechanism will be used to select a service provider that will provide long and short-term technical assistance and program implementation support in specialized technical areas to strengthen the social service workforce (both professionals and practitioners). The social welfare workforce is critical to child protection and the ability of vulnerable children to access key health and social welfare services. Social service professionals, working closely with the justice system, are critical in reducing child abuse neglect and exploitation. This Task Order (TO) will strengthen the most important workforce, those who care for and protect the most vulnerable children. One of the key features of this TO will be to provide support to DSD to develop a strong human resource information system that will allow for targeted support to the geographic areas with the highest burden of orphans and vulnerable children and other specific vulnerable populations of greatest need. A task order for competition among the IQC prime contractors will be issued and a TO awarded that will be directly managed by USAID/South Africa. This TO will provide support to DSD using a range of strategies for planning the social welfare workforce, and developing and supporting the workforce using models of human and institutional capacity development. It is expected that this will be a $10 million award and will focus on innovative solutions for human resource development issues in the social welfare workforce area. A Scope of Work will be developed in collaboration with DSD and competed amongst the AIDSTAR 2 prime contractors by June 2012.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	180,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14278**		
Mechanism Name:	**New-AIDSTAR Human Resource Development (HRD) Task Order**		
Prime Partner Name:	**John Snow, Inc.**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	500,000	0

Narrative:

In collaboration with the Department of Social Development (DSD) a solicitation for this activity will be done using the AIDSTAR IQC mechanism. The AIDSTAR IQC mechanism will be used to select a service provider that will provide long and short-term technical assistance and program implementation support in specialized technical areas to strengthen the social service workforce (both professionals and practitioners). The social welfare workforce is critical to child protection and the ability of vulnerable children to access key health and social welfare services. Social service professionals, working closely with the justice system, are critical in reducing child abuse neglect and exploitation. This Task Order (TO) will strengthen the most important workforce, those who care for and protect the most vulnerable children. One of the key features of this TO will be to provide support to DSD to develop a strong human resource information system that will allow for targeted support to the geographic areas with the highest burden of orphans and vulnerable children and other specific vulnerable populations of greatest need. A task order for competition among the IQC prime contractors will be issued and a TO awarded that will be directly managed by USAID/South Africa. This TO will provide support to DSD using a range of strategies for planning the social welfare workforce, and developing and supporting the workforce using models of human and institutional capacity development. It is expected that this will be a $10 million award and

will focus on innovative solutions for human resource development issues in the social welfare workforce area. A Scope of Work will be developed in collaboration with DSD and competed amongst the AIDSTAR 2 prime contractors by June 2012.

Implementing Mechanism Details

Mechanism ID: 14291	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14292	**Mechanism Name: PPP: integrating water and sanitation into HIV/AIDS programs, nutrition**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Hospice and Palliative Care Assn. Of South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

Global Environment and Technology Foundation		

Overview Narrative

This new award will be a continuation of the work being done under the Water and Development Alliance (WADA), which is a partnership between USAID and Coca Cola Company. It will aim to address problems around water, sanitation, and hygiene (WASH) at health facilities, schools and in communities to improve the quality of life of PLWH and their families. The program will include water, sanitation, and hygiene (WASH) counseling and

support within NACS, including counseling on safe food preparation and storage and point-of-use water purification treatment. The program will strengthen and incorporate projects that will target rehabilitation of toilets in schools, increase the number of taps in schools, increase elbow taps and sanitation dispensers in municipal clinics, and increase the number of communal water points in informal settlements. WASH is a preventive health measure for PLWH, their caregivers, health workers, and others. By supplementing existing HIV programs with WASH interventions; the program will continue to form collaborations, aligning corporate social investment with municipal water infrastructure delivery priorities

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**14292**		
Mechanism Name:	**PPP: integrating water and sanitation into HIV/AIDS programs, nutrition**		
Prime Partner Name:	**Hospice and Palliative Care Assn. Of South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0
Narrative:			
This new award will be a continuation of the work being done under the Water and Development Alliance (WADA), which is a partnership between USAID and Coca Cola Company. This project will address community water needs in targeted areas of high HIV prevalence. The partner will work with vulnerable communities to provide			

appropriate mapping of access to water and sanitation points. This addresses challenges that are characterized by unavailability of clean safe drinking water, and limited access to sustainable and safe potable water. The project will also train community healthcare workers on basic WASH skills at household level, and link to education and training. This will improve quality of life through sanitation and access to water. The project will also support the appropriate infant feeding for mothers who choose replacement feeding.

Implementing Mechanism Details

Mechanism ID: 14294	**Mechanism Name: TBD-DSD Children Services Directory -Follow-On**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,772,905	
Funding Source	**Funding Amount**
GHP-State	2,772,905

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this follow-on activity is to assist the National Department of Social Development (DSD) with activities related to the maintenance and sustainability of a recently launched web-based Children Services Directory (CSD). In 2008 the DSD requested PEPFAR support to conduct a service availability mapping exercise and create a directory of children's service providers and implementing organizations. In June 2011 the system was transferred to DSD, consistent with the principle of country ownership. The new solicitation will seek a local service provider to implement a support plan including training, technical assistance (TA), and improved functionality for the CSD. The objective is to provide TA and advisory support to the DSD to maintain, update, and ensure the full functionality of the CSD.

The nine provincial directories have been printed and are available to assist vulnerable children and their caregivers to identify resources closest to where they live. The CSD information is comprehensive, user-friendly,

and can be disseminated via multiple channels, including hard copy directories (18,000 print copies), websites, CD-ROM (10,000 copies), and text message systems for mobile phones. The CSD includes district level maps of service providers and serves as a central information resource for referral networks. The CSDs inform SAG and donors on the availability of services for children; facilitate networking, linkages and referrals among service providers; and ensure that complementary and supplementary services are shared. A full feedback referral system creates accountability for the community and SAG. Networking and referrals mean less time and resources to locate appropriate service providers, which is better for both children and caregivers.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Child Survival Activities

Budget Code Information

Mechanism ID:	**14294**		
Mechanism Name:	**TBD-DSD Children Services Directory -Follow-On**		
Prime Partner Name:	**University Research South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	2,772,905	0
Narrative:			
A solicitation for a local service provider to support the National Department of Social Development (DSD) with maintenance and sustainability of a web-based Children's Services Directory system (CSD) will be issued. At the request of DSD, support was provided to produce a directory of children's services. DSD took ownership of the			

CSD and the responsibility for its operation, annual updates, and improved functionality in June 2011. During the collaborative management and development of the CSD, the need for additional technical assistance for maintenance support and to enhance functionality to ensure successful transition and sustainability of the system was identified. The CSD addresses the need for a comprehensive database of organizations working with and providing services for vulnerable children in South Africa. It also addresses the need to be aware of available services and resources in order to identify gaps, avoid duplication, and maximize collaboration and linkages with partners supporting vulnerable children. The CSD provides a simple, easy-to-use way to increase referrals, linkages, and networking between services providers that will lead to improved service provision for children. The CSD assists children and their caregivers to identify and easily locate services in their neighborhoods, districts, regions, and provinces. Information is accessible on the website, through printed copies, and CD-ROMs. For those with easy access to a cell phone, the text message query system gives contact information for several service providers within 25 kilometers of their location. Examples of follow-on activities and tasks of this new solicitation will include: technical assistance, training support; knowledge transfer; updating and modest upgrading of the electronic version of the CSD; development of a user manual; and identification of private sector sponsorship to broaden the CSD resource base. It is anticipated that this solicitation will be awarded in the second quarter of FY 2012.

Implementing Mechanism Details

Mechanism ID: 14295	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14450	**Mechanism Name: Society for Family Health / Population Services Interantional**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Society for Family Health - South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**

GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The South African National Defense Force (SANDF)'s HIV prevalence is unknown and is estimated to be at the same level as the national prevalence. The SANDF employs around 74,000 active personnel based around the country's nine provinces.The goal of the program is to optimise HIV prevention outcomes and contribute to the reduction of HIV infections by 50% within the SANDF in line with the NSP. SA's military forces are highly vulnerable to HIV due to the nation's overall high prevalence rates as well as the soldiers' working environment, mobility, age and other factors which expose them to greater risk of infection in comparison to civilians. SFH will contribute to reducing the impact of HIV/AIDS on the SANDF by achieving the following objectives: Increase the military's capacity to manage HIV through training of military leadership, master trainers and peer educators. Improve knowledge, attitudes and practices related to the drivers of the HIV epidemic among military personnel through material development and condom supply. Provision of support and oversight for Voluntary Male Circumcision services. Organizational capacity: SFH benefits from a strong and longstanding partnership with the SAG and has a wealth of experience with a range of HIV prevention programs including HIV Counseling and Testing, Condom Social Marketing, HIV Behavior Change Communication and Male Circumcision. SFH will draw upon its strength in government collaboration and extensive HIV prevention experience to assure successful program development and implementation. Based in Johannesburg, SFH is an affiliate of global health NGO Population Services International (PSI) which implements HIV projects with the support of DOD in over 15 countries.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Military Population
Workplace Programs

Budget Code Information

Mechanism ID:	**14450**		
Mechanism Name:	**Society for Family Health / Population Services Interantional**		
Prime Partner Name:	**Society for Family Health - South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	0	0
Narrative:			
The goal of the program is to contribute to the reduction of HIV infections within the South African National Defense Force (SANDF) through provision of support and oversight for Voluntary Medical Male Circumcision services. The SANDF has a comprehensive plan for the management of HIV and AIDS fro its members and their families. The miltary plans to expand its current prevention efforts by establishing VMMC services at one facility in each of the province in KwaZulu-Natal, Mpumalanga and Western Cape making up three sites in total. Society for Family Health (SFH) will support the VMMC program through the following activities: Support in set up - this will involve procurement of supplies and equipment and provision of technical assistance on refurbishment in order to ensure facility readiness; Oversight - SFH will provide both internal and external quality assurance to the sites. this will include conducting quarterly visits to the sites to provide technical assistance; Production of IEC material - SFH will procure or source IEC fro use at VMMC sites and at other military health facilities; Training - the SANDF has undertaken to utilize the Model for Optimizing Volume and Efficiency (MOVE) in line with the National Department of Health and World Health approved guidelines. SFH will sub-contract the Centre for HIV and AIDS Prevention Studies (CHAPS) to train doctors and nurses in the execution of the VMMC procedure and implementation of the MOVE model. SFH will also train VMMC counselors. SFH has been running a Voluntary Medical male Circumcision centre in KwaZulu Natal province since March 2010. The clinic has circumcised approximately 6,166 men since it was launched through end of June 2011. SFH has therefore demonstrated adequate tecnical and organosational capacity to be able to support the SANDF VMMC program.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	0	0
Narrative:			

Society for Family Health (SFH) will work with South African Military Health Services to provide technical assistance and support in the prevention portfolio. Military leadership is central to program implementation and sustainability, one of SFH's role will be to conduct workshops with approximately 135 military leadership (Army, Navy, Air Force and the SAMHS) on the impact of HIV on military forces and to help strengthen the response to HIV among the South African National Defense Force. In line with the South African Government and PEPFAR direction of building capacity and health systems strengthening, SFH will train approximately 18 Master Trainers using a 'train the trainer to train' approach on the knowlegde, atttitudes and practices driving HIV transmission among military and in evidence-based behavior change communication and proven interpersonal communication strategies. SFH will also develop and pretest a standard curriculum which is military sensitive on peer education. Approximately 200 peer educators will be trained and supported with manuals, IEC material will be developed in collaboration with the military's Corporate Communications Office. SFH will conduct a baseline quantitative survey (KAP Study) which will be used to inform training material and IEC development. The peer educators will be deployed to all provinces and at internal and external deployment sites. Condom branding and distribution: SFH will develop military brand condom with marketing strategy and plan and distribute approxiamtely 1.75 million military branded male condoms.

Implementing Mechanism Details

Mechanism ID: 14616	**Mechanism Name: Sexual HIV Prevention Program (SHIPP)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Futures Group	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 7,200,000	
Funding Source	**Funding Amount**
GHP-State	7,200,000

Sub Partner Name(s)

CADRE	Engender Health	Futures Institute

Wits Health Consortium, Reproductive Health Research Unit		

Overview Narrative

The Sexual HIV Prevention Program (SHIPP) is a bilateral partnership agreement between USAID and SAG. SHIPP supports SAG to deliver measurable HIV prevention outcomes by building capacity at national, and select provincial, district, and community levels to coordinate, implement, and evaluate HIV prevention programs. SHIPP provides technical assistance (TA) to strengthen strategic and operational leadership capacity in NDoH, DBE, DSD, DHET, and SANAC with a focus at local level to increase the demand for and access to high-quality HIV prevention services. SHIPP's TA builds SAG capacity to understand the local epidemic and implement an optimal combination of HIV prevention approaches, biomedical, behavioral, structural, addressing drivers of the epidemic. TA includes long and short term staffing support, training, mentoring and coaching based on SAG needs. SHIPP's TA is focused in local areas that are in the most impoverished sub-districts with high prevalence in KZN, Mpumalanga, and Gauteng provinces. In these areas SHIPP strengthens DAC and LAC leadership to improve HIV prevention responses. The DAC/LACs will use the Local Epidemic Assessment Process, a data collection and analysis tool, designed to help understand the local epidemic to improve planning, budgeting, and monitoring systems. SHIPP will support SAG's PHC re-engineering and build capacity for community outreach programs amongst MARPs and vulnerable populations as defined by the epidemic in the focus areas. SHIPP's Small Grants component will build capacity of CBOs and focus on scaling HIV prevention support beyond health facilities, including supporting innovative interventions for individual and social norm change to address gender dynamics, keeping girls in school, and violence against women.

Cross-Cutting Budget Attribution(s)

Education	200,000
Gender: GBV	500,000
Gender: Gender Equality	400,000
Human Resources for Health	300,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**14616**		
Mechanism Name:	**Sexual HIV Prevention Program (SHIPP)**		
Prime Partner Name:	**Futures Group**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	3,400,000	0

Narrative:

SHIPP provides technical assistance (TA) to relevant national and provincial governments to develop combination prevention packages that address key drivers of HIV infection at local level, to reduce new HIV infections. SHIPP is working with target SAG departments to develop, finalize, and implement the NSP and PSP 2012-2016, focusing on combination HIV prevention activities. TA is through a multi-sectoral approach to strengthen government systems at various levels. Targeted TA focuses at thirteen high HIV prevalence sub-districts in KZN, Mpumalanga and Gauteng provinces, and support is for planning, monitoring, and coordinating optimal combination HIV prevention interventions that are evidence-informed and measurable. TA is specifically aimed at supporting DACs and LACs to align HIV prevention interventions with NSP priorities and also helps to these structures to develop programs that address social, economic and behavioral drivers of HIV to reduce infection in high transmission area located in high density informal settlements such as Diepsloot, Orange Farm, and Ivory Park; and rural and remote villages in KZN and Mpumalanga. SHIPP will also provide TA for the development of tools and processes for District AIDS Councils (DACs) to conduct spatial mapping of prevention interventions targeting young adults (aged 15 – 49) and key populations, and include gender sensitive HIV prevention packages focusing on sexual

reproductive health and rights and HIV and alcohol and substance abuse in the above target locations. SHIPP will build M&E capacity within the NDOH, DBE, and SANAC to improve HIV/TB prevention systems, and contribute to the development of evidence-based combination prevention packages in areas of highest transmission. SHIPP will support and strengthen DBE systems to disseminate life skills and sexual reproductive health curricula that are aligned with the new DBE HIV strategy targeting school-going youth aged 10 -19. SHIPP will improve targeted components of the school health program to deliver adolescent health interventions in collaboration with NDOH. Activities are aligned with the new OGAC Prevention Strategy to improve measurable prevention outcomes, increasing program sustainability, integration and strengthening systems in close partnership with SAG and civil society. SHIPP will help build capacity for the DACs to operationalize and disseminate revised guidelines to local stakeholders and expanding HCT beyond formal health care settings; and provide capacity to contribute to national HIV prevention targets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	3,800,000	0

Narrative:

SHIPP will support the implementation of the NSP in target provinces – KZN, Mpumalanga and Gauteng, specifically strengthening combination prevention approaches, targeting high transmission areas. SHIPP will provide technical assistance (TA) at national level to revise policies and guidelines and analyze research findings on HIV counseling and testing, voluntary medical male circumcision, post-exposure prophylaxis, commercial sex workers, and anti-retroviral and sexually transmitted infection syndrome management. SHIPP will provide TA to build capacity for the South Africa National AIDS Council, Department of Basic Education, Department of Health, District AIDS Councils (DACs), and local AIDS Councils (LACs) to operationalize and disseminate guidelines and to develop functional HIV/TB plans aligned with the NSP 2012 - 2016. SHIPP will also develop the Local Epidemic Assessment Response Process to identify combination prevention activities and targeted approaches supporting districts and sub-districts in identifying appropriate combination prevention activities. SHIPP will support the DACs and LACs to assess and analyze data, assist in developing spatial mapping systems that help the DACs to determine the local HIV spread patterns, provide projections for new HIV infections, and develop strategies to curb infections at the local level. SHIPP will work in partnership with other community-based organizations and non-governmental organizations to build capacity to strengthen country ownership, and improve leadership structures at the local level to integrate combination HIV prevention programs in work place activities and community programs for key populations. SHIPP will provide TA in developing a comprehensive gender integration framework, including the development of a manual for planning, implementing and evaluating and sustaining gender integration. SHIPP will help in strengthening referral systems for school-going youth aged 10 -19 and community based HIV prevention interventions. Community based programs will also target youth friendly services in support of HIV prevention interventions.

Implementing Mechanism Details

Mechanism ID: 14617	**Mechanism Name: Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,845,120	
Funding Source	**Funding Amount**
GHP-State	2,845,120

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS) is a 5-year cooperative agreement managed centrally by the Health Systems Division of USAID and awarded in October 2011. SIAPS will assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes consistent with the Global Health Initiative. SIAPS will provide "next generation" technical leadership and assistance in pharmaceutical system strengthening with a deliberate focus on patient-centered services and health outcomes. Importantly, SIAPS will assist USAID and the SAG to reconcile the long-term goals of country ownership, system strengthening, and sustainability with the immediate requirements for continuing scale-up and expansion of prevention and treatment programs without adversely affecting health outcomes. SIAPS result areas will address the intersections of five health systems components (governance, human resources, information, financing, and service delivery) and the ways they interact with the medical products building block to expand access to quality pharmaceutical products and effective pharmaceutical services. As SIAPS develops its technical program, it will identify issues associated with each health system component and consider its necessary contribution to potential interventions supporting HIV/AIDS. The five Intermediate Results are:

• IR1: Pharmaceutical sector governance strengthened

• IR2: Capacity for pharmaceutical supply management and services increased and enhanced

• *IR3: Utilization of information for decision-making increased*
• *IR4: Financing strategies and mechanisms strengthened to improve access to medicines*
• *IR5: Pharmaceutical services improved to achieve desired health outcomes*

Cross-Cutting Budget Attribution(s)

Human Resources for Health	60,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
TB

Budget Code Information

Mechanism ID:	**14617**		
Mechanism Name:	**Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS)**		
Prime Partner Name:	**Management Sciences for Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	455,120	0
Narrative:			
The Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS) is a five year Cooperative Agreement managed centrally by the Health Systems Division of USAID/GH/HIDN awarded in October 2011. Using HTXD and HVTB funds, SIAPS will improve access to medicines, improve availability of medical products and improve the rational use of medicine and patient safety. South Africa is embarking on the implementation of new national strategies to improve equitable access to health products and services by streamlining procurement			

(Central Procurement Authority), providing universal coverage (National Health Insurance) and improving disease prevention and management at the lowest level (PHC re-engineering). These strategies have a strong financial component that justifies their cross-reference to SIAPS objectives. SIAPS will collaborate with the SAG, civil society, and other stakeholders (incl. the private sector) to support this objective. The availability of medical products is one the key components of the access framework to strengthen service delivery. Under these objectives, SIAPS will improve quantification practices, strengthen provincial pharmaceutical warehouses and improve medicine supply management at facility level in partnership with SAG personnel at the provincial and district levels. Improved access and availability of pharmaceutical products should contribute to improved services and a "patient centered" approach. SIAPS will support end users, through strengthening rational medicine prescribing and dispensing practices of health care providers, enhancing systems to monitor patient safety, increasing patient knowledge and awareness about the need for rational medicine use. This objective will also address other issues related to the wellness of the patient, both indirectly by supporting the National Infection Prevention and Control program, and directly by strengthening the monitoring of adherence to treatment and the implementation of the required support measures. These activities will also contribute to a reduction in antimicrobial resistance. Activities will be conducted at the national, provincial and facility levels and will include interaction with the community.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	590,000	0

Narrative:

The Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS) is a five year Cooperative Agreement managed centrally by the Health Systems Division of USAID/GH/HIDN awarded in October 2011. The goal of SIAPS is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Using HVSI funds, SIAPS will improve the use of information for decision making for pharmaceutical services. Data is generally available at various levels. It is, however, not always transformed into information that can be used to support decision-making and/or shared among programs. This objective will support the strengthening of the production of timely and accurate routine information at the national and provincial levels by developing and/or implementing systems and building capacity in their use. It will also contribute to the M&E frameworks under development. Work will be done with national, provincial and local governments as well as other PEPFAR partners. Specific activities may include:

• Implement National Pharmaceutical Data Warehouse
• Roll out provincial pharmaceutical depot (warehouse) electronic reporting system(s)
• Develop and implement provincial data warehouse(s) for the provinces using RxSolution ©
• Improve RxSolution © using new development platforms
• Develop middleware to facilitate integration and/or sharing of RxSolution© data with other new or legacy systems
• Support RxSolution implementation at existing sites, roll-out to new sites and increase the pool of users and super

users
• Train pharmacy managers and other relevant personnel in the analysis and use of pharmaceutical data for decision-making
• Develop M&E frameworks for provincial pharmaceutical services
• Support M&E system(s) to monitor availability of medicines

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,800,000	0

Narrative:

The goal of the Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS) is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Using OHSS funds, SIAPS will strengthen pharmaceutical sector governance. This objective will contribute to the improvement of key elements that need to be in place to guide access to medical products and the provision of pharmaceutical services. This includes the development and implementation of policies, laws, regulations, rules and guidelines (e.g. National Medicine Policy, Pharmacy Act and regulations and rules published in terms of this Act, EML, National Core Standards, etc.) to support good governance in the South Africa pharmaceutical sector. Work will also be done to ensure that the principles of good governance are applied in the procurement and distribution of medicine and medical products. This work will be done in close collaboration with the SAG and the relevant statutory and regulatory bodies. SIAPS will also enhance the capacity for pharmaceutical supply management and services. This will entail increasing the availability of sufficient numbers of human resources (HR) with the appropriate knowledge and skills has been identified as one of the key challenges facing the provision of pharmaceutical services in South Africa. This objective focuses on developing and implementing strategies to ensure that qualified pharmacists and pharmacy support personnel are available according to approved HR norms and standards to support the implementation of priority health programs and that the right tool(s) to monitor progress are in place. Collaboration with local pharmacy schools and the South African Pharmacy Council (SAPC) will be one of the key success factors in achieving this objective.
South Africa is embarking on the implementation of new national strategies to improve equitable access to health products and services by streamlining procurement (Central Procurement Authority), providing universal coverage (National Health Insurance) and improving disease prevention and management at the lowest level (PHC re-engineering). These strategies have a strong financial component that justifies their cross-reference to SIAPS objectives. Under these objectives, SIAPS will improve quantification practices, strengthen provincial pharmaceutical warehouses and improve medicine supply management at facility level in partnership with SAG personnel at the provincial and district levels. Improved access and availability of pharmaceutical products should contribute to improved services and a "patient centered" approach. SIAPS will support end users, through strengthening rational medicine prescribing and dispensing practices of health care providers, enhancing systems

to monitor patient safety, increasing patient knowledge and awareness about the need for rational medicine use. This objective will also address other issues related to the wellness of the patient, both indirectly by supporting the National Infection Prevention and Control program, and directly by strengthening the monitoring of adherence to treatment and the implementation of the required support measures. These activities will also contribute to a reduction in antimicrobial resistance. Activities will be conducted at the national, provincial and facility levels and will include interaction with the community.

Implementing Mechanism Details

Mechanism ID: 14623	**Mechanism Name: Increasing Services to Survivors of Sexual Assault**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Foundation for Professional Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,128,880	
Funding Source	**Funding Amount**
GHP-State	1,128,880

Sub Partner Name(s)

Sonke Gender Justice	Soul City	

Overview Narrative

The GBV follow-on program aims to improve the quality and access to services for victims of GBV. PEPFAR supports interventions to eradicate rape, assault and sexual exploitation of women and children. A number of studies suggest that rape may directly increase a woman's risk for HIV infection as the violent nature creates a higher risk of genital injury and bleeding. Exposure to multiple assailants in gang rape also contributes to risk of transmission. Abusive relationships may also limit women's ability to negotiate safer sex and therefore increase HIV infection possibilities. The program's objectives are to increase nationwide awareness of the services provided by 52 Thuthuzela Care Centers (TCCs) to GBV survivors, and to expand and improve the services provided in the TCC catchment areas. The program will support the Partnership Framework sub-objective to strengthen the SAG

capacity to identify and implement interventions that address unequal power relations and the role of sexual violence in HIV transmission. It will also support the critical enablers by addressing social structures that are barriers. To date, USAID has funded the upgrade of 10 of the existing TCCs (built by SAG) and established 23 new ones. These TCCs are in all 9 provinces of the country. The SAG has taken over the management and human resources of the established TCCs. This program will support a local organization to implement the program ensuring further sustainability of the services. The selected implementing partner will link with already established services and programs available in the catchment areas such as DSD, SAPS and Health, SoulCity, Sonke Gender Justice, Brothers for Life, LifeLine and Childline and POWA.

Cross-Cutting Budget Attribution(s)

Gender: GBV	1,128,880

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14623**		
Mechanism Name:	**Increasing Services to Survivors of Sexual Assault**		
Prime Partner Name:	**Foundation for Professional Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	678,880	0
Narrative:			
The Thuthuzela Care Center (TCC) model provides a range of essential services to rape survivors such as emergency medical care, post-exposure prophylaxis (PEP), HIV counseling and testing (HCT) for HIV, and sexually-transmitted infections. A core network of NGOs will be supported to provide psychosocial counseling and			

adult and child trauma counseling. The implementer will be asked to link the services at the TCC with other counseling services such as couple counseling, risk assessments and prevention with positives. The survivor is supported by a victim assistance officer and a case manager who provide referrals to shelters and other protection services as well as court preparation and legal assistance. A site coordinator ensures coordination between the different role-players in the process. This is all done in an integrated and victim-friendly manner. The TCCs address the medical and psychosocial needs of sexual assault survivors, while improving conviction rates and reducing time to court. The target population will be the GBV survivors in the 52 TCC catchment areas. Approximately 500 survivors present at a TCC annually. The 52 centers are located in public hospitals in all nine provinces in communities with high incidences of rape. They are walk-in facilities where survivors can access medical and psychosocial care and can provide a statement to the police in a secure, safe environment. The program will support the SAG National Strategic Plan which includes scaling up prevention interventions to reduce gender based violence, scaling up comprehensive services for survivors of sexual assault, and increasing the number of health facilities with services for rape survivors. It will also support South Africa's 365 day National Action Plan to end gender violence that applies a multi sector framework and approach for ending GBV. TCCs record data on indicators monthly, quarterly, and annually and report on a quarterly basis. These include PEPFAR indicators. A long term impact evaluation will be developed for this program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	350,000	0

Narrative:

The target population for HIV counseling and testing (HCT) services will be GBV and sexual assault survivors in 52 Thuthuzela Care Centers (TCC) catchment areas. Counseling and Testing services are provided at TCCs that are situated in health facilities, in all 9 provinces. Pepfar will support NGO counselors who provide comprehensive HIV counseling to survivors, especially after hour, at the TCCs. Counseling and testing services will also be provided to target populations, such as commercial sex workers in TCC catchment areas, and effective linkages to prevention, treatment and care services will be established for those testing positive. HCT services will also be provided to survivors who complete the PEP treatment. A target of 1,000 people will be counseled and tested at the TCCs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

Narrative:

The TCCs provides services to all survivors who present at the TCC. Target populations include men who have sex with men, mobile populations in the TCCs situated close to borders, migrant workers, and sex workers. Essential services such as emergency medical care, post-exposure prophylaxis (PEP), HIV counseling and testing, and sexually transmitted infections will be provided to these individuals. Survivors presenting at the TCC are not

required to indicate whether they are for example sex workers and thus this data is not captured. Within the awareness objective of the program, communities in the catchment areas will be informed about the services provided at the TCC and made aware that the services is available for all survivors (including populations such as sex workers, men having sex with men etc). Communities will be sensitized about the rights of the said populations.

Implementing Mechanism Details

Mechanism ID: 14631	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14634	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14667	**Mechanism Name: Tulane University - Compiling Evidence Base for Orphans and Vulnerable Children**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Tulane University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,100,000	
Funding Source	**Funding Amount**
GHP-State	2,100,000

Sub Partner Name(s)

Impact Research International		

Overview Narrative

Tulane University's goal under this project is to contribute to the evidence-base concerning programming for orphans and vulnerable children (OVC). By conducting case studies and assessments of existing OVC programs, this project will provide data on the priority needs of OVC, lessons learned from interventions, as well as evidence concerning the effectiveness of program models. In doing so, this project will promote expansion of knowledge-based interventions, which is a key priority of the USG-SAG Partnership Framework and the National Strategic Action Plan. Assessments and case studies will focus on identified priorities of USAID and SAG, including family strengthening, gender, and adolescents. It is expected that such information will guide efforts to develop, improve and scale-up programs for OVC in South Africa. Results will be disseminated through the OVC Research Working Group and the NACCA, contributing to the national research agenda and promoting evidence-grounded policy and practices. In addition, outcomes of the project activities as well as other emerging research in the field will be shared with local stakeholders, policymakers, and service delivery partners through program guidance papers that include recommendations as well as presentations at national and international forums. This is a time-limited project that will not be transitioned directly. However, the substantial time investment in capacity-building, results-sharing, and related action planning will create a transition from this project into improved local practices. Tulane University currently leases a 2010 Jeep Patriot purchased with PEPFAR funds from John Snow Incorporated for use in project activities, including planning and monitoring site visits as well as dissemination events.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14667**		
Mechanism Name:	**Tulane University - Compiling Evidence Base for Orphans and Vulnerable Children**		
Prime Partner Name:	**Tulane University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	2,100,000	0

Narrative:

Tulane University is an American-based academic institution with a subsidiary in South Africa, Tulane International LLC, operating as a public benefit organization. Tulane's goal under this project is to contribute to the evidence-base concerning programming for orphans and vulnerable children (OVC). This project will achieve this aim by producing assessments and case studies of program models for OVC within South Africa. These activities will provide data on the priority needs of OVC, lessons learned from interventions, as well as evidence concerning the effectiveness of program models. In doing so, this project will promote expansion of knowledge-based interventions, a key priority of the USG-SAG Partnership Framework and the National Strategic Action Plan. Assessments and case studies will focus on identified priorities of USAID and SAG, including Family Strengthening, Gender, and Adolescents. The geographic locations, program models and other specific focal points of these activities will be determined on an on-going basis in consultation with program partners, USAID and SAG. To ensure local utilization of results and promote action planning for enhanced OVC programming, an array of capacity building activities will be conducted among program partners and SAG. The Principal Investigator will serve as a member of the OVC Research Working Group and the National Action Committee for Children Affected by HIV and AIDS, contributing to the national research agenda and promoting evidence-grounded policy and practices. In addition, outcomes of the project activities as well as other emerging research in the field will be shared with local stakeholders, policymakers, and service delivery partners through program guidance papers that provide policy and program-specific recommendations as well as through interactive presentations at national and international forums. It is expected that outputs of this project will guide efforts to develop, improve and scale-up programs for OVC in South Africa and beyond.

Implementing Mechanism Details

Mechanism ID: 14844	**Mechanism Name: APHL**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Association of Public Health Laboratories will work with CDC/GAP-South Africa, and in collaboration with CDC/GAP with the Department of Health, National Health Laboratory Service and other agencies and partners as appropriate. This is a new Cooperative Agreement for APHL with CDC/GAP-South Africa. Objective 1. Strengthening Integration of the Department of Health and the National Health Laboratory Service. APHL will provide support to the in-country staff with assistance from headquarters staff and APHL members with experience and expertise in database systems, laboratory-based surveillance and epidemiology. APHL will also provide technical assistance, training and coaching on issues of policy development, strategic planning and development of public health laboratory surveillance systems based on its experience in these areas in many African countries. In addition, APHL can also evaluate the laboratory information system of the NHLS. APHL will also assist the NHLS to train management in implementing better financial management, and in the establishment of a national public health laboratory system that will serve the needs of the provincial and national departments of health.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	14844		
Mechanism Name:	APHL		
Prime Partner Name:	Association of Public Health Laboratories		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	500,000	0

Narrative:

Association of Public Health Laboratories will work with CDC/GAP-South Africa, and in collaboration with CDC/GAP with the Department of Health, National Health Laboratory Service and other agencies and partners as appropriate. This is a new Cooperative Agreement for APHL with CDC/GAP-South Africa. Objective 1. Strengthening Integration of the Department of Health and the National Health Laboratory Service. APHL will provide support to the in-country staff with assistance from headquarters staff and APHL members with experience and expertise in database systems, laboratory-based surveillance and epidemiology. APHL will also provide technical assistance, training and coaching on issues of policy development, strategic planning and development of public health laboratory surveillance systems based on its experience in these areas in many African countries. In addition, APHL can also evaluate the laboratory information system of the NHLS. APHL will also assist the NHLS to train management in implementing better financial management, and in the establishment of a national public health laboratory system that will serve the needs of the provincial and national departments of health.

Implementing Mechanism Details

Mechanism ID: 14846	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14847	**Mechanism Name: Partnership Information Management System (PIMS) Database Project**
Funding Agency: U.S. Agency for International	Procurement Type: Contract

Development	
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 900,000	
Funding Source	**Funding Amount**
GHP-State	900,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Monitoring and evaluation of PEPFAR/South Africa implementing partners has been a priority since the inception of the PEPFAR program and will continue to become an increasing priority as budgets are reduced, efficiencies are sought, and programmatic and financial responsibility for parts of the PEPFAR program are transitioned to the South African Government. In order to strengthen the Monitoring and Evaluation of the PEPFAR program, several information management systems have been developed, each more sophisticated than its predecessor. This proposed program will build on prior investments to develop information management systems for PEPFAR reporting and improve them by modernizing the PEPFAR indicator reporting system. The new proposal will include cost savings measures by procuring a commercial off the shelf (COTS) system that will be web based yet accessible to rural sites with limited internet access. The new system will have significantly lower maintenance costs than the current system, but will use many of the best features of the current system. The newly procured system will also be flexible enough so that PEPFAR implementing partners will be able to modify it to suit other program monitoring needs, thus improving data monitoring processes beyond the PEPFAR reporting process.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	14847		
Mechanism Name:	Partnership Information Management System (PIMS) Database Project		
Prime Partner Name:	John Snow, Inc.		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	900,000	0

Narrative:

Monitoring and evaluation of PEPFAR/South Africa implementing partners has been a priority since the inception of the PEPFAR program and will continue to become an increasing priority as budgets are reduced, efficiencies are sought, and programmatic and financial responsibility for parts of the PEPFAR program are transitioned to the South African Government. In order to strengthen the Monitoring and Evaluation of the PEPFAR program, several information management systems have been developed, each more sophisticated than its predecessor. This proposed program will build on prior investments to develop information management systems for PEPFAR reporting and improve them by modernizing the PEPFAR indicator reporting system. The new proposal will include cost savings measures by procuring a commercial off the shelf (COTS) system that will be web based yet accessible to rural sites with limited internet access. The new system will have significantly lower maintenance costs than the current system, but will use many of the best features of the current system. The newly procured system will also be flexible enough so that PEPFAR implementing partners will be able to modify it to suit other program monitoring needs, thus improving data monitoring processes beyond the PEPFAR reporting process.

Implementing Mechanism Details

Mechanism ID: 16372	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16583	**Mechanism Name: Comprehensive facility-based services**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Aurum Health Research	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 18,861,121	
Funding Source	**Funding Amount**
GHP-State	18,861,121

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Aurum will work in collaboartion with the USAID partner(s) to provide comprehensive HIV/TB care and treatment program in 5 districts to achieve the following four objectives:

Improve HIV-related population outcomes

Build the capacity of facility and district management teams

Provide support to the district and/or sub-district health facilities in identifying and setting up policies and programs to improve the district's facility response to providing HIV/TB care, treatment, laboratory and prevention services

Support transition to a sustainable national comprehensive HIV/TB care and treatment program that supports two key priorities of the SA government: Primary health care re-engineering and national health insurance.

Partners will be expected to work in facilities in up to 10 prescribed Districts in a mixture of rural, urban and peri-urban settings.

Aurum will also be asked to support activities at the district level considered to reflect core strengths of CDC as an agency including:

Quality of lab services in the district

Surveillance activities in the district

Health Management Information Systems support in alignment with the government-led 3-tiered approach and in alignment with the district level.
The interventions will combine health systems strengthening, community-based and facility-based strategies to deliver HIV/AIDS and TB services. The approach will be to build capacity of managers and technical staff through mentoring and technical assistance to ensure local ownership and sustainability when the project concludes.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	9,000,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16583**		
Mechanism Name:	**Comprehensive facility-based services**		
Prime Partner Name:	**Aurum Health Research**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	896,290	0
Narrative:			
Aurum will work closely with the District DOH and other PEPFAR partners in ensuring a continuum of care and support, through both community- and facility-based services, for PLHIV starting from the time of diagnosis. Priority will be given to the early identification of PLHIV, linking and retaining them within care and support services to minimise loss to follow-up and to reduce early morbidity and mortality. Upon diagnosis of HIV, the partner will advocate for immediate CD4 testing (POC testing technology will be considered) and counsel clients to return for results. The partner will also ensure that patients are			

immediately linked to psycho-social counselling and support groups (e.g. I ACT). The partner will implement and maintain pre-ART registers to follow-up patients and track-down early defaulters. To maintain the quality of life of PLHIV the partner will provide cotrimoxazole prophylaxis and Isoniazid preventive therapy (IPT) to all eligible patients and will ensure that PLHIV are provided with routine screening and management of Tuberculosis, other opportunistic infections (i.e. Cryptococcal disease, cervical cancer), and sexually transmitted infections. PLHIV will further be supported through routine nutritional assessments, counselling and support (NACS), and the assessment and management of pain. In order to reduce the transmission of HIV to uninfected individuals, the partner will implement prevention with Positives (PwP) programming that may include condom distribution, reduction in high risk behaviour, and reduction in risks imposed by alcohol and use of illegal drugs. The partner will also conduct activities related to care and support program monitoring and evaluation according to appropriate guidelines of the DOH or as advised by PEPFAR.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	2,509,613	0

Narrative:

Aurum will work close together with the district and sub-district departments of health, other PEPFAR funded partners and stakeholders to ensure that no duplication of services will take place and that the NDOH/PDOH policies are adhered to. Facility TB/HIV assessments will be done to identify needs to be addressed. No new tools or training materials/guidelines will be developed without the approval of the national, provincial, district and sub-district departments of health. Only approved NDOH TB/HIV training will be supported. The partner will focus on the 5 I's: infection control (in collaboration with CSIR and NDOH), implementation of INH prophylaxis to all legible clients; intensified case finding (supporting the NDOH household/outreach case finding initiative, through close collaboration with NDOH and provincial DOH); integration of TB/HIV (all HIV patients will have a known TB result and all HIV patients been symptom screened for TB and referred for TB management or IPT); initiation of ARV's to eligible TB patients (including CD4 counts to all TB patients). Community TB contact and default tracing will be supported by the partner as well as the NDOH MDR/XDR decentralized (program by means of "injection teams" to deliver treatment). Support will also be given to strengthen TB and TB/HIV recording and reporting (monitoring and evaluation) and the partner will work close with NHLS to ensure short turnaround times of results (including support to the GeneXpert diagnostics). The partner will also support the essential drug management (EDL) program to ensure that no interruption of treatment will occur. The partner will ensure that PMTCT, ANC, and pediatric services be part of all TB/HIV activities. Support will be given to advocating, monitoring and social mobilization (ACSM) activities on district, sub-district and facility level, TB and HIV days and the Kick TB initiative.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	627,403	0

Narrative:

Aurum will work with the national, provincial, district and sub-district departments of health, other PEPFAR funded partners and stakeholders to ensure that the NDOH/PDOH policies are adhered to. Activities will target children and adolescents from newborn to 21 years of age. Aurum will do needs assessments and work with the facilities and District health management (DHMT) team to identify gaps in care. Aurum will support and strengthen integration of MCH, IMCI, IMAI, nutrition, growth monitoring and HIV services. Identification of HIV exposed (HEI) and infected babies at 6 weeks will be strengthened through optimal use and the recording of the mothers HIV status on the Road to health card.
Aurum will strengthen referral systems between maternity (labor and delivery) and Primary health care clinics to improve follow up and tracking and tracing of mother infant pairs. Aurum will support and strengthen the recording and reporting and improve systems to ensure that commodities for DBS PCR testing and drugs (ARVs, cotrimozaxole and Nevirapine syrup) are available at health facilities.
Aurum will strengthen the provision of a minimum package of care for HIV infected children which includes, cotrimoxazole prophylaxis, TB screening at every visit, provision of IPT for children, growth monitoring and nutritional assessment, immunizations, and psychosocial support. Aurum will support the strengthening of adolescent services including PICT, and psychosocial support especially around issues of disclosure, prevention with positives, and adherence.
Aurum will assist the district and facilities with the implementation of a quality improvement program that will include the following: improved recording and reporting, and monitoring and evaluation. Moreover, the partner will also support the facility, district and province to develop strategies to improve uptake in PCR testing, cotrimoxazole, retesting post weaning and retesting at 18 months."

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	400,000	0

Narrative:

Aurum will provide support in Ekhuruleni (GA), Greater Sekhukhune (LP), Bojanala (NW), Ngaka Modiri Molema (NW) and West Coast (WC) districts and will provide support to healthcare facilities with the implementation of key national laboratory health initiatives specifically focusing on:
1.Strengthen linkages and communication between facility and external laboratory where applicable to ensure timely return of laboratory results
2. Strengthening laboratory practices and procedures which will include the following: Standard operating procedures for phlebotomy; recording and storage of samples; infection control measures; procedures for containment and disposal of hazardous wastes.

3. SupporIingt the facilities to strengthen and/or implement a lab quality assurance (QA) plan and external quality assurance (EQA) plan.
4.Collaborating with the District health team, Regional lab and facilities in improving facility mechanisms of reporting laboratory results especially those that are critical or abnormal.
5.Collaborating with the District health team, Regional lab and facilities to improve laboratory utilization of laboratory services

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	535,315	0

Narrative:

Aurum will provide support in Ekhuruleni (GA), Greater Sekhukhune (LP), Bojanala (NW), Ngaka Modiri Molema (NW) and West Coast (WC) districts towards the implementation of key national programs and health initiatives specifically focusing on:
1. Provide support towards the development of district health plans
2. Provided assistance in strengthening leadership and management capacity
3. Support new or existing management systems and tools specifically aimed at HRH management (recruitment, retention, decreasing vacancy rates) as well as the implementation of the NDOH/PEPFAR HRH transition plan at district, sub-district and facility levels
4. Support capacity development through the coordination, planning, training for and implementation of priority programs (i.e. NIMART, I-ACT) as designed by the National Department of Health
5. Strengthen supply chain management systems
6. Strengthen information management systems (including M&E, disease surveillance and outbreak monitoring, management reporting),
7. Strengthen laboratory processes / systems
8. Support the implementation of quality improvement initiatives within the district
9. Support the implementation of the PCH re-engineering strategy, working with the District Health Team to establish/roll-out the specialist support teams, school health programs and community outreach teams as specified in the PCH re-engineering strategy for the country
10. Support in the planning for the National Health Insurance (NHI) in identified districts

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,599,242	0

Narrative:

Aurum will provide support to the supported partner facilities in improving the quality and coverage of the PMTCT services in women from age 15-49 years, to achieve Mother to Child transmission rate < 2% at 6

weeks and < 5% at 18 months by 2015 in line with National Service Delivery agreement. The partner will continue to support the national PMTCT program by addressing some of the inherent programmatic gaps through technical assistance including ongoing support thru on-site mentorship of NIMART trained nurses; and health care workers trained in family planning, TB/HIV/STI management, couple counseling, Basic Antenatal Care services and infant feeding practices. The partner will ensure that all women seen at ANC will have access to family planning counseling services, safer pregnancy counseling, and nutritional counseling and support services. The partner will work with South African government to improve linkages and integration of services between PMTCT, MCH, sexual and reproductive health, youth services and family planning services. Activities will include promotion of PICT, TB screening of all pregnant women irrespective of their HIV status, promote early booking and the retesting at 32 weeks. The partner will develop effective strategies to follow-up mother-baby pair post delivery. Program will prioritize early infant diagnosis by strengthening the referral systems between hospitals, clinics and community outreach programs. Furthermore, activities addressing cultural attitudes to infant feeding practice, male involvement in PMTCT and antenatal care, and increased uptake of services will also be supported. The partner will also work with the laboratory department to ensure improved turnaround time for CD4 counts, PCR and other laboratory results. The partner will conduct quality improvement activities in order to identify areas of and need and will work with the district to innovate solutions for better program outcomes. The partner will provide support to District health information system to enable tracking of progress by using Maternal and PMTCT indicators according to SAG.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	9,142,161	0

Narrative:

Aurum will work closely with the Department of Health (DoH) and other stakeholders; treatment of HIV-infected adults. The partner will work with the National, Provincial and District to identify priorities and needs for adult HIV treatment. Aurum will support the following:

1. Collaborate with the District to support Public Health Care (PHC) re-engineering initiatives at the facility level.
2. Provide supportive supervision and mentoring to all the nurses trained on NIMART to be confident about their skills.
3. The partner will support the Department of Health (DoH) in its efforts to improve access to ARV treatment by assessing jointly with DoH, the readiness of facilities for initiation of patients on ART.
4. Support the District to ensure that all facilities have updated treatment guidelines on site and that staff at sites are familiar with their content.
5. Ensure that all patients with CD4<350 are initiated on ART.
6. Aurum will work with the DoH to strengthen quality improvement of treatment programs. These efforts

will include strengthening and supporting the implementation of the DoH 3-tiered system of M&E for ART; improving adherence to treatment by increasing the proportion of adults and children who remain on ART after initiation; and conducting cohort studies and ensuring integration of TB and HIV services.
Moreover, The partner will ensure that data is “owned” by the site staff and will support sites to use data by identifying gaps in care and problem solving to develop a plan to address these gaps.
7. Through all activities, Aurum will strive to build local capacity at the facility level, and where requested at district levels with the goal that these activities will be transitioned to the local government in the next 5 years.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	2,151,097	0

Narrative:

Aurum will support District and SAG’s overall arching goals to scale up the number of Pediatric patients on ART to 15% the total on ART for the sub-district or district, and increase service delivery to HIV-infected infants, children and adolescents. This will be achieved with the District and the Regional Training centers, and other stake holders. Capacity will be built in the following manner:
1. Provide continuous training to Clinicians (physicians, nurses and clinical associates) on the diagnosis, treatment and management of HIV-infected infants and children.
2. Provide support to the District and facilities to ensure scale up of PICT. Sensitize provider to offer HIV tests to infants, children and adolescents that are encountered at all levels of care with an unknown HIV status.
3. Provide ongoing support for NIMART. The partner will provide onsite mentorship and regular onsite follow up to ensure that nurses are capacitated to initiate and provide care and treatment services to HIV-infected infants and children.
4. Support and ensure linkages to programs providing nutritional support, adherence, and psychosocial support.
5. Support and ensure that Pediatric ART services are integrated with MCH, EPI andIntegrated management of Childhood Illness (IMCI) .
6. Support the District to ensure that all HIV-infected children have access to CD4% and viral load testing. Work with the NHLS and District to ensure that results are returned to facilities at a timely manner. Work with District to ensure that staff at facility reports and records results.
7. Support the District and sites in ensuring that there is a quality improvement plan in place. Ensure that District and sites use data to affect change at the site and District levels.
8. Support District and RTC in providing training and onsite support for improving data collection, recording and reporting.
9. Support the District to ensure that there are adolescent friendly spaces to address the unique issues

and challenges that HIV-infected adolescents encounter, particularly issues related to disclosure, and sexual and reproductive health."

Implementing Mechanism Details

Mechanism ID: 16584	**Mechanism Name: Comprehensive Facility Based Service**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Institute for Youth Development SA (IYDSA)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 15,666,321	
Funding Source	**Funding Amount**
GHP-State	15,666,321

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IYDSA will work in collaboartion with the USAID partner(s) to provide comprehensive HIV/TB care and treatment program in up to 5 districts to achieve the following four objectives:

Improve HIV-related population outcomes , Build the capacity of facility and district management teams , Provide support to the district and/or sub-district health facilities in identifying and setting up policies and programs to improve the district's facility response to providing HIV/TB care, treatment, laboratory and prevention services , Support transition to a sustainable national comprehensive HIV/TB care and treatment program that supports two key priorities of the SA government: Primary health care re-engineering and national health insurance.

Partners will be expected to work in facilities in up to 10 prescribed Districts in a mixture of rural, urban and peri-urban settings.

IYDSA will also be asked to support activities at the district level considered to reflect core strengths of CDC as an agency including:

Quality of lab services in the district

, Surveillance activities in the district
,Health Management Information Systems support in alignment with the government-led 3-tiered approach and in alignment with the district level
.
The interventions will combine health systems strengthening, community-based and facility-based strategies to deliver HIV/AIDS and TB services. The approach will be to build capacity of managers and technical staff through mentoring and technical assistance to ensure local ownership and sustainability when the project concludes.

"

Cross-Cutting Budget Attribution(s)

Human Resources for Health	7,500,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16584**		
Mechanism Name:	**Comprehensive Facility Based Service**		
Prime Partner Name:	**Institute for Youth Development SA (IYDSA)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	736,550	0

Narrative:

IYDSA will work closely with the District DOH and other PEPFAR partners in ensuring a continuum of care and support, through both community- and facility-based services, for PLHIV starting from the time of diagnosis. Priority will be given to the early identification of PLHIV, linking and retaining them within care and support services to minimise loss to follow-up and to reduce early morbidity and mortality. Upon diagnosis of HIV, the IYDSA will advocate for immediate CD4 testing (POC testing technology will be considered) and counsel clients to return for results. The partner will also ensure that patients are immediately linked to psycho-social counselling and support groups (e.g. I ACT). IYDSA will implement and maintain pre-ART registers to follow-up patients and track-down early defaulters. To maintain the quality of life of PLHIV the partner will provide cotrimoxazole prophylaxis and Isoniazid preventive therapy (IPT) to all eligible patients and will ensure that PLHIV are provided with routine screening and management of Tuberculosis, other opportunistic infections (i.e. Cryptococcal disease, cervical cancer), and sexually transmitted infections. PLHIV will further be supported through routine nutritional assessments, counselling and support (NACS), and the assessment and management of pain. In order to reduce the transmission of HIV to uninfected individuals, the partner will implement prevention with Positives (PwP) programming that may include condom distribution, reduction in high risk behaviour, and reduction in risks imposed by alcohol and use of illegal drugs. The partner will also conduct activities related to care and support program monitoring and evaluation according to appropriate guidelines of the DOH or as advised by PEPFAR.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	2,062,341	0

Narrative:

IYDSA will work close together with the district and sub-district departments of health, other PEPFAR funded partners and stakeholders to ensure that no duplication of services will take place and that the NDOH/PDOH policies are adhered to. Facility TB/HIV assessments will be done to identify needs to be addressed. No new tools or training materials/guidelines will be developed without the approval of the national, provincial, district and sub-district departments of health. Only approved NDOH TB/HIV training will be supported. The partner will focus on the 5 I's: infection control (in collaboration with CSIR and NDOH), implementation of INH prophylaxis to all legible clients; intensified case finding (supporting the NDOH household/outreach case finding initiative, through close collaboration with NDOH and provincial DOH); integration of TB/HIV (all HIV patients will have a known TB result and all HIV patients been symptom screened for TB and referred for TB management or IPT); initiation of ARV's to eligible TB patients (including CD4 counts to all TB patients). Community TB contact and default tracing will be supported by the partner as well as the NDOH MDR/XDR decentralized (program by means of "injection

teams" to deliver treatment). Support will also be given to strengthen TB and TB/HIV recording and reporting (monitoring and evaluation) and the partner will work close with NHLS to ensure short turnaround times of results (including support to the GeneXpert diagnostics). The partner will also support the essential drug management (EDL) program to ensure that no interruption of treatment will occur. The partner will ensure that PMTCT, ANC, and pediatric services be part of all TB/HIV activities. Support will be given to advocating, monitoring and social mobilization (ACSM) activities on district, sub-district and facility level, TB and HIV days and the Kick TB initiative.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	515,585	0

Narrative:

IYDSA will work with the national, provincial, district and sub-district departments of health, other PEPFAR funded partners and stakeholders to ensure that the NDOH/PDOH policies are adhered to. Activities will target children and adolescents from newborn to 21 years of age. The partner will do needs assessments and work with the facilities and District health management (DHMT) team to identify gaps in care. The partner will support and strengthen integration of MCH, IMCI, IMAI, nutrition, growth monitoring and HIV services. Identification of HIV exposed (HEI) and infected babies at 6 weeks will be strengthened through optimal use and the recording of the mothers HIV status on the Road to health card.

IYDSA will strengthen referral systems between maternity (labor and delivery) and Primary health care clinics to improve follow up and tracking and tracing of mother infant pairs. The partner will support and strengthen the recording and reporting and improve systems to ensure that commodities for DBS PCR testing and drugs (ARVs, cotrimozaxole and Nevirapine syrup) are available at health facilities.

IYDSA will strengthen the provision of a minimum package of care for HIV infected children which includes, cotrimoxazole prophylaxis, TB screening at every visit, provision of IPT for children, growth monitoring and nutritional assessment, immunizations, and psychosocial support. IYDSA will support the strengthening of adolescent services including PICT, and psychosocial support especially around issues of disclosure, prevention with positives, and adherence.

The partner will assist the district and facilities with the implementation of a quality improvement program that will include the following: improved recording and reporting, and monitoring and evaluation. Moreover, the partner will also support the facility, district and province to develop strategies to improve uptake in PCR testing, cotrimoxazole, retesting post weaning and retesting at 18 months."

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	400,000	0

Narrative:

IYDSA will provide support to healthcare facilities in 5 hybrid districts with the implementation of key national laboratory health initiatives specifically focusing on:
1.Strengthen linkages and communication between facility and external laboratory where applicable to ensure timely return of laboratory results
2. Strengthening laboratory practices and procedures which will include the following: Standard operating procedures for phlebotomy; recording and storage of samples; infection control measures; procedures for containment and disposal of hazardous wastes.
3. SupporIingt the facilities to strengthen and/or implement a lab quality assurance (QA) plan and external quality assurance (EQA) plan.
4.Collaborating with the District health team, Regional lab and facilities in improving facility mechanisms of reporting laboratory results especially those that are critical or abnormal.
5.Collaborating with the District health team, Regional lab and facilities to improve laboratory utilization of laboratory services

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	535,315	0

Narrative:

Partner will provide support in Amatole (EC), Buffalo City (EC), Cacadu (EC), Nelson Mandela Bay (EC) and Sisonke (KZN) districts towards the implementation of key national programs and health initiatives specifically focusing on:
1. Provide support towards the development of district health plans
2. Provided assistance in strengthening leadership and management capacity
3. Support new or existing management systems and tools specifically aimed at HRH management (recruitment, retention, decreasing vacancy rates) as well as the implementation of the NDOH/PEPFAR HRH transition plan at district, sub-district and facility levels
4. Support capacity development through the coordination, planning, training for and implementation of priority programs (i.e. NIMART, I-ACT) as designed by the National Department of Health
5. Strengthen supply chain management systems
6. Strengthen information management systems (including M&E, disease surveillance and outbreak monitoring, management reporting),
7. Strengthen laboratory processes / systems
8. Support the implementation of quality improvement initiatives within the district
9. Support the implementation of the PCH re-engineering strategy, working with the District Health Team to establish/roll-out the specialist support teams, school health programs and community outreach teams

as specified in the PCH re-engineering strategy for the country
10. Support in the planning for the National Health Insurance (NHI) in identified districts

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,135,996	0

Narrative:

IYDSA will provide support to the supported partner facilities in improving the quality and coverage of the PMTCT services in women from age 15-49 years, to achieve Mother to Child transmission rate < 2% at 6 weeks and < 5% at 18 months by 2015 in line with National Service Delivery agreement. IYDSA will continue to support the national PMTCT program by addressing some of the inherent programmatic gaps through technical assistance including ongoing support thru on-site mentorship of NIMART trained nurses; and health care workers trained in family planning, TB/HIV/STI management, couple counseling, Basic Antenatal Care services and infant feeding practices. The partner will ensure that all women seen at ANC will have access to family planning counseling services, safer pregnancy counseling, and nutritional counseling and support services. IYDSA will work with South African government to improve linkages and integration of services between PMTCT, MCH, sexual and reproductive health, youth services and family planning services. Activities will include promotion of PICT, TB screening of all pregnant women irrespective of their HIV status, promote early booking and the retesting at 32 weeks. IYDSA will develop effective strategies to follow-up mother-baby pair post delivery. Program will prioritize early infant diagnosis by strengthening the referral systems between hospitals, clinics and community outreach programs. Furthermore, activities addressing cultural attitudes to infant feeding practice, male involvement in PMTCT and antenatal care, and increased uptake of services will also be supported. IYDSA will also work with the laboratory department to ensure improved turnaround time for CD4 counts, PCR and other laboratory results .IYDSA will conduct quality improvement activities in order to identify areas of and need and will work with the district to innovate solutions for better program outcomes. IYDSA will provide support to District health information system to enable tracking of progress by using Maternal and PMTCT indicators according to SAG.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	7,512,813	0

Narrative:

IYDSA will work closely with the Department of Health and other stakeholders; treatment of HIV-infected adults. IYDSA will work with the National, Provincial and District to identify priorities and needs for adult HIV treatment. IYDSA will support the following:
1. Collaborate with the District to support PHC re-engineering initiatives at the facility level.
2. Provide supportive supervision and mentoring to all the nurses trained on NIMART to be confident

about their skills.
3. The partner will support the Department of Health (DoH) in its efforts to improve access to ARV treatment by assessing jointly with DoH, the readiness of facilities for initiation of patients on ART.
4. Support the District to ensure that all facilities have updated treatment guidelines on site and that staff at sites are familiar with their content.
5. Ensure that all patients with CD4<350 are initiated on ART.
6. IYDSA will work with the DoH to strengthen quality improvement of treatment programs. These efforts will include strengthening and supporting the implementation of the DoH 3-tiered system of M&E for ART; improving adherence to treatment by increasing the proportion of adults and children who remain on ART after initiation; and conducting cohort studies and ensuring integration of TB and HIV services. Moreover, IYDSA will ensure that data is “owned” by the site staff and will support sites to use data by identifying gaps in care and problem solving to develop a plan to address these gaps.
7. Through all activities, IYDSA will strive to build local capacity at the facility level, and where requested at district levels with the goal that these activities will be transitioned to the local government in the next 5 years."

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,767,721	0

Narrative:

"The partner will support District and SAG’s overall arching goals to scale up the number of Pediatric patients on ART to 15% the total on ART for the sub-district or district, and increase service delivery to HIV-infected infants, children and adolescents. This will be achieved with the District and the Regional Training centers, and other stake holders. Capacity will be built in the following manner:
1. Provide continuous training to Clinicians (physicians, nurses and clinical associates) on the diagnosis, treatment and management of HIV-infected infants and children.
2. Provide support to the District and facilities to ensure scale up of PICT. Sensitize provider to offer HIV tests to infants, children and adolescents that are encountered at all levels of care with an unknown HIV status.
3. Provide ongoing support for NIMART. The partner will provide onsite mentorship and regular onsite follow up to ensure that nurses are capacitated to initiate and provide care and treatment services to HIV-infected infants and children.
4. Support and ensure linkages to programs providing nutritional support, adherence, and psychosocial support.
5. Support and ensure that Pediatric ART services are integrated with MCH, EPI and IMCI.
6. Support the District to ensure that all HIV-infected children have access to CD4% and viral load testing. Work with the NHLS and District to ensure that results are returned to facilities at a timely

manner. Work with District to ensure that staff at facility reports and records results. 7. Support the District and sites in ensuring that there is a quality improvement plan in place. Ensure that District and sites use data to affect change at the site and District levels. 8. Support District and RTC in providing training and onsite support for improving data collection, recording and reporting. 9. Support the District to ensure that there are adolescent friendly spaces to address the unique issues and challenges that HIV-infected adolescents encounter, particularly issues related to disclosure, and sexual and reproductive health."

Implementing Mechanism Details

Mechanism ID: 16746	**Mechanism Name: Central Mechanism Emory University**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Emory University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 125,000	
Funding Source	**Funding Amount**
GHP-State	125,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Overview Narrative

There is substantial evidence that working with couples reduces HIV transmission, promotes behavior change and facilitates communication between couples. Despite this evidence, scale up of Couples HIV/AIDS Counseling and Testing (CHCT) has been slow largely because the Voluntary Counseling and Testing model widely promoted emphasizes on individual HIV counseling and testing. Institutional, social, cultural, and psychological barriers make shift to CHCT difficult. In addition, there is poor training, and promotion for CHCT.

PEPFAR II Legislation specifically mentions interventions with discordant couples as a high priority and Uganda HTC policy guidelines highlights the importance of CHCT and the need to prioritize this intervention in national HTC strategies and activities.

South to South Technical Assistance Project in Couples Counseling and Testing is a PEPFAR funded cooperative agreement for Technical Assistance (TA) in couples testing that builds on experience, skills of staff in Zambia and Rwanda. This project will work with Emory University to provide Technical Assistance to the South Africa HTC program to support training in couples HTC for service providers and promoters.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16746**		
Mechanism Name:	**Central Mechanism Emory University**		
Prime Partner Name:	**Emory University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	125,000	0
Narrative:			
Budget Code Narrative Emory will work with the CDC and NDOH to provide technical assistance purposed to improve the uptake			

and quality of Couple HIV Counseling and Testing (CHCT). NDOH has requested assistance with CHCT initiation support, which will be conducted by RZHRG in the budget year. Emory University will conduct a one week training of the individuals who will conduct CHCT promoters training. Subsequently the promoters will undergo a one-week training session regarding the provision of community health education and mobilization for CHCT. This provides a powerful avenue for increasing community knowledge in regards to CHCT. Additionally the leaders of the SAG CHCT initiative will visit Rwanda and Zambia in order to observe and assess RZHRG's CHCT programs. They will use this experience to influence their implementation methods. After these goals are achieved, RZHRG will visit South Africa and facilitate the implementation of CHCT services in their health facilities. RZHRG will provide South Africa with four visits to guide service implementation and provide ongoing support for CHCT. The key activities will include: 1-week training of 25 promoters 1-week training of 25 trainers for promoter training 4 visits to support implementation 2-week exchange visit to Rwanda and Zambia

Implementing Mechanism Details

Mechanism ID: 16759	**Mechanism Name: UTAP 2/HQ PESS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHP-State	600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Paediatric Enhanced Surveillance Survey (PESS) proposes to routinely follow 500 children already on ART and 300 children who are newly initiated on ART in the Eastern Cape province. The children will be followed in term of clinical, immunologic, virological, metabolic, psychosocial and behavioral outcomes from the age of 4 weeks to less than 12 years. The survey has three parts: (1) a comprehensive record review of all HIV-infected children enrolled at five pediatric Wellness and ART clinics; (2) a cross sectional assessment; and (3) a two-year follow-up. The surveillance will be built upon and support the routine clinical care encounters, visit schedule and patient monitoring. As part of the two-year follow-up we will aim to collect information on children lost to follow-up, including causes of death through the review of death certificates in the clinical chart and through verbal autopsy reports. This work is designed in collaboration with the provincial health authorities of the EC, ICAP-SA and CDC-SA in support of the South African National ART Program for Children and aims to collect and analyze accurate, relevant and useful information on the children seen at the five Wellness and ART clinics. It is expected that the survey will provide insights into overall outcomes for the larger pediatric patient populations in the province and South Africa.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16759**

Mechanism Name:	UTAP 2/HQ PESS		
Prime Partner Name:	Columbia University Mailman School of Public Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	PDTX	600,000	0

Narrative:

The Paediatric Enhanced Surveillance Survey (PESS) proposes to routinely follow 500 children already on ART and 300 children who are newly initiated on ART in the Eastern Cape province. The children will be followed in term of clinical, immunologic, virological, metabolic, psychosocial and behavioral outcomes from the age of 4 weeks to less than 12 years. The survey has three parts: (1) a comprehensive record review of all HIV-infected children enrolled at five pediatric Wellness and ART clinics; (2) a cross sectional assessment; and (3) a two-year follow-up. The surveillance will be built upon and support the routine clinical care encounters, visit schedule and patient monitoring. As part of the two-year follow-up we will aim to collect information on children lost to follow-up, including causes of death through the review of death certificates in the clinical chart and through verbal autopsy reports. This work is designed in collaboration with the provincial health authorities of the EC, ICAP-SA and CDC-SA in support of the South African National ART Program for Children and aims to collect and analyze accurate, relevant and useful information on the children seen at the five Wellness and ART clinics. It is expected that the survey will provide insights into overall outcomes for the larger pediatric patient populations in the province and South Africa.

Implementing Mechanism Details

Mechanism ID: 16762	**Mechanism Name: UNICEF**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: United Nations Children's Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 750,000	
Funding Source	**Funding Amount**
GHP-State	750,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

UNICEF has played a key role in the development of the country's action framework for 'No child born with HIV and improving the health and wellbeing of mothers, partners and babies in South Africa' 2012-2016. There is renewed momentum and energy across the country as it responds to the 2011 global call for elimination of Mother to child transmission of HIV and keeping mothers alive and healthy. UNICEF will the development of tailored provincial and district action frameworks for eMTCT (2012-2016) using evidence and data for decentralized planning and action. UNICEF will provide technical support to national and provincial departments of health to implement these action frameworks focusing on quality of service delivery and using data for programme action. UNICEF will support a greater understanding of existing community systems and gaps to increase demand and quality of services for PMTCT. Work will also be done to support the development of a national quality improvement framework for PMTCT defining standards of care and checklists to improve quality in service delivery, data management and performance management.

There are challenges in reaching universal coverage for women and children especially those living in hard to reach areas. A focus on strengthening the PMTCT continuum of care and decreasing loss to follow up of women and children, filling in gaps in service delivery through outreach and community based services and strengthening linkages between health and social protection programmes are all needed in order to reach the most marginalised women and children.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16762		
Mechanism Name:	UNICEF		
Prime Partner Name:	United Nations Children's Fund		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	750,000	0

Narrative:

UNICEF will provide technical support in completion of the action framework at the national level, supporting completion of action frameworks at provincial and district levels. A midterm assessment in 2012 and 2013 of the progress towards elimination targets will be conducted UNICEF will also support setting up of a regular monitoring and mentoring system from national to provinces and districts to facilities ensuring full participation of all partners and stakeholders working on PMTCT. UNICEF will increase demand and access to PMTCT and paediatric care and treatment services at the community level and collaborate with all stakeholders to ensure Community systems are developed that will augment the demand and reach of primary health care, PMTCT and pediatric treatment services and ensure that most vulnerable communities in FS, MP, NC, NW and EC are reached. A situational analysis of available programme and demographic data at district level will be used to identify vulnerable communities and where significant bottlenecks exist, build capacity. Community agents will be used to influence positive PMTCT care seeking and IYCF amongst men and women.UNICEF will develop a framework for developing national standards of care for delivery of quality PMTCT and Paediatric ART services at facility and community level as a basis for quality improvement programming. These standards will be defined for each level of health care delivery and community based services. The framework will be piloted in at least two provinces.
Activities will include identification of quality of PMTCT and Paediatric care measure(s) or quality indicators; measurement of baseline performance on quality measures; identification of interventions designed to improve the quality measure, document and disseminate results.

Implementing Mechanism Details

Mechanism ID: 16772	**Mechanism Name: NDOH new agreement**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Department of Health	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: PR/SR	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 8,900,763	
Funding Source	**Funding Amount**
GHP-State	8,900,763

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC aims to establish a new five-year cooperative agreement with the National Department of Health (NDoH) to implement evidence-based public health programs, surveillance and disease control, and prevention activities. PEPFAR funds will support the NDOH to incorporate results of program evaluations into operational disease prevention and control programs, ensure the sharing of expertise and lessons learned nationally, regionally and internationally, and use the results to develop science-based health policies and guidelines. Funds will be used to pay for staff to implement the vision of the Partnership Framework Implementation Plan including the transition activities within the NDOH. CDC activities will be integrated within NDOH operational plans for HIV and TB prevention, care, treatment, strategic information, laboratory systems strengthening, and health systems strenthening.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	2,000,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**16772**
Mechanism Name:	**NDOH new agreement**
Prime Partner Name:	**National Department of Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	500,000	0

Narrative:

The NDOH Care and Support sub-directorate will coordinate care and support activities across all provinces. This coordination will include PEPFAR partners that are involved in care activities, and coordination will be facilitated through quarterly meetings organized at national level. These meetings will review feedback from the provincial Departments of Health (DoH) and PEPFAR teams, resolve challenges, and chart the way forward for the care and support programs for People Living with HIV (PLHIV), where the Integrated Access to Care and Treatment (I ACT)programme has now been absorbed. The grant will also enable the NDoH to plan and execute activities to minimize HIV/TB related stigma. The ultimate goal of this activity is to improve access to and retention of PLHIV in HIV/TB services, improve their health outcomes, and quality of life.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	2,000,000	0

Narrative:

Funds will be used to support the South African National Strategic Plan (NSP) and TB/HIV strategic planning. This includes supporting the implementation of the five "I"s: (i.e., infection control, intensified case findings, TB/HIV integration, initiation of antiretroviral treatment (ART) and the implementation of isoniazid (INH) prophylaxis); recording and reporting (including monitoring and evaluation); all aspects of drug-resistant TB (including implementation of the multi-drug resistant TB (MDR-TB) decentralization program, the nurse-initiated MDR-TB management training and support to the KuduWave audiometry program); and advocacy, communication and social mobilization (including support for the Kick TB initiative to the schools and mines, national health days such as World TB and AIDS Day). Funds will be used to support training, printing and developing guidelines (including new TB/HIV guidelines, revised

infection control guidelines, TB guidelines for Correctional Services and the mines and revised IPT guidelines), policies and tools (including for GeneXpert, other diagnostics, isoniazid preventive therapy (IPT), pediatric and prevention of mother-to-child transmission of HIV (PMTCT) TB. Training will be provided to districts/sub-districts on new guidelines, community-based programs to trace TB defaulters, re-engineering, counseling and testing to TB patients, TB pediatrics and TB management to PMTCT patients.

Support for TB surveillance, assessments (e.g., an evaluation of the Kick TB campaign in the mines), related meetings/workshops/trainings/conferences. For example 100 attendees from rural South Africa will be sent to the annual South African TB Conference eight satellite sessions supported. Support will also be given to the national TB prevalence survey, the four quarterly TB/HIV meetings and funding for two technical assistant posts at NDOH. TB/HIV training through the regional training centers and TB quality assurance will also be supported. The expansion of TB/HIV to the mining and correctional services' communities will also be supported. This includes training on TB/HIV guidelines, expansion of the ETR.Net and EDR.Web and GeneXpert to these communities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	300,000	0

Narrative:

The implementing partner will support the national, provincial and district DoHs' overarching goals to scale up the number of pediatric patients in care and on ART according to the Blue Print for Pediatrics. In addition, increase the service delivery to HIV-infected infants, children and adolescents. This will be achieved with the district and regional training centres, and other stake holders. Capacity will be built as follows: (1) Provide continuous training to clinicians (physicians, nurses and clinical associates) on the diagnosis, treatment and management of HIV-infected infants and children. (2) Support the district and facilities to ensure scale up of provider-initiated counseling and testing, and sensitize provider to offer HIV tests to infants, children and adolescents at all levels of care with an unknown HIV status. (3) Provide on-going support for NIMART. The partner will provide onsite mentorship and regular onsite follow up to ensure that nurses are capacitated to initiate and provide care and treatment services to HIV-infected infants and children. (4) Support and ensure linkages to programs providing nutritional support, adherence, and psychosocial support.(5) Support and ensure that pediatric ART services are integrated with maternal child health, the Expanded Programme for Immunization and the Integrated Managment of Child Illnesses (IMCI). (6) Support the districts to ensure that all HIV-infected children have access to CD4% and viral load testing. Work with the National Health Laboratory Service and the districts to ensure that results are returned to facilities at a timely manner. Work with the districts to ensure that facility-based staff report and record results.(7) Support the districts and sites in ensuring that there is a quality improvement plan. Ensure that the district and sites use data to affect change at the site

and district levels. (8) Support districts and Regional Training Centres to provide training and onsite support for improving data collection, recording and reporting. (9) Support the district to ensure that there are adolescent-friendly spaces to address the unique issues and challenges that HIV-infected adolescents encounter, particularly issues related to disclosure, and sexual and reproductive health.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	900,000	0

Narrative:

A PEPFAR-supported evaluation of the gaps and challenges with the pre- and post-analytical phases in public health care services was conducted two years ago. Gaps and challenges were identified and recommendations were made to the NDoH. However, the NDoH has not had the capacity to implement many of those recommendations because of limited NDoH staff who focus on laboratory systems strengthening. Laboratory funds will be used to support eight director level positions within the NDoH to develop laboratory policies, support improved laboratory information systems and integration, and address other laboratory systems strengthening such as improving turn-around times. This newly established lab unit within the NDoH will work closely with the National Health Laboratory Service (NHLS) to improve service delivery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	2,462,500	0

Narrative:

PEPFAR Funds will be used for the following: (1) Conduct an evaluation to determine success of the ART tiered system rollout in facilities where back-capture, data cleaning and implementation have been completed; (2) Finalize implementation of the tiered ART monitoring strategy focusing on tiers 1 and 2; (3) Train provincial and district officials responsible for implementation of the tiered ART monitoring system (i.e. PITs and DITs); (4) Conduct M&E workshops; (5) Recruit new data capturers (graduates from previous training) to be placed at primary health care facilities where NIMART is being implemented; (6) Train data capturers (21 day training); (7) Further develop TIER.Net (* funds for this activity also partially contributed through Global Fund); and (8) ensure includsion of the HIV related components in the Demographic Health Survey.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	588,263	0

Narrative:

Funds will be used to for positions within the NDOH to support the vision of the Partnership Framework Implementation Plan including staff that work directly on the transition of care and treatment services. Funds will also be used to support Community Health Care worker training as part of PHC re-engineering. Lastly, funds will enable the NDOH to support staff within each of the provinces to coordinate PHC system strengthening. This will include improving access to HIV and TB care and treatment services within all levels of the public health care system (working closely with the PEPFAR partners within each of the provinces).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	150,000	0

Narrative:

The NDoH has set aggressive goals for medical male circumcision (MMC) and is employing a “catch up” strategy to ensure that 80% of HIV-negative South African men aged 15-49 (approximately 5-6 million) are circumcised as part of a package of HIV prevention and sexual/reproductive health services within the next five years. CDC is working closely with the NDoH on strategic planning and development of guidelines and is currently funding implementing partners to perform technical support services ranging from communications to training, as well as funding service delivery partners at public, private, fixed and mobile facilities. The NDoH is leading the national MMC program and responsible for significant coordination and information gathering and dissemination. Circumcision-related activities to be included in this award are: training community health workers (CHW) on MMC community mobilization; providing technical assistance on strengthening supply chain management systems; supporting national MMC campaigns; printing strategic MMC program documents; and printing strategic materials to guide and advance the MMC program nationally. Materials can include policies, guidelines, standardized quality assurance (QA) tools, educational materials, reports and other publications. Coordination of stakeholder meetings will involve organizing periodic stakeholder consultations to review the MMC strategy; estimate MMC prevalence; identify gaps and synergies across SAG, donors, and implementing partners; plan, coordinate and implement the neonatal MMC and PMTCT integration; validate MMC standardized quality assurance (QA) tools; and share lessons learned across all sites. Additional activities include securing venues, invitating participants, developing relevant meeting materials, and mechanisms for collecting and disseminating meeting minutes and reports.
Finally, monitoring and evaluation with ongoing modification of monthly reporting forms and databases and standard MMC register, and adverse event surveillance system are additional activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	500,000	0

Narrative:

The funds will support the implementation of evidence-based HIV prevention programs for youth. These will be age appropriate to adolescents aged 10-19 years and youth between 15-24 years. The girl child, who is at high risk for HIV infection, will be targeted. Targeted prevention interventions will be improved and strengthened to integrate HIV, sexually transmitted infections, and family planning. The Integrated School Health Program will be supported by ensuring effective implementation through monitoring and evaluation of the program at the implementation level. Meetings with implementers will be conducted quarterly to address any challenges and to ensure that interventions are responsive to the adolescent and youth epidemic and to reduce new HIV infection.The program aims to reach 16,500 young people.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	300,000	0

Narrative:

In the effort to strengthen HIV Counseling and Testing (HCT) services in health facilities, the NDoH plans to: (a) provide provider-initiated counseling and testing (PICT) and couples HIV counseling and testing (CHCT) master and basic trainings to health-care providers and to South African government partners through the Regional Training Centers; and (b) provide basic HCT training to lay counselors through the Regional Training Centers. NDoH will also convene a National PEPFAR Partners Meeting Seminar that will bring together representatives from various US government agencies, PEPFAR supported implementing partners, NDoH, and private health sector involved in the HIV programs to enhance the role of the private sector in the delivery of PICT and to synergize activities. NDoH will host lay counselor HCT and QA consultation meetings to improve the quality of counseling, systems, and data. These efforts should see HIV testing increasing from 3% to 50% of patients being tested in health facilities as a standard of care.

NDoH plans to strengthen the testing of children. Health-care providers will be trained on how to appropriately counsel children and test them for HIV following the guidelines. Lastly, NDoH plans to strengthen the implementation of CHCT and home-based HIV testing together with linkages to care, support and treatment; so these funds will be used to execute these activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	500,000	0

Narrative:

South Africa has committed itself to accelerate progress towards the elimination of mother-to-child HIV transmission (MTCT) by 2015.Considerable progress has been made towards the national scale-up plans for Prevention of Mother-to-Child HIV Transmission (PMTCT) through the Accelerated Plan. With the renewed scale-up to the elimination initiative for 2015, improved reporting on program coverage is

critical. However there is a need for heightened program impact and strengthened linkages and improvements in maternal and child health and survival.
The new initiative aims to reduce MTCT, strengthen the four prongs of the PMTCT and link other initiatives on maternal, reproductive and child health to achieve the Millennium Development Goals (MDGs) 4, 5 and 6.Specifically this includes:
? Supporting the development and implementation of the Action Plans for PMTCT to enable South Africa to achieve their goals;
? Strengthening the continuous quality improvement activities;
? Supporting the implementation of the Campaign on Accelerated Reduction of Maternal and Child Mortality Activities (CARMMA);
? Supporting the development and implementation of the Action Plans for Pediatrics to assist the South African government in scaling up ART services for the children;
? Support the NDoH on implementation new PMTCT guidelines in terms of development and review of the new guidelines;
? Distributing and printing new guidelines;
? Supporting pediatric HIV trainings through the Regional Training Centres;
? Implementating new PMTCT guidelines; and
? Monitoring and evaluation of the PMTCT program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	500,000	0

Narrative:

Continued support for nurse-initiated management of antiretroviral treatment (NIMART) training and developing or stengthening clinical mentorship program activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	200,000	0

Narrative:

The implementing partner will support the national, provincial and district DoHs' overarching goals to scale up the number of pediatric patients in care and on ART according to the Blue Print for pediatrics. In addition, increase the service delivery to HIV-infected infants, children and adolescents.This will be achieved with the districts, the Regional Training Centres and other stakeholders. Capacity will be built as follows: (1) Provide continuous training to clinicians (physicians, nurses and clinical associates) on the diagnosis, treatment and management of HIV-infected infants and children. (2) Support the district and facilities to ensure scale up of provider-initiated counseling and testing, and sensitize provider to offer HIV tests to infants, children and adolescents at all levels of care with an unknown HIV status. (3)

Provide on-going support for NIMART. The partner will provide onsite mentorship and regular onsite follow up to ensure that nurses are capacitated to initiate and provide care and treatment services to HIV-infected infants and children. (4) Support and ensure linkages to programs providing nutritional support, adherence, and psychosocial support.(5) Support and ensure that pediatric ART services are integrated with maternal child health, the Expanded Programme for Immunization and the Integrated Managment of Child Illnesses (IMCI). (6) Support the districts to ensure that all HIV-infected children have access to CD4% and viral load testing. Work with the National Health Laboratory Service and the districts to ensure that results are returned to facilities at a timely manner. Work with the districts to ensure that facility-based staff report and record results.(7) Support the districts and sites in ensuring that there is a quality improvement plan. Ensure that the district and sites use data to affect change at the site and district levels. (8) Support districts and Regional Training Centres to provide training and onsite support for improving data collection, recording and reporting. (9) Support the district to ensure that there are adolescent-friendly spaces to address the unique issues and challenges that HIV-infected adolescents encounter, particularly issues related to disclosure, and sexual and reproductive health.

Implementing Mechanism Details

Mechanism ID: 16773	**Mechanism Name: South African National AIDS Council new agreement**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: South African National AIDS Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: TA	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 700,000	
Funding Source	**Funding Amount**
GHP-State	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The South African National AIDS Council (SANAC) was established in January 2000 to strengthen political leadership and to serve as a forum for civil society participation in the HIV response. It leads the development and coordination of the National Strategic Plan on HIV, STIs, and TB (NSP). To date, SANAC's ability to lead this response has been challenged by not having been an independent entity, thus restricting their ability to receive external resources. In 2012, this was rectified when the South African National AIDS Trust (SANAT) was legally established.

With the large scale of the HIV and TB epidemics in South Africa, there is a significant need to improve the coordinated response to the burden to ensure that (a) prevention, care and treatment strategies reflect the South African epidemics for maximum impact; (b) multi-sectorial, civil society and external resources are aligned to the National Strategic Plan and are channelled efficiently; (c) proper oversight is administered by the Country Coordinating Mechanism (CCM) which is responsible for Global Fund resources for South Africa; and (d) South Africa is able to monitor, evaluate, and report on the status of the HIV epidemic and response.

Cross-Cutting Budget Attribution(s)

Gender: GBV	25,000
Gender: Gender Equality	25,000
Key Populations: FSW	25,000
Key Populations: MSM and TG	25,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16773**

Mechanism Name:	South African National AIDS Council new agreement		
Prime Partner Name:	South African National AIDS Council		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	300,000	0

Narrative:

SANAC will use strategic information (SI) funds to coordinate the HIV research agenda for South Africa; this will be done in collaboration with the National Department of Health and other SAG departments. These funds may be used to support staff within SANAC for research coordination and to hold stakeholder meetings to develop the research agenda. The National Department of Health (NDOH) recently contracted Health Systems Trust to develop a research database. SANAC will work closely the NDOH to maximize the use of that database.

SI funds will also support SANAC's ability to monitor, evaluate and report on the South African HIV and TB epidemics and their response. This includes monitoring of progress towards National Strategic Plan (NSP) targets and drafting the mid-term review of the NSP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	100,000	0

Narrative:

SANAC is the co-chair of the newly established B4Country Coordinating Mechanism (CCM) which overseas Global Fund (GF) resources to South Africa. South Africa has recently received increased resources from the GF and there is significant need to build capacity of GF primary and sub-recipients to ensure proper oversight of these resources. The US government will work closely with SANAC to determine such needs (e.g., monitoring and evaluation and financial management) prior to implementation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	100,000	0

Narrative:

CDC will work closely with SANAC on strategic planning and development of guidelines through technical working groups to support services ranging from communications, training, and research. SANAC will provide oversight over the national MMC program and will be responsible for significant coordination and

information gathering and dissemination. Circumcision-related activities included in this award will include printing strategic materials to guide and advance the MMC program nationally. SANAC will organize periodic stakeholder consultations meetings to review MMC strategy, estimate MMC prevalence, identify gaps and synergies across the SAG, donors, and implementing partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	100,000	0

Narrative:

SANAC provides oversight over the coordination of the implementation of the NSP and Partnership Framework Implementation Plan (PFIP). Hence, funding will support the coordination of all prevention activities in consultation with SANAC technical sectors to ensure standardized and high quality programs across the country. The technical sectors representatives include SAG departments, civil society organisations, academia, and development partners. Activities will include development of monitoring tools, guidelines, strengthening of linkages and communication between technical areas. Funding will be used to coordinate sector specific counseling and testing activities including linkages to care and treatment. SANAC will also facilitate expansion of HCT modalities such as home-based testing and uptake of couple HCT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

Narrative:

CDC will work closely with SANAC on strategic planning and development of guidelines through technical working groups to support services including communications, training, and research. SANAC will provide oversight over the national medical male circumcision (MMC) program and will be responsible for significant coordination and information gathering and dissemination. Circumcision-related activities to be included in this award include printing strategic materials to guide and advance the MMC program nationally. SANAC will organize periodic stakeholder consultation meetings to review the MMC strategy, estimate MMC prevalence, identify gaps and synergies across the South African government (SAG), donors, and implementing partners. The program will be supported by HIV Counseling and Testing (HCT) and will promote linkages to other prevention interventions and to care and support services. Activities will also aim to strengthen prevention for HIV-positive people and young women to reduce new infections, especially in the targeted geographic districts.Other prevention activities will focus on priority areas outlined in the prevention strategic framework. This will include guidelines pertaining prevention activities focusing on behavioural, biomedical, structural prevention as well as ensuring linkages to care and other programs.

Implementing Mechanism Details

Mechanism ID: 16774	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16775	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16807	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16808	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16810	**Mechanism Name: Results for Development**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Results for Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 150,000	
Funding Source	**Funding Amount**

GHP-State	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Results for Development(R4D) has been working with the PEPFAR South Africa team to assist with aligning financial management timelines and processes between the South African government (SAG) and Unites States government (USG) funding cycles. This has been funded through HQ funds; this is the first year that R4D will be funded through the South Africa Country Operational Plan. As South Africa implements the vision of the Partnership Framework Implementation Plan (PFIP) and the USG and SAG are working more closely to implement PEPFAR, R4D will work closely with the USG team to determine optimal ways of sharing funding information with the SAG. In addition, as the SAG is increasing its budget allocations to assume activities funded by PEPFAR, R4D will also work with the USG and SAG to improved coordinated budget planning.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16810**		
Mechanism Name:	**Results for Development**		
Prime Partner Name:	**Results for Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Governance and Systems	OHSS	150,000	0

Narrative:

Results for Development(R4D) has been working with the PEPFAR South Africa team to assist with aligning financial management timelines and processes between the South African government (SAG) and Unites States government (USG) funding cycles. This has been funded through HQ funds; this is the first year that R4D will be funded through the South Africa Country Operational Plan. As South Africa implements the vision of the Partnership Framework Implementation Plan (PFIP) and the USG and SAG are working more closely to implement PEPFAR, R4D will work closely with the USG team to determine optimal ways of sharing funding information with the SAG. In addition, as the SAG is increasing its budget allocations to assume activities funded by PEPFAR, R4D will also work with the USG and SAG to improved coordinated budget planning.

Implementing Mechanism Details

Mechanism ID: 16835	**Mechanism Name: - ASLM**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Society for Laboratory Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHP-State	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The African Society for Laboratory Medicine (ASLM) is a pan-African member organization for laboratory professionals that aims to improve health care in Africa through strengthening laboratory services which are pivotal

to disease diagnosis, epidemiological surveillance as well as effective treatment and monitoring. To achieve the organizational aims of uplifting healthcare in Africa, ASLM partners with governments, international, regional and national organizations. ASLM major goals include training and certification of laboratory professionals and clinicians, enrollment of laboratories into the WHO quality improvement program as well as development of national public health reference laboratories to facilitate the training, evaluation of diagnostic technologies and development of evidence-based policies. These highlighted goals will foam the basis through which CDC, in collaboration with ASLM, will render support to the National Health Laboratory Services and National department of Health.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**16835**		
Mechanism Name:	**- ASLM**		
Prime Partner Name:	**African Society for Laboratory Medicine**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	1,000,000	0
Narrative:			
The African Society for Laboratory Medicine (ASLM) will work closely with the National Health Laboratory			

Services and the National Department of Health to contribute to the improvement of healthcare of all South Africans through the strengthening of laboratory services and systems. The ASLM will render support in a number of key activities including: 1. The continued development of Laboratory Workforce in critical areas that have been identified by the NHLS as well as the NDoH. 2. Rendering support to the NHLS in the monitoring of SLMTA implementation at selected pilot sites around the country, subsequently leading to laboratory accreditation and standardization of the quality of laboratory services.

Implementing Mechanism Details

Mechanism ID: 16929	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16932	**Mechanism Name: Univeristy of California San Francisco central funding mechanism**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHP-State	300,000

Sub Partner Name(s)

Wits Reproductive Health& HIV Institute		

Overview Narrative

South Africa HIV Counseling and Testing (HCT) Data Use for Program Planning

CDC South Africa has amassed a huge amount of monitoring data on its HIV counseling and testing (HCT) program and assisted the South African Government (SAG) in the establishment and scale-up of a number of national HCT initiatives. In order to better maximize existing HCT information to inform PEPFAR and SAG programs, UCSF proposes to conduct an HCT strategic planning exercise using existing data for PEPFAR and South African Government.

The primary objectives of this project are the following:
1. Conduct a synthesis and analysis of all available PEPFAR partner HCT data as well as other USG data sources when appropriate. The purpose of this activity is to better describe trends in HCT support in South Africa to inform future priority and resource allocation.
2. Conduct an HCT data use exercise utilizing existing and available SAG, PEPFAR, and other partner monitoring data
3. Increase in-country capacity of CDC and NDOH South Africa staff and other relevant stakeholders in all area

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16932**

Mechanism Name:	Univeristy of California San Francisco central funding mechanism		
Prime Partner Name:	University of California at San Francisco		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	300,000	0
Narrative:			
This funding is to continue conducting a synthesis and analysis of PEPFAR and SAG HCT data for strategic planning.			

Implementing Mechanism Details

Mechanism ID: 16976	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16978	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16979	**Mechanism Name: Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - Regional Psychosocial Support Initiative (REPSSI)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Regional Psychosocial Support Initiative, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 834,747	

Funding Source	Funding Amount
GHP-State	834,747

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Regional Psychosocial Support Initiative's (REPSSI) program will improve the psychosocial well-being of vulnerable households and will improve the capacity of Department of Social Development (DSD) at national, provincial and district level, to implement a comprehensive child care and protection service through providing technical support to the DSD in mainstreaming psychosocial support (PSS) to operationalize the psychosocial support conceptual framework. REPSSI will collaborate with University of Kwa-Zulu Natal (KZN) and DSD at the district level to select and train 300 caregivers in a Community Based Work with Children and Youth (CBWCY) certificate. The CBWCY course will equip those working at community level with children and youth with skills and knowledge enabling them to support children, youth and their families in their communities. REPSSI's CBWCY training will increase the number of professionally trained community care givers providing PSS to OVC; and improve the usage of PSS tools and resources in service delivery for OVC and their households. At the national level REPSSI will support the DSD to develop PSS guidelines, improve coordination and referral structures for access to PSS and improve the coverage of professional PSS services to vulnerable children and their families. A skilled PSS Technical Advisor will provide technical expertise to DSD in developing and piloting PSS guidelines. REPSSI will support the DSD to develop and pilot guidelines for the Conceptual Framework for Psychosocial Support for OVC to strengthen the abilities of vulnerable households to provide care, support and protection for OVC. REPSSI will strengthen the DSD to improve their management and coordination capacity to provide quality PSS services for vulnerable families.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**16979**		
Mechanism Name:	**Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - Regional Psychosocial Support Initiative (REPSSI)**		
Prime Partner Name:	**Regional Psychosocial Support Initiative, South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	834,747	0

Narrative:

The goal of the Regional Psychosocial Support Initiative (REPSSI) program is to improve the psychosocial well-being of vulnerable households in one province and to improve the capacity of Department of Social Development (DSD) at the national, provincial and district level, to implement a comprehensive child care and protection service through technical support to the DSD in mainstreaming psycho social support (PSS) and to operationalize the psychosocial support for orphans and other children made vulnerable by HIV and AIDS conceptual framework launched in 2012. The main PSS should ideally come from the child's immediate and extended family and can be strengthened by community and service providers through effective national policies and legislation that protect the rights of the child. Children orphaned by AIDs experience more psychological stress than those who have both parents or are orphaned die to other causes. REPSSI will through the University of Kwa-Zulu Natal (KZN) to train 300 caregivers in a Community Based Work with Children and Youth (CBWCY) certificate program that will ensure that these caregivers are able to provide appropriate and high quality PSS support to vulnerable household. Mentoring and support of these caregivers will be a key component of this activity. Target 300 caregivers will be trained by December 2014.

Implementing Mechanism Details

Mechanism ID: 16980	**Mechanism Name: Applying Science to Strengthen and Improve Systems (ASSIST)**
Funding Agency: U.S. Agency for International	Procurement Type: Cooperative Agreement

Development	
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 950,000	
Funding Source	**Funding Amount**
GHP-State	950,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY2013 URC-ASSIST will receive funding to support QA/QI for HIV treatment programs at national and provincial levels. Working closely with provincial and district managers in 5 provinces (LM, Mpu, NW, EC, KZN) URC-ASSIST will provide technical assistance to support implementation and scale-up of high quality HIV services in 31 districts in the 5 provinces. URC-ASSIST will assist districts to facilitate further scale-up of adult and pediatric HIV treatment services, improving retention as well as the quality of services provided to PLHIV and their families. Working within the district framework, URC-ASSIST will focus on supporting development of integrated referral systems between different levels of care and different health programs. In line with the NSDA and PEPFAR priorities, including the Continuum of Response (CoR) approach, URC-ASSIST will play an integral role in scaling up the implementation of Continuous Quality Improvement methodology. We will also build on previous work to strengthen the capacity of District HIV Managers to develop accurate district health plans and district health expenditure reviews in all 31 districts. URC-ASSIST staff will also assist the SAG with preparations for implementation of the NHI, through ongoing work with the National Core Standards. URC-ASSIST will capacitate DOH staff to utilize data to track and evaluate clinical outcomes, utilizing DHIS data. Support will also be provided to improve the DHIS especially the HIV care data management, analysis and data quality assessments at all levels. URC-ASSIST will also strengthen and support the implementation of the ART Tier.Net in supported provinces. Target populations include: PLHIV, Healthcare providers, Program Managers, PEPFAR partners, NGOs/CBOs/volunteers.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16980		
Mechanism Name:	Applying Science to Strengthen and Improve Systems (ASSIST)		
Prime Partner Name:	University Research Corporation, LLC		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	250,000	0

Narrative:

In FY2013 URC-ASSIST will support health system strengthening activities at a national, provincial and district levels. Working closely with provincial and district managers in five provinces (Limpopo, Mpumalanga, North West, Eastern Cape and Kwa-Zulu Natal) URC-ASSIST will provide technical assistance to support implementation and scale-up of health services at all DOH sites in 31 districts in the 5 provinces.

In line with the NSDA and PEPFAR priorities URC-ASSIST will play an integral role in the implementation of the PHC re-engineering initiative, through provision of in-service training, including NIMART, and development of preceptor programs specifically for community health workers, lay counselors and medical staff; provision of supportive supervision; development of educational materials and SOPs; monitoring implementation of work by PHC teams, compliance with HIV guidelines, norms and standards; and ongoing mentoring and coaching. URC-ASSIST will also continue to develop competency based assessments for all cadres of PHC team members.

URC-ASSIST will also strengthen and support the capacity of District Management teams through provision of assistance with development of district health plans (DHPs) and district health expenditure

reviews (DHERs) in all 31 districts. Building on previous experience, URC-ASSIST will capacitate DOH staff to utilize data to track and evaluate clinical outcomes for all programs. In preparation for the rollout of NHI, URC-ASSIST staff is already assisting all 5 provinces with implementation of various quality initiatives, especially the 6 Ministerial priorities and the National Core Standards for Health Establishments. This work will be scaled up.
The population targeted for these interventions include DOH (National, Provincial, District, Facility), health workers, PEPFAR partners, other stakeholders, NGOs / CBOs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	700,000	0

Narrative:

In FY2013 URC-ASSIST will support five provinces (Limpopo, Mpumalanga, North West, Eastern Cape and Kwa-Zulu Natal) to expand the SA Comprehensive HIV and AIDS Care, Management and Treatment plan, which seeks to increase access to and improve retention in ART care and treatment.
Working closely with provincial and district managers, URC-ASSIST will provide technical assistance to support implementation and scale-up of ART services at all DOH sites in 31 districts in the 5 provinces. In line with the NSDA and PEPFAR priorities, including the CoR approach, URC-ASSIST will play an integral role in the implementation of the PHC re-engineering initiative, through provision of in-service training, including NIMART, development of preceptor programs specifically for community health workers, lay counselors and medical staff; provision of supportive supervision; development of educational materials and standard operating procedures (SOPs); monitoring compliance with HIV guidelines, norms and standards; and ongoing mentoring and coaching. URC-ASSIST will also strengthen and support any existing systems to maximize retention rates in HIV treatment.
Building on previous experience, URC-ASSIST will capacitate DOH staff to utilize data to track and evaluate clinical outcomes, utilizing ART cohort data where available. Other performance data and current clinical outcomes will also be utilized for quality improvement at the facility level. In addition, URC-ASSIST will also strengthen and support the implementation of the ART Tier.Net data management system to support M&E. Support will also be provided on ART data management, analysis and data quality assessment during the implementation of the 3 –tiered system.
The population targeted for these interventions include DOH (National, Provincial, District, Facility), health workers, PEPFAR partners, other stakeholders, NGOs / CBOs.

Implementing Mechanism Details

Mechanism ID: 16981	**Mechanism Name: Africa Health Placements NPC**
Funding Agency: U.S. Agency for International	Procurement Type: Cooperative Agreement

Development	
Prime Partner Name: Africa Health Placements	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 641,936	
Funding Source	**Funding Amount**
GHP-State	641,936

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of American Health Placements (AHP) is improved access to quality healthcare for people living in rural and under-served areas of South African through the South African government's public healthcare system and its HIV, TB and primary healthcare treatment programs. Objectives include: (a) Improve access to health workers for people living in under-served rural aead of South Africa, (b) Improve the orientation, rentention and efficacy of rural doctors - those placed by AHP and their colleagues, and (c) Inform human resources in health policy, improve systems and enable rural South Africa to compete more effectively for scarce and mobile health workers. AHP is responsible for maintaining the existing foreign recruitment program in the Eastern Cape, KwaZulu-Natal, North West Province and Limpopo Provinces with expansion of the existing foriegn recruitment program into Mpumalanga and Free State Provinces. AHP has developed a unique and proven model that is structured to promote the recruitment and retention of foreign skills from developed nations in a manner which attracts and retains local skills and builds sustainable hospital capacity. This model which is already delivering sustainable change in public healthcare facilities, combining long term thinking with short term pragmatism and involves the development of working partnerships between national governements, regulatory agencies, civil society and medical training institutions to ensure that the systems and process that support human resources in health are efficient and effective.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	74,239

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16981		
Mechanism Name:	Africa Health Placements NPC		
Prime Partner Name:	Africa Health Placements		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	641,936	0

Narrative:

AHP is responsible for (1) maintaining the existing foreign recruitment program in Eastern Cape, KwaZulu-Natal, North West Province and Limpopo, (2) expanding the existing foreign recruitment program into Mpumalanga and the Free State, (3) developing the orientation component of the foreign recruitment function into a comphrehensive program that is aligned with the Department of Health (DOH) priorities and recources and builds government capacity, and (4) extracing AHP's in-house experience and knowledge on best practice models and human resource staffing and retention, and communicating these so as to inform policy and improve current systems.

Implementing Mechanism Details

Mechanism ID: 16982	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16984	**Mechanism Name: South Africa Executive Leadership Program for Health**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: South Africa Partners	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,500,000	
Funding Source	**Funding Amount**
GHP-State	1,500,000

Sub Partner Name(s)

Harvard University	University of Fort Hare	University of Pretoria, South Africa

Overview Narrative

ASELPH is a partnership between the University of Pretoria (UP), the University of Fort Hare (UFH) and the Harvard School of Public Health in collaboration with the South African National Department of Health. ASELPH aims to strengthen three key components of health transformation in South Africa: 1) Service Delivery Improvements - targeting the management and leadership capability of current and emerging executive leadership at district level within the South African Public Health System and those managers at provincial and national level responsible for district level services, as well as hospital CEOs at the tertiary and health complex levels; 2) Human Resource Capacity Development – focused on the National Health Insurance Initiative transformation process through the selection and training of executive level management responsible for successful implementation; 3) Excellence in Executive Level Training – a longer-term effort to build critical capacity at two leading South African universities to establish and deliver executive leadership courses in health that will address the country's immediate need for an effective pipeline for the training of senior health managers capable of successfully addressing key current challenges at all levels of service delivery within the country.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16984		
Mechanism Name:	South Africa Executive Leadership Program for Health		
Prime Partner Name:	South Africa Partners		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	1,500,000	0

Narrative:

This program will be responsible for a number of interventions designed to support National Department of Health's ability to meet its health transformation goals, particularly at district level, while simultaneously building needed capacity to deliver high quality, effective executive health management training.It will increase knowledge of health system work, sharing this knowledge through teaching, training and technical dissemination, and to applying tools and methods that are evidence based to improving the health outcomes. This will also include establishing and maintaining a critical mass of knowledge skills, competencies and leadership among current and emerging leaders. Improving policy development and implementation strategies, promoting and maintaining quality service delivery to all. Building capacity among South African faculty and educational institutions so that they are capable of strengthening senior management and leadership skills.

Implementing Mechanism Details

Mechanism ID: 16985	**TBD: Yes**

REDACTED

Implementing Mechanism Details

Mechanism ID: 16987	**Mechanism Name: Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - Childline Mpumalanga & Limpopo**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Childline Mpumalanga	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,101,366	
Funding Source	**Funding Amount**
GHP-State	2,101,366

Sub Partner Name(s)

Childline Limpopo		

Overview Narrative

Childline Mpumalanga and its sub-partner Childline Limpopo have a good integrated program with strong child protection, psychological support and family oriented interventions. The program is expanding services to border areas and confronting issues of children from neighboring countries (Swaziland and Mozambique) and this expansion is in collaboration with International Organization for Migration (IOM). The focus will be reunifying migrant children with their families and increase access to services. The child protection expertise of the program allows early identification of abused children; specialized counseling for abused children and their families; support with proceedings of children's court; arrangement of appropriate alternative care as well as prevention of separation of siblings. The program will implement a gender sensitive awareness program for girl and boy child with focus on reproductive health and condom use. The risk of sexual and physical violence against women will be reduced through the innovative men and boys' gender based violence program. Psychological intervention will be provided to OVC and their families using therapeutic group sessions as well as mobile therapy service to expand to

the hard to reach areas. Childline Mpumalanga family centered approach include strengthening families through parenting skills and family support. CLMPU will scale up the Caring for Crèches program that capacitates crèche teachers in the needs of children below 6 years old and increases access to quality ECD Programmes and Services for young children. Food gardens component will include a Nutritional Assessment Counseling and Support (NACS) intervention; Nutritional support will be provided through clinics, hospitals and other health professionals.

Cross-Cutting Budget Attribution(s)

Gender: GBV	210,137
Gender: Gender Equality	210,137

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16987**
Mechanism Name:	**Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - Childline Mpumalanga & Limpopo**
Prime Partner Name:	**Childline Mpumalanga**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	2,101,366	0

Narrative:

The goal of the program is to improve the well-being of families and their vulnerable OVC through comprehensive and coordinated evidence-based interventions that strengthen the capacity of families and communities to care for vulnerable OVC in sub-districts and districts with high HIV prevalence, high maternal mortality, and a high number of orphans and vulnerable children. The program will be informed

by an independent baseline evaluation underway in 2013. Childline Mpumalanga and its sub-partner Childline Limpopo will continue to provide child protection interventions and specialized counseling services. Childline Mpumalanga's program is covering areas which are closer to the border of neighboring countries (Swaziland and Mozambique) and there is an influx of migrant children who needs services. The program will expand its services to the border areas with the aim of servicing the migrant children and reunifying them with their families.

Implementing Mechanism Details

Mechanism ID: 16988	**Mechanism Name: Kheth''Impilo Pharmacist Assistant PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Kheth'Impilo	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 993,620	
Funding Source	**Funding Amount**
GHP-State	993,620

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal is to strengthen SAG health systems by facilitating training opportunities for 500 individuals to qualify as pharmacist assistants, thereby address the skills gap in the pharmacy sector. This innovative approach creates employment for the unemployed with a qualification to be absorbed at their own community health care facility. Pharmacy systems will be strengthened by allocating 10 designated supervisory pharmacists (DSP) to support 50 PHCs. The program supports 96 PHCs in 21 districts in the EC, KZN, MPL and WC provinces. 70% of target districts are rural with high unemployment rates and poorly skilled populations. The program become more cost effective as the DOH absorbs stipend learners over the life of the project. Ongoing capacity development is given to DOH through posts for Post Basic Pharmacist Assistants (PBPAs). 50 qualified PBPAs working under indirect supervision of a DSP will increase access to care and improve quality of ART and other pharmaceutical services,

thereby accelerating the implementation of HIV and AIDS services and improving the quality of care according to the NSP and NHI. 50 000 patients benefit directly by this initiative while cost savings are ensured through the reduction of expired stock in PBPA-supported sites. KI will improve governance and supply chain improvement throughout district pharmacy services by attending regular district pharmacy supply meetings. Quarterly M&E reports are submitted and contain comparison of outcomes with the goals and objectives, analysis and explanation of cost overruns, and data collected according to the M&E plan and related analyses.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16988**		
Mechanism Name:	**Kheth''Impilo Pharmacist Assistant PPP**		
Prime Partner Name:	**Kheth'Impilo**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	993,620	0
Narrative:			
KI, in keeping with its mission to support the NDOH achieve its goals for the scale up of quality services for HIV/AIDS and TB, has identified the need to increase pharmacy capacity at PHC level. To achieve this KI prioritises: the training of individuals to become Post Basic Pharmacist Assistants (PBPAs); training, support and mentoring of qualified PBPAs to work under indirect supervision of a pharmacist; and implementation of systems to continue the training of pharmacy support personnel.			

The innovative KI pharmacist assistant training project aims to address the shortage of qualified PBPAs by identifying DoH employed unqualified pharmacist assistants unable to complete their training and facilitate their completion and by providing pharmacist assistant learnerships to unemployed individuals. This will increase the quality of clinical care by improving the quality of pharmacy services at the PHC level. Training of PAs require full time placement within a South Africa Pharmacy Council (SAPC) registered training pharmacy. Placement capacity is limited by the availability of registered DOH training pharmacies as well as the number of SAPC registered pharmacist tutors at these facilities. KI works closely with DHMTs with registration of all training pharmacies. PAs are trained with accredited training materials. The qualification prepares them to work with all aspects of pharmaceutical services in the health system. To obtain a Basic or Post Basic Qualification, learners have to be enrolled with SAPC for a period of at least 12 months per qualification. The training program provides full training provider costs for basic and post basic courses, stipends for unemployed learners, SAPC registration and yearly fees, weekly facilitation sessions by pharmacists as per SAPC regulations, assessment by registered assessors, assistance with post qualification SAPC registration, and assistance with employment within the PHC once qualified and registered. KI has 14 pharmacists registered as assessors and 3 qualified moderators. Both learners and qualified PAs are sought by SAG to fill critical posts at PHCs and KI keeps the districts informed as to their availability for transition to SAG. Qualified PBPAs are placed in PHC under the indirect supervision of a Designated Supervisory Pharmacist (DSP). The PBPAs are up skilled though a 3-6 month mentoring program. DSPs are allocated to mentor PBPAs to a high level of proficiency and professionalism, ensuring these mid-level workers are able to take full responsibility for the spectrum of pharmaceutical services from patient care at PHC level to district depots to ensuring adequate supply chain function. PBPAs, with the technical support provided by DSPs, work with other HCWs, facility and district management to develop sustainable SOPs and systems and conduct cost analysis and governance to ensure ongoing improvement of pharmaceutical care at facilities. The impact of the indirectly supervised PBPA model is measured by interventions done at the site as well as the reduction in stock losses. Data is collected on audit forms monthly by the DSPs and reviewed and reported back to DHMTs. KI will focus on developing course material for the newly introduced Pharmacy Technicians and Pharmacy Technical Assistant courses for possible distance learning to ensure it continues to meet the needs of the SAG pharmacy services.

Implementing Mechanism Details

Mechanism ID: 16989	**Mechanism Name: Service Delivery and Support for Families Caring for Orphans and Vulnerable**

	Children (OVC) - Childwelfare/Childline Bloemfontein
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Childwelfare Bloemfontein & Childline Free State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 584,037	
Funding Source	**Funding Amount**
GHP-State	584,037

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CWBFN and CLFS have a solid welfare experience and a leading role in the welfare field in Free State Province as well as a statutory role. Child Welfare Bloemfontein and Childline Free-State will work with Department of Social Development (DSD) Free State to coordinate establishment of Child Care Forums within the Motheo District, with the focus of creating safety networks for orphans and vulnerable children, and families affected and infected by HIV & AIDS.

CWBFN and CLFS's positive sexuality programme (PSP) target OVC aged 13 – 18 and focuses on HIV prevention education which empowers OVC's to make informed choices and healthy life decisions regarding their sexuality. PSP program follows the curriculum endorsed by Department of Education and there is a close collaboration in implementing PSP and selecting target schools. CWBFN and CLFS has a good partnership with the Thuthuzela care centres for specialised support in cases of abuse; and the care centres are linked to other support structures such as the police and health facilities for necessary examinations. The 24/7 crisis line is used by the program to provide telephone counselling and necessary referral and tracking for service provision. The child protection interventions are provided by the social workers and they include early identification of abused children; referral to appropriate alternative place of care; support with court proceedings as well as continuous support to the OVC and the families affected by abuse and gender based violence. The structured positive parenting programme targets caregivers of the OVC and it's aimed at improving the parenting and caring capacity of caregivers.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	58,404
Motor Vehicles: Purchased	14,300

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16989**		
Mechanism Name:	**Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - Childwelfare/Childline Bloemfontein**		
Prime Partner Name:	**Childwelfare Bloemfontein & Childline Free State**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	584,037	0

Narrative:

The goal of Child Welfare Bloemfontein & Childline Free State is to improve the well-being of identified Orphans and Vulnerable Children and their families through comprehensive support services that strengthen the capacity of families and communities to care for vulnerable children in districts and sub-districts with high HIV prevalence in the Free State Province. Child Welfare Bloemfontein & Childline Free-State has knowledge, experience and capability in providing child protection services and networking abilities to ensure safety and primary health care of vulnerable children and their families. Targets to be reached by December 2013 is 5400 learners from 180 schools in the 9 sub-districts; 360 Caregivers will be reached with parental information sessions and 2160 OVC will be reached with the ISIBINDI roll out in close partnership with NACCW. The program will be informed by an independent baseline evaluation underway in 2013. CW and CL Bloemfontein will continue to provide statutory

support to DSD in the Free State Province. Key interventions will include positive sexuality programme which will empower OVC's to make informed sexual choices and delay their sexual debut; specialised professsional support for abused children will continue to be a key intervention with involvement of other relevant service providers such as the police and temporary places of care; positive parenting programme will provide capacity to primary caregivers with the skills of parenting.

Implementing Mechanism Details

Mechanism ID: 16990	**Mechanism Name: Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - Children in Distress (CINDI)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Children in Distress	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,397,658	
Funding Source	**Funding Amount**
GHP-State	1,397,658

Sub Partner Name(s)

Community Care Project	Lifeline	Youth for Christ South Africa (YfC)

Overview Narrative

The Children in Distress (CINDI) program aims to improve the lives of OVC by providing a comprehensive range of services in 42 high schools in high prevalence districts in Kwa Zulu Natal Province. The program provides school-based HIV education and HIV Counseling and Testing (HCT) and household level attention for children who require a home visit. School-based HIV education and HIV counseling and Testing (HCT), and sexuality counseling and more intensive household level is provided for the most vulnerable children. Through the school based HIV Education training teachers develop skills and schools develop systems to address vulnerability in their communities. Intensive household level attention through home visits by a trained child care worker will be provided for children that require this support. Their needs and those of their caregivers are assessed and support, referral

and follow-up services ensure that the child has greater access to services. This program is implemented by three sub partners: Community Care Project (CCP), Lifeline and Youth for Christ (YFC). CCP focuses on Household based services, psychosocial and livelihood support services; Lifeline provides HCT at schools, and includes sexuality and HIV education in individual counseling sessions and provides professional psychological counseling as needed; YFC delivers HIV education at schools and focuses on Household based support to OVC. All sub partners use a standardized referral system using a standard tracking procedure. This program is based on an evidenced based intervention and uses innovative community dialogue methodology to deliver HIV prevention education in schools, communities and in the homes as well as to address gender based violence issues and to shift traditional gender roles.

Cross-Cutting Budget Attribution(s)

Gender: GBV	139,766
Gender: Gender Equality	139,766
Motor Vehicles: Purchased	83,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16990**
Mechanism Name:	**Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - Children in Distress (CINDI)**
Prime Partner Name:	**Children in Distress**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,397,658	0

Narrative:
The goal of this program is to build on an expanded partnership framework for enhancing access to quality services for orphans and vulnerable children within the greater uMgungundlovu district in KwaZulu-Natal province. The programme seeks to address the various needs of OVC and their families through achieving the three objectives: The first objective is to increase life skills and improve the well-being of 17 000 OVC each year in 42 schools through small group HIV prevention education, promoting behaviour change, improving access to counselling and testing. The second objective is to increase the knowledge, skills and competencies of primary caregivers and community members on parenting and basic OVC care and support through training.The third objective is to strengthen (current system) and sustain effective referral systems in order to increase access of comprehensive services by OVC to government departments, other NGOs, FBOs, CBOs and businesses as well as contribute to improved quality of service delivery to OVC .This program is implemented by three sub partners: Community Care Project (CCP), Lifeline and Youth for Christ (YFC); All sub partners use a standardized referral system using a standard tracking procedure which promotes provision of comprehensive services to families and communities to ensure that the needs of OVC are met. In terms of the program's sub-partners Community Care Project (CCP) will provide services to 7400, LifeLine (LL) 3300 and Youth For Christ (YFC-KZN) 6300. The program will be informed by an independent baseline evaluation underway in 2013. The programme plans to expand and scale up activities that support OVC families to care for OVC using innovative and culturally sensitive interventions.

Implementing Mechanism Details

Mechanism ID: 16991	**Mechanism Name: Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - Future Families**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Future Families	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,178,661	
Funding Source	**Funding Amount**
GHP-State	1,178,661

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Future Families OVC care model aims to ensure the financial sustainability of the family, contributing toward the OVC and their family exiting the program. This is addressed through the development of income generating activities including establishing relationships with businesses that provides employment at entry level positions for youth OVC. The youth OVC will be prepared for their future with career guidance and realistic planning which facilitates transition to adulthood through assistance with bursary applications; vocational training which increases the likelihood of securing employment. Future families program strengthens families through its structured granny and single mothers groups facilitated by social auxiliary workers. Future Families also combat poverty through innovative means of leveraging food from food banks. Department of Social Development is co funding the program and supports the program as its aligned to DSD's priorities. Future Families interventions includes Early Childhood Development cognitive stimulation programme for children under 6 and enhancing parental guidance of primary care through a parenting intervention. The program also focuses on HIV Prevention and Life Skills targeting the 11 – 13 year olds through the Vhutshilo program; Vhutshilo program is an accredited and comprehensive peer education programme addressing life skills and HIV/AIDS education for 11-13 year olds. Developed by the Centre for the Study of Peer Education and Harvard School of Public Health/Vhutshilo and it assist adolescents to deal with sensitive issues in a safe environment and supports their decision to delay sexual debut and confront sexual decision making.

Cross-Cutting Budget Attribution(s)

Gender: GBV	58,933
Gender: Gender Equality	58,933

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID: Mechanism Name: Prime Partner Name:	16991 Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - Future Families Future Families		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	1,178,661	0

Narrative:

The program strategy of the Future Families' OVC Care Model is to provide high quality but cost effective, developmental social work services to the OVC and the families in which they live. The area of coverage is Gauteng Province in the City of Tshwane and the program will reach 8000 children by December 2013. The program will be informed by an independent baseline underway in 2013. Future Families program will assist adolescents to delay sexual debut and to make healthy sexual decisions through an accredited HIV Prevention Program, Vhutshilo which will target 11 - 13 years. Transition to adulthood is significant to Future Families and this will be achieved through involving unemployed youth in vocational training programme and application for bursary for tertiary education. Family strengthening is another focus of Future Families which targets the grannies and the single parents who are provided with a structured support groups facilitated by social auxiliary workers.

Implementing Mechanism Details

Mechanism ID: 16992	**Mechanism Name: Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - HIV SA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: HIVSA	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 921,985	
Funding Source	**Funding Amount**
GHP-State	921,985

Sub Partner Name(s)

(No data provided.)

Overview Narrative

HIVSAs program focuses on community, health and social development systems strengthening initiatives through building and strengthening of the institutional of capacity of community based organizations (CBO) working with OVC and their links to South African Government. The program targets 50 community based organizations (CBO) in Gauteng Province. HIVSA will conduct a mapping exercise of the OVC services at the community level to identify gaps and strengthen links and referral. The mapping process will reveal the extent of the availability of the following services within municipal areas: nutritional support, child protection, legal documents, general healthcare, household economic strengthening, educational support, social services, HIV and sexual and reproductive health services as well as psychological support. The mapping process will be followed by CBO organizational capacity assessments to identify system strengthening needs which will inform the development of improvement plans for OVC services. The capacity areas included in the assessment will include: governance, management practices, human resources, financial resources, service delivery (OVC focused), external relations and sustainability. CBO assessments will be followed by management and organizational capacity development training which will be based on gaps identified during the organizational assessment; the training will be coupled by onsite mentoring support to the CBO's and close monitoring. HIVSA will train 40 Social Auxiliary Workers to be based in the CBO's that underwent assessment to strengthen their capacity and OVC programs. There will be Provision of accredited training of CBO-based Community Workers that supports OVC interventions and facilitates better support and referrals.

Cross-Cutting Budget Attribution(s)

Gender: GBV	92,199
Gender: Gender Equality	92,199
Motor Vehicles: Purchased	17,900

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16992**		
Mechanism Name:	**Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - HIV SA**		
Prime Partner Name:	**HIVSA**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	921,985	0

Narrative:

The goal of HIVSA is to increase the provision of quality comprehensive care and support that improves the well being of children, their caregivers and families reducing risk and vulnerability and increasing resilience. This will be achieved by building and strengthening of the institutional of capacity of community based organizations working with OVC and their links to South African Government. The area of coverage is within Gauteng Province: Soweto; Orange Farm; Sedibeng. Combined these areas have a total population of 2.5 million and approximately 300 000 OVC that require services HIVSA program will work with approximately 50 community-based organizations and supporting between 500 and 750 community based workers based within or working with these organizations. Collectively these organizations service in the region of 30,000 – 50,000 OVC over 5 years. This will be achieved through the improvement and scale up of services in terms of quality and comprehensiveness, referral processes and tools, including links between stakeholders. The program will be informed by organizational capacity assessments as well as independent baseline evaluation. The program will strengthen the integration of the social and the health component and promote a comprehensive programme.

Implementing Mechanism Details

Mechanism ID: 16993	**Mechanism Name: Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - The Networking HIV/AIDS Community of South Africa (NACOSA)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: NACOSA (Networking AIDS Community of South Africa)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 2,209,934	
Funding Source	**Funding Amount**
GHP-State	2,209,934

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The NACOSA OVC Community Systems Strengthening (NACOSA's OVC CSS) project will improve the wellbeing of families and their vulnerable children through comprehensive and coordinated evidence- based interventions that strengthen the capacity of families and communities to care for vulnerable children in sub districts and districts with high prevalence, high maternal mortality and a high number of OVC. This project will create an enabling environment for OVC community networks and linkages in selected districts in five provinces; provide resources and capacity building to OVC organizations for community activities and service delivery; and deliver improved packages of care to OVC and households through OVC care organizations. NACOSA has documented success in providing a package of services which include capacity building, networking, aligning to Government and municipal plans and linkages and referral for OVC service providers. The OVC CSS model has the following components; enabling environment and advocacy; community networks, linkages and partnerships; resources and capacity building of organizations; community activities and service delivery; organizational and leadership strengthening and monitoring, evaluation and learning. Activities include building community capacity by establishing, training and mentoring Child Care Forums, training care givers, supporting organizations to provide services to OVC, creating child protection forums, facilitating sub district planning and promoting technical information sharing. Activities will include improved referrals and linkages for support and access to ART

treatment, sexual and reproductive health services and nutritional referrals for families caring for OVC.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	29,290

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**16993** **Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - The Networking HIV/AIDS Community of South Africa (NACOSA)** **NACOSA (Networking AIDS Community of South Africa)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	2,209,934	0
Narrative:			
The NACOSA OVC Community Systems Strengthening (NACOSA's OVC CSS) project will support 30 OVC organizations to provide an improved package of care to OVC and their households. Activities will include care worker skills building workshops to improve the quality of the services provided by caregivers and to improve their knowledge and ability to provide improved referrals and better synergies to ensure that OVC receive high quality services. NACOSA will provide training for 100 caregivers to be trained as child and youth care workers and auxiliary social workers. Linkages and synergies between			

services providers are important in improving services to vulnerable children. Activities will include improved pyscho social support for vulnerable households, community support groups and household circles of support. Topics covered in these groups will include HIV prevention, sexual and reproductive health decision making, nutrition, ART support for adherence as well as gender discussion for improved gender dynamic in households fostering healthy gender norms. A key focus of these groups will be to engage in positive parenting skill building and address successional planning. NACOSA will use their strong links with the Department of Social Development in all five provinces to implement this program in the identified districts and sub districts. At the provincial level NACOSA participates in the provincial action committee for children affected by HIV and AIDS and will be a strong advocate for children issues. The NACOSA OVC CSS project will deliver a package of care to OVC, their caregivers, families and communities, by building the organizational and managerial capacity of 30 NGO organizations, training their caregivers to qualify as child and youth care workers or auxiliary social workers with an improved ability to deliver high quality care services to vulnerable households. Building the skills of the care workers is an integral part of this program with workshops that will allow them to support parent child communication, provide quality psychosocial support, provide bereavement counseling and be able to provide comprehensive health information and referrals for breastfeeding, PMTCT, sexual and reproductive health and HIV testing and ART adherence and support

Implementing Mechanism Details

Mechanism ID: 16994	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 17012	**Mechanism Name: Public Private Alliances inPractice Africa Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Foundation for Professional Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	

Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of inPractice Africa is to improve access to quality HIV and HIV/TB healthcare for people throughout South Africa via the development and delivery of a scalable, expandable, and sustainable HIV and HIV/TB online and offline digital medical education platform. inPractice Africa will build upon the existing technology developed for CCO inPractice, the best-in-class point-of-care educational resource for HIV and oncology clinicians. The program is an innovative educational program expressly for South African clinicians that will be developed by a partnership alliance consisting of: FPD; Clinical Care Options (COO) and Wits Health Consortium. inPractice Africa will provide CPD-certified interactive online and offline digital training and certification on the management of HIV-infected and HIV/TB-co-infected patients for physicians and nurses. The program is being implemented in 3 phases. Under Phase: Activities include development and delivery of online/offline digital medical education resources for South African physicians and nurses that will provide 3 discrete curricula in HIV and HIV/TB care as well as a point-of-care reference resource to improve healthcare decision-making . Under Phase 2: Between 1,000 and 2,000 clinicians will be assisted through inPractice; increase competence of participating healthcare workers and the last phase will focus on Evaluation of the project through the users and also focus on retention of users, especially rural health workers.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Malaria (PMI)
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**17012**		
Mechanism Name:	**Public Private Alliances inPractice Africa Program**		
Prime Partner Name:	**Foundation for Professional Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	0	0

Narrative:

The goal of inPractice Africa is to improve access to quality HIV and HIV/TB healthcare for people throughout South Africa via the development and delivery of a scalable, expandable, and sustainable HIV and HIV/TB online and offline digital medical education platform. inPractice Africa will build upon the existing technology developed for CCO inPractice, the best-in-class point-of-care educational resource for HIV and oncology clinicians. The program is an innovative educational program expressly for South African clinicians that will be developed by a partnership alliance consisting of: FPD; Clinical Care Options (COO) and Wits Health Consortium. inPractice Africa will provide CPD-certified interactive online and offline digital training and certification on the management of HIV-infected and HIV/TB-co-infected patients for physicians and nurses. The program is being implemented in 3 phases. Under Phase: Activities include development and delivery of online/offline digital medical education resources for South African physicians and nurses that will provide 3 discrete curricula in HIV and HIV/TB care as well as a point-of-care reference resource to improve healthcare decision-making . Under Phase 2: Between 1,000 and 2,000 clinicians will be assisted through inPractice; increase competence of participating healthcare workers and the last phase will focus on Evaluation of the project through the users and also focus on retention of users, especially rural health workers.

Implementing Mechanism Details

Mechanism ID: 17017	**Mechanism Name: Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - National Association of**

	Childcare Workers (Roll-out of ISIBINDI model)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: National Association of Childcare Workers	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 4,046,785	
Funding Source	**Funding Amount**
GHP-State	4,046,785

Sub Partner Name(s)

(No data provided.)

Overview Narrative

NACCW will support the Department of Social Development (DSD) to create safe and caring families that meet children needs through the delivery of high quality community based services provided by trained child and youth care workers (CYCW). NACCW will provide technical support to DSD to roll out and scale up the Isibindi model in a standardized way to meet the needs of OVC. In collaboration with the DSD in all nine provinces, NACCW will train and mentor new CYC workers in providing prevention, early intervention and child protection services to OVC. The Isibindi model is a comprehensive OVC response to provide essential community based services to OVC. Aligned to Government policy the model responds holistically to children's needs while at the same time developing and strengthening the social service workforce serving children. The model trains and employs community based CYCW to supervise child and youth headed households while also providing tailored developmental and therapeutic support to children living in other vulnerable households. The model a social franchise where community based partners organizations are able to adopt and implement a tried and tested model aligned with government, that ensures adherence to service provision standards and produces measurable results. NACCW will facilitate and have a quality assurance role, training and mentoring community based organizations on service delivery guidelines, standards, financial management, monitoring and evaluation. Key components of the Isibindi model include an adolescent development program, a disability program, safe parks for vulnerable children, home visiting, early childhood development and a strong focus on transition to adulthood for young women and men that are caring for younger siblings.

Cross-Cutting Budget Attribution(s)

Gender: GBV	232,657
Gender: Gender Equality	232,657
Human Resources for Health	4,046,785

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**17017**		
Mechanism Name:	**Service Delivery and Support for Families Caring for Orphans and Vulnerable Children (OVC) - National Association of Childcare Workers (Roll-out of ISIBINDI model)**		
Prime Partner Name:	**National Association of Childcare Workers**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	4,046,785	0

Narrative:

Under this activity the NACCW will support the Department of Social Development (DSD) to create safe and caring communities caring for children in the context of HIV and AIDS through the delivery of community based child and youth care services to OVC by trained child and youth care workers (CYCW). As NACCW provides support to the DSD to scale up and roll out the Isibindi model and train new CYCW a key focus will be on supporting DSD to incorporate indicators measuring numbers of CYCW trained and services provided to OVC into a national M&E system. NACCW has developed a successful system of monitoring and evaluating their current 67 Isibindi projects. For scale up intensive planning,

coordination and implementation of a national M&E system in partnership with DSD will be required. Regular monitoring and evaluation of all Isbindi projects is a key component of this program with a baseline evaluation underway in 2013.2300 CYC workers will be trained by December 2014 and over 40,000 children will be provided with high quality services. In addition the CYCW will be provided with in services training to improve their skills in grief work; family preservation, stimulation and education of the 1 to 6 year age group; disability awareness and succession planning. A continued emphasis on care for the caregiver will be maintained throughout this program.

Implementing Mechanism Details

Mechanism ID: 17018	**Mechanism Name: HIV Innovations for Improved Patient Outcomes in South Africa (Innovation for HCTC)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: AgriAIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,700,000	
Funding Source	**Funding Amount**
GHP-State	1,700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

AgriAids (AA) specializes in the organization and implementation of HIV/TB/Wellness programs for farm workers. Its main task is to reduce the direct effects of HIV/Aids and TB on permanent- and migrant farm workers and their dependents.The average HIV+ prevalence ratein farming communities is 25% .AgriAids promotes an integrated approach where HIV/TB awareness, information, biannual testing, and treatment are essential to fight the pandemic. AgriAids identifies areas with hard to reach populations and a lack of HIV/TB services, share the information with the local Department Of Health (DoH) and acts as a liaison between the DoH and the farms. AA will continue its work on combating HIV/AIDS and decreasing the burden of disease from TB for farm workers and

their partners through improved models. The first improved model will include a NIMART trained AA employed registered nurse, providing PHC supplied pre-pack ARV's, TB and STI treatment and concomitant medication on site, with ongoing pathology through National Health Laboratory Services The second improved model will have a clinic on-site that is accredited by the DoH and paid for by the farm owners. This clinic will serve satellite farms and hence reduce the number of clients at local DoH sites.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	95,800

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**17018**		
Mechanism Name:	**HIV Innovations for Improved Patient Outcomes in South Africa (Innovation for HCTC)**		
Prime Partner Name:	**AgriAIDS**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	452,246	0
Narrative:			
AgriAIDS supports HBHC as essential activity to assess clients on their HIV and wellness status, while subsequently enabling the project to provide appropriate HBHC services (both for HIV- and HIV+ people). By the end of COP 12 approximately 19,000 farm worker and family will have undergone HVTB services (for more details see the HVTB section). With an average HIV prevalence rate of 25% in farming communities, it is expected that out of this total (19,000) 4,700 people will be HIV+, thus qualifying them			

for care and support services. Meanwhile, follow-up support as part HBHC will continue to be provided to the 14,250 HIV- people to maintain their HIV-negative status.
The type of HBHC service provided by AgriAids to support HIV+ people to access care services are: HIV+ FWs are supported by AgriAids District Coordinator (DC) to get access to the local clinic to care and treatment. The DC will collect results for CD4 and TB and discuss the outcome with the FW. FWs with still a high CD4 will be linked to a local facility for care, monitoring and development of CD4 count and opportunistic infections. Services geared towards improving the health of HIV+ farm workers and family members will include education, coping with being HIV+, treatment adherence training on site, condom use, treatment initiation and support to the wealness clinic to track the defaulter from the farms . Ongoing individual counselling and homogeneous group sessions/discussions. This project will recieve $452,246 in HBHC pre-COP funding.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	162,001	0

Narrative:

AgriAIDS supports HVTB services for farm workers and their families . AgriAids SA professional nurse ensures that frequent screening and testing on TB take place on farms. TB campaigns will be conducted for farm workers and educate people on hygine. AgriAids' SA HVTB is aligned to the SAG requirement that HVTB is part of the continuum of prevention, care, treatment and support. TB treatment will be deliveered on the farm door step and people HVTB is an essential component within the prevention, care, treatment and support continuum. AgriAids continues therefore to emphasise on HVTB.
By the end of COP 13 approximately 2,500 farm worker and family will have undergone HVTB services. At least 1,250 clients have been refered and 20% are on treatment. AgriAids SA implements a client-initiated approach by implementing a comprehensive HCT package including HIV testing, TB screening, distribution of condoms, glucose testing, blood pressure testing and weight measurements. HIV+ clients that are screened and tested for TB and their results come negative. they will be monitored and referd to the clinic for further investigation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

Not Provided

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	350,000	0

Narrative:

AgriAIDS considers HVCT as an opportunity to become responsive in providing the right service to clients, participants will be informed of their HIV status and other chronic diseases. HCVT will be provided to targets at their workplace-delivered services in-cooperation with the PHC system. During COP 13, 9,856 farm workers and family members will have undergone HVCT. For HCVT to become a success AgriAids SA will use the mobile units to implement a comprehensive approach in the farming communities. AgriAids' SA HVCT is aligned to the SAG requirement working toward zero infection of HIV. AgriAids SA will provide the following activities at the door step of the farm workers; prevention, care, treatment and support.

9,856 people will be reached for COP 13 and the general prevalence is 25% as indicated above. Occasionally these figures can increase to even 40% in some farms. In general the prevalence amongst women is higher. As stated above the number of people testing HIV + will receive HBHC & HTXS services as described in the HBHC & HTXS programme component. AgriAids SA implements a client-initiated approach by implementing a comprehensive HCT package including HIV testing, TB screening, distribution of condoms, glucose testing, blood pressure testing and weight measurements. CD4 counts are drawn on site as well as sputum from TB suspects by a professional nurse. Referral notes that have been developed will be used for PAP smear, MMC and screening of opportunistic infections services. More people working on the farms have access to HVCT, HBHC, HTXS and other services at their door-step on a regular basis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	735,753	0

Narrative:

AgriAIDS sees HTXS as an important programmatic pillar . Farm workers are geographically living and working in remote locations, thus denying them access to health/wellness facilities and related information and services. These factors contribute to increased vulnerability to HIV/TB infection and also increses loss to initiation. The programmatic interventions to farm workers by AgriAids SA are in alignment with the NSP.

AgriAids SA HTXS activity does not exist in silos, HVTB is an essential activity in ensuring HIV+ FWs are supported and receive the right services. We have an average HIV+ prevalence rate of 25% in farming communities and 10% prevalence of TB. Of the posite tested cleints 4,700 people will be HIV+, thus qualifying them for care and support services. 10% of the positive tested will be allergible for treatment. A full-time NIMART trained nurse will be employed by AA. The nurse will be assigned to a mobile unit, 1 mobile unit will service 2 district in a Province. For production and adherance to be increased on farms, the nurse will work in close collaboration with the local PHC. The nurse will ensure HIV+ &TB positive clients receive the following services at their doorstep: Treatment adherance training, initiate treatment , providing PHC supplied pre-pack ARV's for stabilised cleints, TB and STI treatment and concomitant

medication on site, with ongoing pathology through NHLS. This will improve the uptake of ARV's and helps to prevent stigma. Implementation of the above activities will take the burden from the PHC. Farm workers' burden of losing a day of work will also be dealt with, more people will have access to treatment and care at their doorstep. The above activities will also minimise loss to initiation. Will receive an additional $407,667 in pre-COP funding.

Implementing Mechanism Details

Mechanism ID: 17019	**Mechanism Name: HIV Innovations for Improved Patient Outcomes for Priority Populations (Innovative Models for Capacity Building & Support of Scale Up of Effective HIV-related Services for MSM)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Anova Health Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,400,563	
Funding Source	**Funding Amount**
GHP-State	3,400,563

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In 2008 Anova Health Institute (Anova) responded to a request by the South African Department of Health (DOH) to implement sexual health services for men who have sex with men (MSM). With funding from USAID/PEPFAR Anova undertook a rapid assessment and initiated an MSM-focused project, Health4Men, to address prevention, treatment and care among MSM, developing a model that could be replicated in diverse South African environments.

Anova established Africa's first two Centers of Excellence (COE) in MSM healthcare, located in the Western Cape and Gauteng respectively. Each COE is supported by a number of additional MSM-competent sites, providing an

essential platform for ongoing operational research to understand the needs of MSM. All sites are embedded within existing public health facilities, cementing partnerships between Anova and the DOH on national, provincial, district and sub-district levels.
Based on sound research Anova has developed public messaging to address prevention and to attract MSM into treatment and care. Anova has trained and mentored health workers enabling scale-up of MSM-competent services. This training had been successfully implemented in various environments, allowing for a carefully nuanced skills-transferal program. These are supported by national annual MSM-focused symposia.
Anova will extend MSM-competent services in Gauteng and the Western Cape, and introduce such services into Limpopo, Mpumalanga and North West provinces. This process is underpinned by Anova's active leadership role within the South African National AIDS Council (SANAC) and ongoing consultation with DOH, guided by the National Strategic Plan on HIV, TB and STIs for 2012 - 2016 (NSP) highlighting MSM as a key population.

Cross-Cutting Budget Attribution(s)

Gender: GBV	340,056
Human Resources for Health	900,000
Key Populations: MSM and TG	1,800,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
TB

Budget Code Information

Mechanism ID:	**17019**

Mechanism Name:	HIV Innovations for Improved Patient Outcomes for Priority Populations (Innovative Models for Capacity Building & Support of Scale Up of Effective HIV-related Services for MSM)		
Prime Partner Name:	Anova Health Institute		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	510,094	0

Narrative:

Anova Health Institute (Anova) is at the forefront of providing innovative HIV interventions for men who have sex with men (MSM) in South Africa. MSM are vulnerable to HIV, have significantly higher rates than the general population and are recognized as a key population needing special attention by the South African government in the National Strategic Plan (NSP).

Anova's MSM care and support activities will be integrated into MSM-competent healthcare, scaling up and institutionalizing MSM services within DOH sites, promoting health and service utilization by MSM through community engagement, and ongoing operational research. The establishment of 2 community-based health posts, where MSM can readily access relevant information, peer support, ARV medication in the case of treatment adherent clients and assisted referral to clinical sites will explore ways of reducing strain on clinical services.

Anova provides direct health services at 2 Centers of Excellence (COE) to approximately 17 000 MSM. This has allowed Anova to develop insight into cost-effective interventions and to refine a multi-faceted model for competent MSM healthcare in South Africa. Approximately 5000 MSM are regular clinic attendees with over 1500 being HIV positive in care and 1000 on antiretroviral treatment. Anova has contributed to international and local guidelines for the detection and management of STIs and HIV for MSM.

MSM services are established in Gauteng and Western Cape, and have been introduced to Limpopo, Mpumalanga and North West provinces with 105 sites planned. Anova actively engages with the Department of Health (DOH) and the South African National Aids Council (SANAC) to influence policies conducive to the extension of services.

Anova will establish a Regional Leadership Site (RLS) or COE in each province, each designed to act as the provincial hub for the extension of services through a coordinated process of skills transference to DOH staff at selected facilities through training and mentoring using SANAC and DOH endorsed material. Staff at each RLS/COE are trained and mentored, with a nurse mentor deployed to each such site. Additional sites are selected in consultation with DOH, based on population densities and provided with technical assistance including a supply of MSM-targeted educational materials, condoms and sachets of lubricant, and ongoing consultation.

Community engagement targeting local MSM individuals, networks, groupings and organizations

promotes service utilization, HIV prevention and adherence.
Sustainability is addressed at all levels of DOH and SANAC to ensure their commitment and by embedding and integrating MSM competent services within existing DOH health services. This integration and transfer of skills to existing DOH staff ensures cost-effectiveness. Human resources expenditure is limited to the establishment of a central training team deployed to undertake training in various provinces, comprising 5 provincial nurse mentors, peer educators (three per RLS) and project managers.
The M&E plan ensures the impact of these interventions, with follow-up training provided as needed and includes baseline and end of project evaluations, and quarterly collection of process and output indicators. Singizi will conduct annual implementation assessments using District Health Information System data for outcome, impact and NSP target indicators, and feedback dashboard mechanisms will monitor health service coverage and quality.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	510,094	0

Narrative:

Men who have sex with men (MSM) are vulnerable to HIV, have significantly higher rates than the general population and are recognized as a key population needing special attention by the South African government in the National Strategic Plan (NSP).
Anova will support TB/HIV integration programs, in line with the NSP in all sites providing competent HIV services for MSM. This initiative will contribute towards the reduction in the number of new TB infections, as well as deaths from TB by 50% by 2016. Anova-supported sites screen over 98% of all newly diagnosed HIV-positive people for TB.
Combination prevention approaches to reduce TB Infection and disease will be employed. Anova's focus is to prevent new infections, to effect early diagnosis and rapid enrolment into treatment, to integrate HIV and TB care within an efficient chronic care delivery system, and to improve patient adherence and defaulter tracing through community outreach teams. Anova will provide technical assistance and health systems strengthening. The major cost of the program will be borne by the DOH.
Baseline assessments followed by annual facility audits will be conducted in all supported MSM-competent services on the status of the TB/HIV program, focusing on TB/HIV integration and implementation of Isoniazid Preventative Therapy and infection control activities.
At facility level, Anova will provide technical assistance through mentorship and supportive supervision by experienced TB mentors. Key interventions will include a) Intensified TB case finding through universal screening for TB and contact-tracing, b) TB infection control through training, mentorship and establishing facility-based infection control committees; c) Scale-up of Isoniazid Preventative Therapy through training and data collection to enable effective outcomes and eliminate or reduce frequency of

drug stock outs; d) Management of drug resistant TB through training, mentoring and improving time between diagnosis, follow-up and tracing and; e) Overall health systems strengthening to improve management and costing of TB programs.

At community level, Anova will work with established MSM community groups to link to facilities and conduct mass media and local campaigns, promoting a culture of cough hygiene and household infection control. Community health workers and outreach teams will assist in engaging with the household contacts of index cases, conducting household door-to-door visits and enhancing community follow up of MDR-TB cases. Anova supports the integration of screening activities across program areas for early identification of most at risk populations including children and informal settlement dwellers.

Anova's strategy, in close partnership with the DOH, will provide intensive cost-effective support for 2-3 years and then scale down to a mentoring role to ensure full managerial and financial responsibility by DOH.

The M&E plan includes baseline and end of project evaluations, and quarterly collection of process and output indicators. Singizi will conduct annual implementation assessments. Assessments for outcome, impact and NSP target indicators will use District Health Information System data, and feedback dashboard mechanisms will monitor health service coverage and quality

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,380,375	0

Narrative:

Anova Health Institute (Anova) is at the forefront of providing innovative HIV interventions for men who have sex with men (MSM) in South Africa. MSM are vulnerable to HIV, have significantly higher rates than the general population and are recognized as a key population needing special attention by the South African government in the National Strategic Plan (NSP).

Anova's HTXS activities will develop and evaluate innovative models for MSM-competent healthcare, scaling up and institutionalizing MSM services within DOH sites, promoting health and service utilization by MSM through community engagement, and ongoing operational research. The establishment of 2 community-based health posts, where MSM can readily access relevant information, peer support, ARV medication in the case of treatment adherent clients and assisted referral to clinical sites will explore ways of reducing strain on clinical services.

Anova provides direct health services at 2 Centers of Excellence (COE) to approximately 17 000 MSM. This has allowed Anova to develop insight into cost-effective interventions and to refine a multi-faceted model for competent MSM healthcare in South Africa. Approximately 5000 MSM are regular clinic attendees with over 1500 being HIV positive in care and 1000 on ART. Anova has contributed to international and local guidelines for the detection and management of STIs and HIV for MSM.

MSM services are established in Gauteng and Western Cape, and have been introduced to Limpopo,

Mpumalanga and North West provinces with 105 sites planned. Anova actively engages with the Department of Health (DOH) and the South African National Aids Council (SANAC) to influence policies conducive to the extension of services. Anova will establish a Regional Leadership Site (RLS) or COE in each province, each designed to act as the provincial hub for the extension of services through a coordinated process of skills transference to DOH staff at selected facilities through training and mentoring using SANAC and DOH endorsed material. Staff at each RLS/COE are trained and mentored, with a nurse mentor deployed to each such site. Additional sites are selected in consultation with DOH, based on population densities and provided with technical assistance including a supply of MSM-targeted educational materials, condoms and sachets of lubricant, and ongoing consultation. Community engagement targeting local MSM individuals, networks, groupings and organizations informs them of the project and promotes service utilization. Sustainability is addressed at all levels of DOH and SANAC to ensure their commitment and by embedding and integrating MSM competent services within existing DOH health services. This integration and transfer of skills to existing DOH staff ensures cost-effectiveness. Human resources expenditure is limited to the establishment of a central training team deployed to undertake training in various provinces, comprising 5 provincial nurse mentors, peer educators (three per RLS) and project managers. The M&E plan ensures the impact of these interventions, with follow-up training provided as needed and includes baseline and end of project evaluations, and quarterly collection of process and output indicators. Singizi will conduct annual implementation assessments using District Health Information System data for outcome, impact and NSP target indicators, and feedback dashboard mechanisms will monitor health service coverage and quality.

Implementing Mechanism Details

Mechanism ID: 17020	**Mechanism Name: Systems Strengthening for Better HIV/TB Patient Outcomes**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Anova Health Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 13,313,901	
Funding Source	**Funding Amount**
GHP-State	13,313,901

Sub Partner Name(s)

HIVSA	Singizi Consulting	

Overview Narrative

Anova Health Institute (Anova) will provide Technical Assistance (TA) and Health Systems Strengthening support within the Partnership Framework, and South African Government's (SAG) National Strategic Plan (NSP). Anova will work in close partnership with the Department of Health (DOH) in 3 provinces: Limpopo, Gauteng and Western Cape, encompassing over 5 million people (10% of the population). Target populations include: women, children, groups with highest HIV prevalence, least access to health care, and key populations such as men who have sex with men and sex workers.

Interventions include: Consolidating current quality service provision; TA to health facilities and community groups for adult and pediatric care, support and treatment, TB and prevention of mother to child transmission; Strengthening health systems financial and project planning, management, leadership, health information systems, workforce planning, and service delivery; Supporting health care reengineering and outreach teams; and Supporting SAG policy, guideline and standards development and implementation.

Anova will facilitate well-capacitated and managed district health management teams and systems, delivering sustainable high quality patient care. The strategy will provide intensive cost-effective support for 2-3 year and then scale down to a mentoring role to ensure full managerial and financial responsibility by DOH.

The M&E plan includes baseline and end of project evaluations, and quarterly collection of process and output indicators, such as health workers trained and facility TA activities. Annual assessments will use District Health Information System data for outcome, impact and NSP target indicators, and feedback dashboard mechanisms will monitor health service coverage and quality.

Cross-Cutting Budget Attribution(s)

Gender: GBV	399,417
Gender: Gender Equality	665,695

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Child Survival Activities
Safe Motherhood
TB
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**17020**		
Mechanism Name:	**Systems Strengthening for Better HIV/TB Patient Outcomes**		
Prime Partner Name:	**Anova Health Institute**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,549,766	0

Narrative:

Anova Health Institute (Anova) will continue to support adult HIV care and support (HBHC) in South African Department of Health (DOH) facilities in Limpopo, Gauteng and Western Cape. This reaches a catchment population of over 5 million people. The target population is all adults, with a focus on younger adults and adolescents, women, and most at risk populations including sex workers, men who have sex with men (MSM) and migrant workers.
Anova-supported HBHC services test around half a million people annually with 72,000 testing HIV-positive. The majority receive CD4 tests and are screened for TB. Nearly 40,000 HIV-positive people are in pre-ART care and around 48,000 initiated on antiretroviral treatment (ART) annually.
Anova will support HBHC by providing technical assistance and health systems strengthening, moving away from direct service delivery. The major cost of the program will be borne by the DOH.
The main objective of HBHC is to ensure provision of an appropriate comprehensive package of HIV-related care prior to the need for ART, to strengthen community linkages to health facilities and to

mitigate structural impediments outside the domain of the health systems. The program will foster improved early diagnosis of HIV, TB and STIs and improved access to speedy treatment, appropriate and gender-sensitive treatment services with bidirectional referral systems. HIV-related mental health issues are common and Anova will work with specialists to integrate mental health diagnosis and treatment into HIV services at a PHC level.

Anova will leverage community expertise to create a supportive environment for HIV/AIDS care and support and reduce HIV-related stigma and discrimination, addressing social challenges, including residence in informal settlements or rural and hard-to-reach areas, migration and mobility, and alcohol and substance abuse. Anova and HIVSA will work on health and development interventions that are coordinated with facilities, local community and districts.

Key facility-level interventions are training to ensure capacity for and retention in pre-ART care, adherence counselor training and empowering patient literacy groups. Health workers are sensitized and trained(in-service) on the specific needs of special groups such as adolescents, and MSM to ensure that service is available without prejudice. PICT and linkages to other services such as family planning, mother and child health and support groups will be strengthened.

At a community level, PHC outreach teams, community health workers, home-based and palliative care workers will be trained and supported, and patient-support groups facilitated. At a district level, linkages between community groups and health facilities will be strengthened through social mobilization and health promotion.

Anova's strategy, in close partnership with the DOH, will provide intensive cost-effective support for 2-3 years and then scale down to a mentoring role to ensure full managerial and financial responsibility by DOH.

The M&E plan includes baseline and end of project evaluations, and quarterly collection of process and output indicators. Singizi will conduct annual implementation assessments. Annual assessments for outcome, impact and NSP target indicators will use District Health Information System data, and feedback dashboard mechanisms will monitor health service coverage and quality.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,597,668	0

Narrative:

Anova Health Institute (Anova) will scale up TB/HIV integration programs, in line with the South African National Strategic Plan, in Mopani district (Limpopo), City of Johannesburg (Gauteng) and Cape Winelands (Western Cape), to reduce the number of new TB infections, as well as deaths from TB by 50% by 2016.

Combination prevention approaches to reduce TB Infection and disease will be employed. Anova's focus, guided by the NSP, is to prevent new infections, to effect early diagnosis and rapid enrolment into

treatment, to integrate HIV and TB care within an efficient chronic care delivery system, and to improve patient adherence and defaulter tracing through community outreach teams. Anova will provide technical assistance and health systems strengthening, moving away from direct service delivery. The major cost of the program will continue to be borne by the DOH.

Baseline assessments followed by annual facility audits will be conducted at all supported facilities on the status of the TB/HIV program, focusing on TB/HIV integration and implementation of IPT and infection control activities

At facility level, Anova will provide technical assistance through mentorship and supportive supervision by experienced TB mentors. Key interventions will include a) Intensified TB case finding through universal screening for TB and contact-tracing, b) TB infection control through training, mentorship and establishing facility-based infection control committees; c) Scale-up of IPT through training and data collection to enable effective outcomes and eliminate or reduce frequency of drug stock outs; d) Management of drug resistant TB through training, mentoring and improving time between diagnosis, follow-up and tracing and; e) Overall health systems strengthening to improve management and costing of TB programs.

At district level, Anova will work with the District Health Management Teams to develop comprehensive and progressive TB/HIV work plans, budget forecasting and coordination and harmonization of activities across vertical program areas.

At community level, Anova and HIVSA will work with established community groups to link to facilities and conduct mass media and local campaigns, promoting a culture of cough hygiene and household infection control. Community health workers and outreach teams will assist in engaging with the household contacts of index cases, conducting household door-to-door visits and enhancing community follow up of MDR-TB cases. Anova supports the integration of screening activities across program areas for early identification of most at risk populations including children and informal settlement dwellers. Anova is evaluating the use of GeneXpert technology on a test and treat basis in clinics in Mopani. Outcomes of this evaluation will inform scalable and sustainable TB interventions.

Anova’s strategy, in close partnership with the DOH, will provide intensive cost-effective support for 2-3 years and then scale down to a mentoring role to ensure full managerial and financial responsibility by DOH.

The M&E plan includes baseline and end of project evaluations, and quarterly collection of process and output indicators. Singizi will conduct annual implementation assessments. Assessments for outcome, impact and NSP target indicators will use District Health Information System data, and feedback dashboard mechanisms will monitor health service coverage and quality.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	281,776	0

Narrative:

Anova Health Institute (Anova) currently supports (through an ending mechanism) around 850 children aged (0-15) in care, 11,000 children on antiretroviral treatment and newly enrolls around 500 each quarter onto treatment. Less than 300 are identified as HIV positive through HCT outside of PMTCT programs.

While pediatric care and support predominantly takes place in primary care facilities, community expertise can be leveraged to promote greater involvement in MCH to work towards achievement of NSP and Millennium Development Goals (MDGs) 4, 5 and 6. The involvement of both women and men living with HIV (and affected by HIV) in programs can create a more supportive environment for infant care and reducing HIV-related stigma and discrimination.

Anova will provide technical assistance and health systems strengthening, moving away from direct service delivery. The major cost of the program will be borne by the DOH. All activities follow South African guidelines for pediatric care and treatment.

Key facility interventions include PHC Reengineering, NIMART and Palsa+ training for and supporting comprehensive HIV-related care for infants, supporting and promoting the Expanded Program of Immunization (EPI), linking it to accessing HIV care, training counselors on pediatric adherence counseling and support, and providing training and material support to counselors and service providers on nutritional assessments (NACS) and identification of at-risk children, including infant feeding practices. Integration of HIV pediatric services into MCH will contribute towards efforts to scale up early infant diagnosis, provider initiated and voluntary counseling and testing, monitoring and retention in care.

In addition, the special needs of adolescents will be addressed through the training (in-servoce) and mentoring of health workers on the needs and risks that adolescents face regarding HIV prevention, care and treatment and addressing adolescent sexuality. Anova has developed age appropriate counseling and support training manuals for people working with adolescents. This allows HIV positive and negative adolescents to explore their sexuality in a non-judgmental environment.

At the community level Anova and HIVSA will strengthen community linkages by working with community groups and social sector government clusters to ensure the continuum of care that extends to social and structural support mechanisms for affected mother-baby pairs, children and adolescents.

The quality of the program will be monitored regularly to ensure that issues such as adherence, loss to follow up, linkages to other services and pharmaceutical supply are addressed. Anova will support government in expanding access to 2nd and 3rd line regimens and monitor, through a case study approach on all treatment failures. These activities will improve long-term outcomes.

Anova’s strategy, in close partnership with the DOH, will provide intensive cost-effective support for 2-3 years and then scale down to a mentoring role to ensure full managerial and financial responsibility by DOH.

The M&E plan includes baseline and end of project evaluations, and quarterly collection of process and output indicators. Singizi will conduct annual implementation assessments. Annual assessments for outcome, impact and NSP target indicators will use District Health Information System data, and

feedback dashboard mechanisms will monitor health service coverage and quality.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,072,096	0

Narrative:

The Anova Health Institute (Anova) supports the South African Government (SAG) efforts to strengthen health systems to improve capacity and enhance performance. In line with the SAG's 10-point plan, PHC Re-engineering and the National Strategic Plan (NSP), Anova's emphasis areas are capacity building on strategic use of health information, human capacity development, quality service delivery and improved governance and management structures of health systems.

Anova's approach is to view health systems holistically emphasizing strengthening referral structures and the relationships between different levels of health systems. Each district is engaged in a Project Planning approach to determine specific role delineation between Anova and the Department of Health (DOH). Anova is included as a member in the standard district health management team meetings. Technical assistance is provided to ensure coordinated, multi-level systems strengthening at the scale and intensity required to build capacity to design, implement, monitor and evaluate effective and scalable interventions.

Interventions aimed at improving the quality, efficiency and sustainability of services will cover 7 broad areas as follows:

Health Service Delivery Innovation: In line with National Core Standards, Anova is implementing the Quality Improvement methodology of Plan, Do, Check and Act (PDCA) iterative cycles to improve quality of service delivery at supported facilities. This is aimed at reducing waiting times and improving quality of outcomes.

Human Resources for Health: Regional Training Centers will be strengthened to enhance human capacity development by increasing training throughput and improving the quality of healthcare worker (HCW) training. Support covers improved monitoring of training activities, material development and implementation of task-shifting activities.

Healthcare Financing: Anova facilitates and coordinates district business and strategic planning processes. This includes leading the gathering and documentation of essential information that informs the budget and planning processes.

Strengthening Governance: Anova is part of the Leadership and Management Partners Forum, supporting DOH efforts to strengthen HCW and managers' competency through the development of an educational framework. Anova will provide in-service skills development to HCW, managers and team leaders in the districts, sub-district and facilities.

Strategic Information Use: Anova is partnering with DHMTs to improve data collection, analysis and

reporting through improved quality and utilization of data. Anova is also supporting the districts to roll out the ART Tiered M&E Strategy.
Procurement: Anova provides on-site mentorship of HCW on forecasting pharmaceutical needs, timely ordering and maintaining appropriate inventory levels, and supports the DHMTs with forecasting, budgeting and planning for pharmaceutical needs. Quality improvement and option analysis aimed at eliminating bottlenecks in the supply chain process is being undertaken.
Medical Products: Anova is evaluating the impact of use of GeneXpert technology in test-and-treat for tuberculosis in Mopani District. This evaluation will inform national solutions to improve the early identification and treatment for TB.
The M&E plan for this work includes baseline and end of project evaluations, Annual assessments for outcome, impact and NSP target indicators will use District Health Information System data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,831,542	0

Narrative:

Anova Health Institute (Anova) has been at the forefront of innovative PMTCT solutions and will scale up access to PMTCT programs in Mopani district (Limpopo), City of Johannesburg (Gauteng) and Cape Winelands (Western Cape).
The Anova supported PMTCT program, guided by the South African National Strategic Plan (NSP), reaches 90,000 pregnant women annually with HIV prevalence of 16.5%, giving close to 15,000 HIV positive mothers. In the next 2 years Anova aims to ensure quality PMTCT services are maintained in 100% of facilities, over 95% of mothers are tested and more than 67% of HIV exposed infants are tested at 6 weeks, with HIV prevalence remaining below 2%. Anova will investigate reasons for the current low uptake of 18 month infant testing, and implement improvement strategies.. These targets are measured and reviewed quarterly.
Anova will support PMTCT by providing technical assistance (TA) and health systems strengthening, moving away from direct service delivery. The major cost of the program will be borne by the DOH.
Anova will strengthen clinical services, and co-ordination, and leadership of programs, facilitating integration with other primary health services, including TB screening in PMTCT programs and activities to eliminate neonatal syphilis. Anova's support for the Action framework for "no child born with HIV by 2015", will focus on expanding primary prevention services, ensuring PICT is offered to all women, ensuring appropriate postpartum prophylaxis and care, and strengthening family planning (FP) services.
At a national level Anova will contribute to South African Government guidelines, implementation plans and program monitoring and evaluation.
At a facility level Anova will support development of facility and district managers and mentorship for all service providers to ensure adoption of best practices. Operational support will be provided to improve

early booking systems for pregnant women for optimal PMTCT services, and strengthen referral linkages between antenatal care, appropriate HIV and social services, and linked FP services.
At a district level Anova will provide ongoing TA for PMTCT operational challenges, identifying and responding to key bottlenecks. Anova will work with DHMTs to develop operational plans and facilitate workshops using strategic information on maternal and child health (MCH) in order to strengthen early infant diagnosis and linkages between PMTCT and Pediatric HIV care.
At a community level Anova will work with HIVSA to empower communities to establish linkages between social mobilization, health promotion, and facility PMTCT services. HIVSA will train community groups, PHC outreach and health promotion teams to track and trace infants and children, and institute appropriate referrals. Pregnant women will be supported through the Hi4Life mobile phone program, developed by HIVSA in partnership with Anova,
Anova's strategy, in close partnership with the DOH, will provide intensive cost-effective support for 2-3 years and then scale down to a mentoring role to ensure full managerial and financial responsibility by DOH.
The M&E plan includes baseline and end of project evaluations, and quarterly collection of process and output indicators. Singizi will conduct annual implementation assessments. Assessments for outcome, impact and NSP target indicators will use District Health Information System data, and feedback dashboard mechanisms will monitor health service coverage and quality.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	5,516,524	0

Narrative:

Anova Health Institute (Anova) will continue to support adult HIV treatment services (HTXS) in South African Department of Health (DOH) facilities in Mopani district (Limpopo), City of Johannesburg (Gauteng) and Cape Winelands (Western Cape). The target population is all people with HIV who are eligible for treatment according to the South African DOH guidelines, including younger adults and adolescents, women, and most at risk populations including commercial sex workers, men who have sex with men and migrant workers.
The Anova supported HTXS programs have around 155,000 people on ART with around 48,000 newly enrolled annually. Anova will support HTXS by providing technical assistance and health systems strengthening, moving away from direct service delivery. The major cost of the program will be borne by the DOH.
In alignment with the NSP Anova will strive to ensure that people who are started on antiretroviral treatment remain within the health care system, are adherent to treatment and maintain optimal health standards.
Key facility level interventions are in-service training, mentorship and supportive on-site supervision of

healthcare providers on DOH guidelines, to enhance knowledge transfer and clinical excellence, and continuous skills development on current policies and treatment protocols. Access to health services is fundamental and innovative solutions will be sought for program efficiencies, such as improved patient follow-up systems, modifying working hours and redesigning patient triaging. Integration of services will be strengthened including HIV, TB, MCH and FP. At a district level Nurse Initiated Management of ART (NIMART) training will be prioritized to build skills, competencies and confidence of healthcare workers to provide quality comprehensive services without discrimination or gender biases. Task shifting and training support will be strengthened to address health worker shortages and to increase service coverage through HIVSA's Health and Welfare Sector Education and Training Authority (SETA)-accredited training. Pharmaco-vigilance and resistance monitoring will be supported through training and strengthening referral linkages. Post-exposure prophylaxis (PEP) will be enhanced through counselor training on the management of victims of sexual violence; occupational exposure and non-occupational exposure, with linkages to the justice system through the Thuthuzela care centers for sexual violence survivors. Ongoing training and support will be provided to Community Health Workers and PHC Outreach Teams on HIV and TB treatment policies, guidelines and tools to promote transition to treatment, retention and adherence. All clinical program areas will be supported further by community information access through links to HIVSA's hi4LIFE mobile phone project, an eHealth application that enables rapid access to public health information.

Anova's strategy, in close partnership with the DOH, will provide intensive cost-effective support for 2-3 years and then scale down to a mentoring role to ensure full managerial and financial responsibility by DOH.

The M&E plan includes baseline and end of project evaluations, and quarterly collection of process and output indicators. Singizi will conduct annual implementation assessments. Annual assessments will use District Health Information System data for outcome, impact and NSP target indicators, and feedback dashboard mechanisms will monitor health service coverage and quality.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,464,529	0

Narrative:

Anova Health Institute (Anova) currently supports around 850 children aged (0-15) in care, 11,000 children on antiretroviral treatment and enrolls 500 each quarter onto treatment. Anova will continue to support children in 3 provinces: Gauteng, Limpopo and Western Cape.

Anova's program will support an integrated approach to maternal and child health, provide capacity building, training, and health systems strengthening to support scale-up, improve quality of care, measure patient outcomes and build the capacity of facilities and health care providers to treat children and adolescents. The needs of adolescents will be included in all training. Special attention will be given

to improving early infant diagnosis, reducing loss to follow up by tracking and tracing mother-baby pairs and ensuring good quality care and treatment from birth to 24 months.
Anova will provide technical assistance and health systems strengthening, moving away from direct service delivery. The major cost of the program will be borne by the DOH. All activities follow South African guidelines for pediatric care and treatment.
Key interventions at a facility level will include the integration of pediatric treatment through training, mentoring and on-site supervisory support for healthcare workers to improve long-term outcomes. Routine provider initiated counseling and testing (PICT) of all children will be encouraged to promote early identification and rapid treatment initiation. Scaling up PCR and CD4 follow-up testing and the prevention of TB in children through screening and provision of IPT will be implemented. Regular monitoring will address issues such as adherence, linkages to other services and pharmaceutical supply. Anova will support government in expanding access to 2nd and 3rd line regimens and monitor, through a case study approach, all treatment failures.
The special needs of adolescents will be addressed by facilitating integrated comprehensive counseling, testing and care services that are youth-friendly. Anova's age appropriate adolescent counseling and support training manuals will be used to allow them to explore their sexuality in a non-judgmental environment and to empower them to make informed and responsible healthcare choices, including a choice to abstain and delay sexual debut.
At a district level Anova will work with the DHMT and Regional Training Centers (RTC) to expand pediatric training to all facilities by conducting regular clinical forums on pediatric HIV/TB and will facilitate the establishment of Pediatric High Quality training sites under the guidance of experienced clinicians. Anova and HIVSA will strengthen community linkages by working with community groups and social sector government clusters to ensure the continuum of care that extends to social and structural support mechanisms for affected mother-baby pairs, children and adolescents.
Anova's strategy, in close partnership with the DOH, will provide intensive cost-effective support for 2-3 years and then scale down to a mentoring role to ensure full managerial and financial responsibility by DOH.
The M&E plan includes baseline and end of project evaluations, and quarterly collection of process and output indicators. Singizi will conduct annual implementation assessments. Assessments will use District Health Information System data for outcome, impact and NSP target indicators, and feedback dashboard mechanisms will monitor health service coverage and quality.

Implementing Mechanism Details

Mechanism ID: 17021	**Mechanism Name: Performance for Health through Focused Outputs, Results and Management**

Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Right To Care, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 22,921,162	
Funding Source	**Funding Amount**
GHP-State	22,921,162

Sub Partner Name(s)

ACTS	Alexander Health Center and University Health Clinic	Clinical HIV Research Unit - Wits Health Consortium
Hoedspruit Training Trust	Ndlovu Care Group Bhubezi	Topsy Foundation
Witkoppen Health & Welfare Centre (WHWC)	Wits Health Consortium, Health Economics and Epidemiology Research Office	

Overview Narrative

The goal of Right to Care's (RtC) Systems Strengthening TA model is a) Improve HIV-related patient outcomes by strengthening health and patient management systems at facility, sub-district and district level through capacity building and support; b) Build capacity of facility, sub-district and district management systems in coordination with provinces to strengthen health systems in support of HIV/TB-related services; and c) Provide support for development and implementation of successful SAG policies for HIV related interventions. RtC supports 42 sub-districts in 10 districts in 5 provinces (GP, MP, FS, NC, WC) with MOUs in place. Target populations include district health management teams (DMT), facility managers, health care workers and PLWHAs. RtC emphasises staff transition opportunities wherever possible, facilitating the release of staff from contracts with RtC to take up positions in DoH in clinical and management structures. RtC uses DHIS data complemented by data from TherapyEdge (TE), NHLS, Tier.net, ETR.net, and external surveillance/survey data, to monitor progress towards results. Targets are aligned with national targets, and district-specific targets will be negotiated with DMTs.

Cross-Cutting Budget Attribution(s)

Gender: GBV	687,635
Gender: Gender Equality	1,146,058
Human Resources for Health	7,000,000
Motor Vehicles: Purchased	84,537

TBD Details

(No data provided.)

Key Issues

TB

Family Planning

Budget Code Information

Mechanism ID:	**17021**		
Mechanism Name:	**Performance for Health through Focused Outputs, Results and Management**		
Prime Partner Name:	**Right To Care, South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,043,319	0

Narrative:

Right to Care (RtC) provides direct facility-based care to patients in >60 DoH and NGO facilities, as well as providing TA, in 10 districts across 5 provinces (CoJ in GP; Gert Sibande and Ehlanzeni in MP; Thabo Mofutsanyane in FS; Overberg and Central Karoo in WC; and Frances Baard, Namakwa, Siyanda and JT Gaetsewe in NC).

In terms of Leadership & Governance, Clinical Quality and Innovation, RtC provides TA to the HAST

program management by providing key expert input at all levels. Examples are District Joint Review meetings where different sectors integrate their HIV plans, and District Health Management Team meetings where District Health Plans are formulated and monitored. RtC assists with the development of the NACS rollout plan, and supports HCT campaigns, encouraging a focus on key populations, e.g. young women, MSM, migrant/farm labourers, inner city and prisoners. RtC supports the 3 prongs of PHC Re-Engineering. RtC assists with developing and disseminating clinical SOPs aligned to NDoH guidelines. RtC also supports the establishment of District Quality Improvement Teams, which has culminated in several QI projects. RtC's flagship in SRH, the Cervical Cancer (CC) program, now serves 25 clinics with Paps, STI care, colposcopies, LEEPS, and nurse-driven (cost-effective) VIAs and cryotherapy. The CC unit assists in guideline development and was instrumental in the inclusion of cervical and HPV considerations in the NSP.

HR Development is integrated throughout RtC, utilising the expertise of national specialists, provincial managers, trainers, clinical mentors and coordinators, thus forming (sub-)district Mentorship Teams. RtC provides a range of DoH-aligned training activities to HCWs from DoH and partners, including didactic courses; mentoring and onsite training; supportive site visits; clinical conferences and seminars; and (in GP and MP) some pre-service training. This enhances HCWs' capacity to deliver quality patient care through better implementation of national guidelines. RtC also assists DoH and Regional Training Centres with development/review of training curricula and materials.

Care-related skills development covers HCT, FP, STI, Counselling Skills, Adherence, and HIV Management. The CC training program covers Paps, LEEPS, colposcopy, VIA and cryotherapy. RtC and DoH conduct joint supervisory monthly visits and regular QA/QI initiatives to address quality gaps, particularly to increase facilities' capacity to conduct PICT and improve linkages from HCT into Care and/or MMC; promotion of couple counselling; retention in Care including pathology monitoring and timely ART initiation; prevention and treatment of OIs including TB, CM and KS; provision of CPT and IPT; and referral networks to PLHIV support groups with support of CBOs, and nutritional services.

RtC uses HMIS TherapyEdge (TE) to reduce LTFU rates through automated SMSes, patient transfers with electronic records, and clinical oversight through electronic alerts, and to measure retention along the care continuum, including linkage and early retention in care for newly diagnosed individuals and retention over 24 months. In terms of SI, RtC covers record-keeping and registry management in site visits and training to improve site data quality, and supports DoH with improving DHIS data quality. RtC assists provinces and districts with monitoring progress of key quarterly indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	2,405,784	0

Narrative:

Right to Care (RtC) provides direct services at >60 DoH/NGO facilities, as well as providing TA, in 10 districts across 5 provinces (CoJ in GP; G Sibande and Ehlanzeni in MP; T Mofutsanyane in FS; Overberg and Karoo in WC; and F Baard, Namakwa, Siyanda and JT Gaetsewe in NC).

The aim is to assist DoH to reach NSP targets to halve TB mortality in HIV-infected population and to halve TB incidence by 2016.

In Leadership & Governance, Clinical Quality and Innovation, RtC provides TA to the HAST program by providing key expert input at all levels, e.g. District Joint Review meetings where different sectors integrate their HIV plans, and District Health Management Team meetings where District Health Plans are formulated and monitored. RtC actively participates in TB Guideline committees and assists with developing/disseminating clinical SOPs aligned to DoH guidelines. RtC contributes to TB campaigns and supports District QI Teams, which has culminated in several QI projects.

RtC actively participated in developing the GeneXpert (GXP) strategic plan to improve TB diagnostics in advanced sputum negative TB suspects, ETB specimens, and paed TB, and now provides implementation support, training, and evaluation of the program. RtC participates in the GF R10 application which provides funds for initial phases of GXP implementation. RtC supports operational research on MDR/XDR TB and on identification of further opportunities e.g. ELISA-based testing for urinary TB-LAM antigen. RtC improves rx access for mono-resistant, MDR and XDR patients by supporting drug-resistance treatment sites, community-based MDR rx, and contact tracing and prophylaxis.

HR Development in RtC uses the expertise of its specialists, managers, trainers, clinical mentors, and coordinators, thus forming district Mentorship Teams. RtC provides DoH-aligned training activities, incl didactic courses; mentoring and onsite training; supportive site visits; clinical conferences and seminars; and (in GP and MP) pre-service training. RtC also assists DoH and Regional Training Centres with development/review of training curricula and materials.

TB-related skills development covers TB Diagnosis and Treatment, Paed TB, Infection Control, and TB Counselling. RtC and DoH conduct joint QA/QI initiatives and supervisory monthly visits, particularly to increase facilities' capacity to integrate HIV and TB services incl increased PICT uptake and universal TB symptom screening; expanded implementation of IPT and CPT guidelines; intensified case finding with improved TB notification and TB treatment initiation; better TB completion and cure rates; improved ART initiation and adherence rates; and linkages and referral networks to DOTS, nutritional assessments, and non-clinical services. Paed TB services is a particular focus area. RtC works towards revitalisation of

Infection Control Committees and compliance with quarterly IC assessments.

In terms of SI, RtC covers record-keeping and registry management in site visits and training to improve site data quality, and will support DoH with improving ETR.net data quality. RtC assists provinces and districts with monitoring progress of key indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	267,915	0

Narrative:

Right to Care (RtC) privides direct site-based care to paeds in >60 DoH/NGO facilities, as well as providing TA, in 10 districts in 5 provinces (CoJ in GP; G Sibande and Ehlanzeni in MP; T Mofutsanyane in FS; Overberg and Karoo in WC; and F Baard, Namakwa, Siyanda and JT Gaetsewe in NC).
+C19
RtC has established 2 referral/training sites for management of complicated cases, with plans for a third. Adolescent clinic days are held at 3 sites, offering adolescent-specific adherence counselling; treatment simplification (daily fixed-dose combinations); supervision of treatment dosing; psychological support including adolescent support groups; and age-appropriate disclosure of HIV status.

In Leadership & Governance, Clinical Quality and Innovation, RtC provides TA to the HAST program by providing key expert input at all levels, i.e. District Joint Review meetings where different sectors integrate their HIV plans and District Health Management Team meetings where District Health Plans are formulated and monitored. RtC assists with developing the NACS rollout plan, and supports the PHC Re-Engineering. RtC provides input to the National Paediatric Treatment Guidelines and HIV Clinicians Society guidelines for diagnosis and treatment of paediatric resistance, particularly 3 class failure. RtC assists with developing and disseminating clinical SOPs aligned to NDoH guidelines, and supports District Quality Improvement Teams.

HR Development is integrated throughout RtC, utilising the expertise of national specialists, provincial managers, trainers, clinical mentors and coordinators, thus forming (sub-)district Mentorship Teams. RtC provides a range of DoH-aligned training activities to HCWs, including didactic courses; mentoring and onsite training; supportive site visits; clinical conferences and seminars; and (in GP and MP) some pre-service training. RtC also assists DoH and Regional Training Centres with development/review of training curricula and materials.

Skills development covers Paeds NIMART, Paeds HIV Management and Virological Resistance, and Paeds Adherence Counselling. RtC conducts annual provincial paediatric conferences. The RtC Paeds

E-Discussion Group disseminates info to >1800 HIV clinicians nation-wide and the 24/7 Paediatric ART helpline provides HCWs with access to consultation support.

RtC and DoH conduct joint QA/QI initiatives and supervisory monthly visits, particularly to increase facilities' capacity to integrate paediatric/adolescent ART into NIMART; integration of IMCI & PALSA PLUS; close linkages to PMTCT services for early infant diagnosis, treatment referral and infant CPT; paediatric retention in care including pathology monitoring and timely ART initiation; OI management including provision of CPT and IPT; nutritional evaluation and malnutrition care; and referral networks to social and OVC services.

RtC uses HMIS TherapyEdge (TE) to reduce LTFU rates through automated SMSes, patient transfers with electronic records, and clinical oversight through electronic alerts, and to measure retention along the care continuum, including linkage and early retention in care for newly diagnosed paeds and retention over 24 months. RtC covers record-keeping and registry management in site visits and training to improve site data quality, and supports DoH with improving DHIS data quality. RtC assists provinces and districts with monitoring progress of key indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,545,658	0

Narrative:

RtC assists with developing/reviewing guidelines on PMTCT, TB (incl MDR), MMC, Adult and Paed ART, Cervical Cancer etc.

RtC assists with coordinating GeneXpert activities by various partners, primarily looking at GXP MTB/Rif as diagnostic tool for MDR TB, ETB, Paed TB, and HIV+ TB suspects.

RtC supports 3-Tier Strategy DITs/PITs in all areas, plus national TWG. RtC's current 9 Master Trainers assist with Tier.net rollout (130 sites so far) incl back-capturing/data cleaning; flow of dispatch files; training data staff; reviewing and verifying data on Tier.net and paper registers; and proper use of clinical stationery. Recruitment is underway for 22 Data Quality Mentors. Whilst awaiting DoH tier 3 system, RtC maintains HMIS TherapyEdge (TE) at selected sites, which has automatic download of blood results from NHLS into TE to improve lab data usage, as well as resistance testing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	3,377,688	0

Narrative:

Right to Care (RtC) provides direct services in >60 DoH and NGO facilities, as well as PMTCT TA in 10 districts across 5 provinces (CoJ in GP; Gert Sibande and Ehlanzeni in MP; Thabo Mofutsanyane in FS; Overberg and Central Karoo in WC; and Frances Baard, Namakwa, Siyanda and JT Gaetsewe in NC).

The target is to assist DoH to reduce MTCT to <2% at 6 weeks and <5% at 18 months, striving towards the goal of 'zero new children with HIV'.

In terms of Leadership & Governance, Clinical Quality and Innovation, RtC provides TA to the HAST program management by providing key expert input at all levels. Examples are District Joint Review meetings where different sectors integrate their HIV plans, and District Health Management Team meetings where District Health Plans are formulated and monitored. RtC contributes to the development of PMTCT Action Frameworks integrated with MNCWH, and facilitates the establishment of district steering committees and formulation of District Action Frameworks. RtC works with DoH to integrate PMTCT, MCWH and FP services at sites (more details on Cervical Cancer program under HBHC). RtC assists with developing and disseminating clinical SOPs aligned to NDoH guidelines. RtC also supports the establishment of District PMTCT / MNCWH Quality Improvement Teams, which has culminated in QI projects in several sites thus far. RtC contributes to the development of implementing plans for the Nutrition, Assessment, Counselling and Support (NACS) approach, including Infant and Young Child Feeding services, and RtC is involved with the piloting of the Mother and Baby Friendly Hospital Initiative (MBFI).

Human Resources Development is integrated throughout RtC, utilising the expertise of all national specialists, provincial managers, trainers, clinical mentors, and district coordinators, thus forming (sub-)district Mentorship Teams. RtC provides a range of DoH-aligned training activities to HCWs from DoH and partners, including didactic courses; mentoring and onsite training; supportive site visits; clinical conferences and seminars; and (in GP and MP) some pre-service training. This enhances HCWs' knowledge and skills and their capacity to deliver quality patient care through better implementation of national guidelines. RtC also assists DoH and Regional Training Centres with development / review of training curricula and materials.

PMTCT-related skills development covers Infant Diagnosis, PMTCT, BANC, IMCI, EPI, FP and IUCD insertion. RtC and DoH conduct joint supervisory monthly visits to address quality gaps, particularly to improve PICT uptake at ANC incl 32week retest, access to CD4 testing, AZT and HAART initiation rates, ARV adherence, and infant prophylaxis and testing uptake. All RtC coordinators are being trained in lactation management and will roll out this training to HCWs at sites. RtC is involved in the initiative of starting a Milk Bank in MP.

In terms of SI, RtC covers record-keeping and registry management in site visits and training to improve site data quality, and supports DoH with improving DHIS data quality. RtC assists provinces and districts with monitoring progress of the central ('dashboard and cascade') quarterly indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	10,965,496	0

Narrative:

Right to Care (RtC) provides direct services to patients at >60 DoH and NGO facilities, as well as providing TA, in 10 districts across 5 provinces (CoJ in GP; G Sibande and Ehlanzeni in MP; T Mofutsanyane in FS; Overberg and Karoo in WC; and F Baard, Namakwa, Siyanda and JT Gaetsewe in NC).

The aim is to assist DoH to reach NSP targets of 80% of eligible persons started on ART, a 94% retention-on-ART rate at 12 months and 80% rate of blood tests done at 12 months, by 2016.

In terms of Leadership & Governance, Clinical Quality and Innovation, RtC provides TA to the HAST program by providing key expert input at all levels, e.g. District Joint Review meetings where different sectors integrate their HIV plans and District Health Management Team meetings where District Health Plans are formulated and monitored. RtC assists with the ongoing expansion of NIMART and with developing and disseminating clinical SOPs aligned to NDoH guidelines. RtC supports the establishment of District Quality Improvement Teams which has culminated in several QI projects. RtC contributes to the Central Procurement Authority, MCC, SANAC Pharmacovigilance, and EDL guideline committees and was instrumental in inclusion of third-line agents and fixed-dose combinations in the ARV tender. RtC sits on the GP Drug Utilization Review Committee and PTC and assists with revision of provincial medicines formulary and reporting of ADRs.

HR Development is integrated throughout RtC, utilising the expertise of all national specialists, provincial managers, trainers, clinical mentors, and coordinators, thus forming (sub-)district Mentorship Teams. RtC provides a range of DoH-aligned training activities to HCWs, incl didactic courses; mentoring and onsite training; supportive site visits; clinical conferences and seminars; and (in GP and MP) pre-service training. RtC also assists DoH and Regional Training Centres with development / review of training curricula and materials, and liaises with the Pharmacy Council on registration of sites and tutors for the pharmacist-assistant learnership program.

ART-related skills development covers NIMART, HIV Management, Adherence Counselling, and

pharmacist-assistant learnerships. RtC and DoH conduct joint QA/QI initiatives and supervisory monthly visits, particularly to increase facilities' capacity to provide cotrimoxazole prophylaxis; prevention and optimized management of OIs including TB, CM and KS; drug-resistance screening and referrals; pathology monitoring and timely ART initiation; and linkages and referral networks to non-clinical services.

RtC uses HMIS TherapyEdge (TE) to reduce LTFU rates through automated SMSes, patient transfers with electronic records, and clinical oversight through electronic alerts, and to measure retention and treatment success, including retention on ART up to 60 months, laboratory testing rates, and viral load suppression. The automated download of NHLS blood results into TE ensures better usage of lab data. At several TE sites RtC has ensured access to HIV drug resistance testing and surveillance, as well as access to third line treatment for HIV DR. RtC covers record-keeping and registry management in site visits and training to improve site data quality, and supports DoH with improving DHIS data quality. RtC assists provinces and districts with monitoring progress of key quarterly indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	3,315,302	0

Narrative:

Right to Care (RtC) implements Paediatric ART since 2002 and renders direct services at >60 DoH/NGO clinics plus TA in 10 districts in 5 provinces (CoJ in GP; G Sibande and Ehlanzeni in MP; T Mofutsanyane in FS; Overberg and Karoo in WC; and F Baard, Namakwa, Siyanda and JT Gaetsewe in NC).

RtC has 2 training sites with plans for a 3rd. Adolescent days are held at 3 sites, offering adolescent adherence counselling; treatment simplification (daily fixed-doses); supervision of treatment dosing; psychological support incl adolescent support groups; and age-appropriate disclosure of HIV status.

In Leadership/Governance, Clinical Quality and Innovation, RtC provides TA to HAST program by providing key expert input, e.g. District Joint Review meetings where different sectors integrate their HIV plans and District Health Management Team meetings where District Health Plans are formulated and monitored. RtC assists with developing the NACS rollout plan; supports PHC Re-Engineering; assists with developing/disseminating clinical SOPs aligned to DoH guidelines; supports District QI Teams; and provides input to DoH Paed ART guidelines and HIV Clinicians Society guidelines for dx and rx of paed resistance, particularly 3 class failure. RtC participates in EDL guideline committee and was instrumental in inclusion of third-line agents and fixed-dose combinations in the ARV tender. RtC sits on GP Drug Utilization Review Committee and PTC and assists with revision of medicines formulary and reporting of ADRs.

HR Development in RtC utilises the expertise of its specialists, managers, trainers, clinical mentors and coordinators, thus forming district Mentorship Teams. RtC provides DoH-aligned training activities incl didactic courses; mentoring and onsite training; supportive site visits; clinical conferences and seminars; and pre-service training. RtC assists DoH and Regional Training Centres with development/review of training curricula and materials.

Skills development covers Paed NIMART, Paed HIV Mgt and Virological Resistance and Paed Adherence Counselling. RtC conducts annual prov paeds conferences. The RtC Paeds E-Discussion Group disseminates info to >1800 HIV clinicians and the 24/7 Paed ART helpline provides HCWs with consultation support.

RtC and DoH conduct joint QA/QI initiatives and supervisory monthly visits, particularly to increase facilities' capacity to integrate paed/adolescent ART into NIMART; integration of IMCI & PALSA PLUS; close linkages to PMTCT for early infant diagnosis, treatment referral and infant CPT; paed retention in care incl lab monitoring and timely ART initiation; OI mgt incl provision of CPT and IPT; nutritional evaluation and malnutrition care; and referral networks to social and OVC services.

RtC uses HMIS TherapyEdge (TE) to reduce LTFU rates through automated SMSes, patient transfers with electr records, and clinical oversight through electr alerts, and to measure retention on ART up to 60 months, lab testing rates, and VL suppression. Automated download of NHLS blood results into TE ensures better use of lab data. At several TE sites RtC has ensured access to HIV drug resistance testing and surveillance and 3rd line ART for HIV DR. RtC covers record-keeping and registry mgt in site visits and training to improve site data quality and supports DoH with improving DHIS data quality. RtC assists provinces and districts with monitoring progress of key indicators.

Implementing Mechanism Details

Mechanism ID: 17022	**Mechanism Name: HIV Innovations for Improved Patient Outcomes in South Africa (Developing & Institutionalizing an Innovative Capacity Building Model to Support SA Government Priorities & to Improve HIV/TB Health Outcomes for Priority Populations - "South to South Stellenbosch")**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement

Prime Partner Name: The South-to-South Partnership for Comprehensive Family HIV Care and Treatment Program (S2S)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,158,243	
Funding Source	**Funding Amount**
GHP-State	3,158,243

Sub Partner Name(s)

(No data provided.)

Overview Narrative

South2South (S2S)will support the development and implementation of an innovative capacity building program that focuses on human resource development through training and mentoring of health workers involved in the care of pregnant women, infants, children, and adolescents affected by HIV and HIV/TB co-infection. S2S will provide Technical Assistance in Health Systems Strengthening,and Human Resources for Health. S2S has the following:Objective 1: To assist the National Department of Health to improve existing capacity building models, and where gaps are identified, to develop innovative capacity building programs to improve the HIV/TB outcomes for priority populations in selected demonstration sites. Objective 2: To build the capacity of DOH facility health workers, as well as NGOs, to deliver quality services to priority populations. Objective 3: To assist target districts through demonstration quality improvement projects to improve the quality of HIV/TB care, treatment, and support services to priority populations, with the aim of rapid scale-up and institutionalization of best practices identified. The program will be implemented in 3 demonstration sites in priority provinces, to be determined by SAG stakeholders. National-level technical assistance will be provided to National Department of Health initiatives. Handover to SAG training structures will occur through capacity building of regional training centre personnel, master-trainers, district management personnel, and PEPFAR district support partners. Capacity building output and outcome indicators will be monitored.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	42,954

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	17022		
Mechanism Name:	HIV Innovations for Improved Patient Outcomes in South Africa (Developing & Institutionalizing an Innovative Capacity Building Model to Support SA Government Priorities & to Improve HIV/TB Health Outcomes for Priority Populations - "South to South Stellenbosch")		
Prime Partner Name:	The South-to-South Partnership for Comprehensive Family HIV Care and Treatment Program (S2S)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	306,338	0

Narrative:

South2South capacity building and technical assistance to support Adult Care and Support including training and mentoring in the areas individual counselling, adherence counselling and support, and psychosocial support to adults affected by HIV/TB. Training material will be developed on request from SAG stakeholders. Capacity building will be provided as part of the district support program in 3 priority provinces, targeting lay counsellors, pharmacy assistants, PHC nurses, doctors, and community health workers. Capacity building will support the use of tools to support adherence and psychosocial support counselling. The program will be monitored by tracking competency checklists, monitoring the implementation and use of adherence readiness forms by health workers, observation of quality of counselling, and tracking specific DHIS indicators linked to quality of psychosocial support, such as loss to follow-up, and adherence rates. The program will be implemented in 3 selected sub-districts as demonstration projects. A comprehensive baseline assessment will identify areas for prioritization and guide program implementation. Following the baseline assessment, the S2S technical team will provide feedback to the facility staff on findings and, in collaboration with health facility staff, will confirm priorities,

and support the facility in the development of activities and timelines to achieve targets, and agree upon a schedule for on-going site support. Districts will engage a network of facilities with a single sub-district that includes a referral facility and its feeder clinics (wedge) with its associated Regional Training Centre. During the following 9 months districts and RTCs will scale up these activities across all health facilities within the district. Lessons learned during the early part of the initiative will be applied across all hospitals and clinics, with a focus on rapid change to reflect on-going successes accomplished in care. All healthcare facilities in the sub-district and the associated RTC will be linked into a learning network to accelerate peer-to-peer learning, set common aims and goals and systematically improve the reliability of HIV care using quality improvement (QI) methods. Health workers will be taught how to use routine data to analyse performance gaps in the sequence of psychosocial care steps, select change ideas to close specific gaps, and to use quality improvement techniques. S2S team members will support facility staff through regular site visits that will include in-service training, system support and clinical mentorship activities. Sustainability will be achieved by training master-trainers and -mentors, capacitating the PEPFAR district support partner, and strengthening the RTCs. Operational and improvement science research will focus on evaluating programmes and identifying best practices for scale-up and implementation. National and provincial level capacity building activities will support the national and provincial PMTCT steering committees and the Paediatric Technical Working Group and the implementation of the PMTCT Action Framework and Paediatric Blueprint for Action.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	468,402	0

Narrative:

South2South will support the integration of HIV/TB services to the following populations: pregnant women, infants, children, and adolescents. All capacity building activities, such as training curricula and mentoring tools, are aligned with SAG policies on HIV/TB treatment, prophylaxis, and screening. S2S training and mentoring incorporates an integrated approach to HIV/TB management in priority populations. The district support activities delivered by S2S includes a comprehensive baseline assessment of HIV/TB services and training needs relevant to TB/HIV. Training and mentoring will focus on gaps and weaknesses identified at baseline. HIV/TB indicators will be tracked and review quarterly with targeted district managers and facility supervisors, as part of quality improvement support. S2S has updated available mentoring tools to reflect the national TB and HIV M&E framework, and continuously incorporate newly developed tools in the capacity building program. Examples of achievements include the incorporation of routine TB screening for all pregnant women, re-inforced by the BANC register, PMTCT register, and screening for TB contacts during the postnatal period. Where opportunities exist for development of new training tools or curricula, and QI techniques, S2S will work with SAG stakeholders to ensure national dissemination. The capacity building program to support TB/HIV will be implemented

in 3 selected sub-districts as demonstration projects. A comprehensive baseline assessment will identify areas for prioritization and guide program implementation. Districts will engage a network of facilities with a single sub-district that includes a referral facility and its feeder clinics (wedge) with its associated Regional Training Centre. During the following 9 months districts and RTCs will scale up these activities across all health facilities within the district. Lessons learned during the early part of the initiative will be applied across all hospitals and clinics, with a focus on rapid change to reflect on-going successes accomplished in care. All healthcare facilities in the sub-district and the associated RTC will be linked into a learning network to accelerate peer-to-peer learning, set common aims and goals and systematically improve the reliability of HIV/TB care using quality improvement (QI) methods. Health workers will be taught how to use routine data to analyse performance gaps in the sequence of HIV/TB care steps, select change ideas to close specific gaps, and to use quality improvement techniques. S2S team members will support facility staff through regular site visits that will include in-service training, system support and clinical mentorship activities. Sustainability will be achieved by training master-trainers and -mentors, capacitating the PEPFAR district support partner, and strengthening the RTCs. Operational and improvement science research will focus on evaluating programmes and identifying best practices for scale-up and implementation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	164,183	0

Narrative:

The capacity building support delivered to targeted districts, and the technical assistance input provided to national and provincial DOH structures include all health facility-based care aimed at extending and optimizing quality of life for HIV-infected children, adolescents, and their families throughout the care continuum through provision of clinical, psychological, spiritual, social, and prevention services. S2S training and mentoring activities support the principle that clinical care should include early infant diagnosis, prevention and treatment of OIs and other HIV/AIDS-related complications including malaria and diarrhea, pain and symptom relief, and nutritional assessment and support including food. S2S will provide technical assistance through capacity building, targeted operational research, and improvement science research to support the full spectrum of care and support to infant, children, and adolescents infected and affected by HIV, including scaling up pediatric participation in treatment programs, activities to support the needs of adolescents with HIV (ALHIV) (PwP, support groups, support for transitioning into adult services, adherence support, reproductive health services, educational support for in and out of school youth), supervision, improved quality of care and strengthening of health services, promoting integration with routine pediatric care, nutrition services and maternal health services, strengthening laboratory support and diagnostics for pediatric clients, ensure appropriate dispensation of CTX and INH, prophylaxis in infants, children and adolescents, nutritional evaluation and care of malnutrition in HIV+

infants, children and youth, psychosocial support of children and adolescents, including disclosure, adherence counseling, and support groups, increase direct linkages to the community to improve communication between facilities and community services for HIV+ children and youth. All of these activities will be supported through training and mentoring during capacity building in targeted districts. The program will be implemented in 3 selected sub-districts as demonstration projects. A comprehensive baseline assessment will identify areas for prioritization and guide program implementation. Districts will engage a network of facilities with a single sub-district that includes a referral facility and its feeder clinics (wedge) with its associated Regional Training Centre. Lessons learned during the early part of the initiative will be applied across all hospitals and clinics, with a focus on rapid change to reflect on-going successes accomplished in care. All healthcare facilities in the sub-district and the associated RTC will be linked into a learning network to accelerate peer-to-peer learning, set common aims and goals and systematically improve the reliability of HIV care using quality improvement (QI) methods. S2S team members will support facility staff through regular site visits that will include in-service training, system support and clinical mentorship activities. Sustainability will be achieved by training master-trainers and -mentors, capacitating the PEPFAR district support partner, and strengthening the RTCs. National and provincial level capacity building activities will support the national Paediatric Technical Working Group and the implementation of the Paediatric Blueprint for Action

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,913,463	0

Narrative:

South2South will provide capacity building support in the area of PMTCT through the implementation of an innovative capacity building program that combines training, with mentoring, and quality improvement techniques. The program will be implemented in 3 selected sub-districts as demonstration projects. A comprehensive baseline assessment will identify areas for prioritization and guide program implementation. Following the baseline assessment, the S2S technical team will provide feedback to the facility staff on findings and, in collaboration with health facility staff, will confirm priorities, and support the facility in the development of activities and timelines to achieve targets, and agree upon a schedule for on-going site support. Districts will engage a network of facilities with a single sub-district that includes a referral facility and its feeder clinics (wedge) with its associated Regional Training Centre. During the following 9 months districts and RTCs will scale up these activities across all health facilities within the district. Lessons learned during the early part of the initiative will be applied across all hospitals and clinics, with a focus on rapid change to reflect on-going successes accomplished in care. All healthcare facilities in the sub-district and the associated RTC will be linked into a learning network to accelerate peer-to-peer learning, set common aims and goals and systematically improve the reliability of HIV care using quality improvement (QI) methods. Health workers will be taught how to use routine data to analyse

performance gaps in the sequence of PMTCT care steps, select change ideas to close specific gaps, and to use quality improvement techniques. S2S team members will support facility staff through regular site visits that will include in-service training, system support and clinical mentorship activities. Sustainability will be achieved by training master-trainers and -mentors, capacitating the PEPFAR district support partner, and strengthening the RTCs. Operational and improvement science research will focus on evaluating programmes and identifying best practices for scale-up and implementation. National and provincial level capacity building activities will support the national and provincial PMTCT steering committees and the implementation of the PMTCT Action Framework and Data for Action Reports. District support will prioritize supporting activities to ensure initiation of ART for eligible HIV+ pregnant women, program retention, and ART adherence among mothers and infants in care and treatment programs. The district support program will build health worker capacity to ensure initiation of ART for eligible HIV+ pregnant women, program retention, ART adherence among mothers and infants in care and treatment programs, activities to scale-up additional quality PMTCT interventions to increase HTC, including PITC of pregnant women at ANC, ANC attendance and facility deliveries, use of more effective ARV regimens, access to CD4 testing, and evidence-based interventions to reduce incident HIV infections during pregnancy, and improve care and support services at health facilities and in communities, activities supporting integration of PMTCT with ART and routine maternal child health/reproductive health services, especially family planning services, adult and pediatric treatment services, and broader prevention programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

South2South capacity building support for Adult HIV Treatment include training clinicians and other health care providers on ART readiness and adherence counselling. S2S will deliver on-site training on ART readiness, adherence counselling and adherence tracking tools to health care workers such as facility-based counsellors, community health workers, nurses, doctors, and pharmacy assistants. Formal on-site trainings will be followed up by mentoring visits. Training of master-trainers and –mentors will be prioritized to allow cascading of training and widespread use and supervision of adherence tracking and counselling tools. The impact of training and mentoring will be tracked through the use of competency checklists and pre/post-test questionnaires following training. Other indicators that reflect the quality of adherence counselling and support will be tracked, such as loss-to-follow-up-rate, ART resistance, adherence rates, and disclosure. The program to support adult treatment adherence will be implemented in 3 selected sub-districts as demonstration projects. A comprehensive baseline assessment will identify areas for prioritization and guide program implementation. Districts will engage a network of facilities with a single sub-district that includes a referral facility and its feeder clinics (wedge) with its associated

Regional Training Centre. Lessons learned during the early part of the initiative will be applied across all hospitals and clinics, with a focus on rapid change to reflect on-going successes accomplished in care. All healthcare facilities in the sub-district and the associated RTC will be linked into a learning network to accelerate peer-to-peer learning, set common aims and goals and systematically improve the reliability of adherence counselling and support using quality improvement (QI) methods. S2S team members will support facility staff through regular site visits that will include in-service training, system support and clinical mentorship activities. Sustainability will be achieved by training master-trainers and -mentors, capacitating the PEPFAR district support partner, and strengthening the RTCs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	305,857	0

Narrative:

South2South support of Paediatric HIV Treatment includes the capacity building support to health workers in the roll-out and implementation of paediatric treatment guidelines, training of clinicians and other providers, supporting adherence and strategies to improve retention in the paediatric populations, supporting the monitoring and supervision of paediatric HIV services, and promoting integrated approaches to improve Paediatric HIV treatment outcomes. At national and provincial level, S2S will support Paediatric HIV treatment services through technical assistance to the Paediatric Technical Working Group, and the implementation of the Paediatric Blueprint for Action. District-level capacity building activities will include support of the full spectrum of paediatric HIV treatment services through training and mentoring on adherence in pediatric populations, improving retention on treatment, establishing functional linkages between programs and with the community to reduce losses to follow up and improve long-term outcomes, promoting integration of pediatric HIV treatment services into MCH platforms of service delivery and linkages with nutrition support programs, establishing linkages with community based activities, programs and services, expanding capacity to provide early infant diagnostic services, rolling out PITC HIV testing in infants, children and adolescents, improving treatment services to adolescents, including support to facilitate transitioning to adult services, family planning, educational and psychosocial support. The district-level support program will improve capacity to collect, analyze and use pediatric HIV data in collaboration with the USG and national program, improve the quality of services to evaluate treatment failure in pediatric HIV+ patients and access to second and third line ARVs for these children and youth, improving procurement and maintenance of adequate supplies of pediatric ARVs, and addressing issues of disclosure to PLHIV and ALHIV. The district-level program to support Paediatric HIV Treatment will be implemented in 3 selected sub-districts as demonstration projects. A comprehensive baseline assessment will identify areas for prioritization and guide program implementation. Districts will engage a network of facilities with a single sub-district that includes a referral facility and its feeder clinics (wedge) with its associated Regional Training Centre. Lessons

learned during the early part of the initiative will be applied across all hospitals and clinics, with a focus on rapid change to reflect on-going successes accomplished in care. All healthcare facilities in the sub-district and the associated RTC will be linked into a learning network to accelerate peer-to-peer learning, set common aims and goals and systematically improve the quality of Paediatric HIV Treatment using quality improvement (QI) methods. S2S team members will support facility staff through regular site visits that will include in-service training, system support and clinical mentorship activities. Sustainability will be achieved by training master-trainers and -mentors, capacitating the PEPFAR district support partner, and strengthening the RTCs.

Implementing Mechanism Details

Mechanism ID: 17023	**Mechanism Name: Systems Strengthening for Better HIV/TB Patient Outcomes**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Broadreach	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 16,260,624	
Funding Source	**Funding Amount**
GHP-State	16,260,624

Sub Partner Name(s)

Positive Women Network	University of Kwazulu-Natal, Enhancing Care Initiative Unit	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS

Overview Narrative

The BroadReach Healthcare (BRHC) program supports the following objectives in support of SAG: 1) Improve HIV and TB-related patient outcomes; 2) Build capacity of facility, sub-district & district management systems in

coordination with provinces to strengthen health systems in support of HIV interventions and; 3) Support development & implementation of SAG policies for HIV-related interventions. These objectives and all TA delivered will be aligned to the USG-SAG PFIP, NSP, NSDA, PHC Reengineering program, National Core Standards and NHI objectives. The BRHC Team supports the following districts: Joe Gqabi & Alfred Nzo (EC), Sedibeng (GP), Ugu & uThungulu (KZN), and Gert Sibande (MP) covering a total population of 3,994,854.
BRHC's staffing and implementation approach will empower SAG to assume leadership in the delivery of HIV and TB-related services, thus reducing program costs over the life of the project. The mentorship and supportive supervision provided by the BRHC Team will transition rapidly to SAG staff, and be monitored through the use of jointly developed implementation and M&E plans. This approach leverages the BRHC Team's technical expertise across 6 districts to deliver scalability and sustainability while ensuring cost efficiencies. BRHC's M&E strategy will track results achieved at all levels, providing the basis for monitoring patient and client outcomes; monitoring performance & program quality; data quality management, reporting, dissemination and use; strengthening M&E capacity at district, subdistrict and facility levels; and measuring program effects in the achievement of program, USAID and SAG objectives. Project outcomes will be monitored through mid-term and final program evaluations

Cross-Cutting Budget Attribution(s)

Gender: GBV	300,000
Human Resources for Health	5,938,079

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
End-of-Program Evaluation

Budget Code Information

Mechanism ID:	17023		
Mechanism Name:	Systems Strengthening for Better HIV/TB Patient Outcomes		
Prime Partner Name:	Broadreach		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,219,547	0

Narrative:

BroadReach Healthcare (BRHC) will deliver TA to SAG in their 6 designated districts in Adult Care and Support (AC&S) using an approach that supports foundational principles of scalability, sustainability and comprehensive, integrated solutions to ensure a strengthened health system and improved patient outcomes. BRHC support will include building the capacity of clinicians to identify and provide all persons who test HIV + with various HIV/TB related treatment services e.g. TB treatment and care, PEP, OIs, STIs, IPT and CPX in an a timely and continuous manner. Through the strengthening of management and leadership skills, the BRHC team will provide support to districts in improving program planning and target setting, the formation and coordination of key multi-sectoral partnerships, and performance monitoring to achieve measureable results. Interventions to strengthen the HR information system, address issues of recruitment/retention and equitable distribution of staff, performance management, and alignment to national staffing norms will result in appropriate staffing for the effective delivery AC&S Services. Similarly, health financing TA and supportive supervision at district, sub-district and facility levels to increase capacity in financial management and budgeting will benefit AC&S services as a component of overall health services.

BRHC will support districts in the identification, development, implementation and measurement of health service delivery innovations to address challenges in AC&S service delivery such as lack of referral networks, tracking systems to address LTFs and loss to initiation, TB and cervical cancer screening, treatment of OIs and other HIV/AIDS-related complications like diarrhea and cryptococcal diseases, STI diagnosis and treatment as well as condom provision. Clinical quality of AC&S services will be addressed by equipping districts to improve the reach and sustainability of clinical mentorship programs. Through mentorship and supportive supervision to district managers' key national initiatives to improve service quality, such as PHC reengineering and NCS will be strengthened. TA for supply chain management will address issues around quantification and forecasting, stock inventory and management, and procurement systems for key OI drugs and commodities. Lab strengthening of AC&S will be addressed by supporting activities aimed at strengthening lab support and diagnostics for pediatric clients. TA for community systems strengthening will focus on supporting DoH to develop a curriculum and a formal qualification for CHWs, promotion of partnerships with traditional healers to enable effective referral and tracking of clients between traditional and allopathic sector and support for referral/tracking systems between clinical and community-based social services. Underlying all TA in AC&S will be a focus on

improving availability and use of SI at district, subdistrict, facility and patient levels. BRHC will support DoH officials utilize DHIS and other data collection systems to generate timely and accurate patient outcome data, to use these data in making decisions; and also report results to various stakeholders. TA will also be provided in development of M&E plans, research & evaluation design, surveillance, and application of research findings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,951,275	0

Narrative:

BroadReach Healthcare (BRHC) will deliver TA to SAG in their 6 designated districts to support TB/HIV services using an evidence-based sustainable approach to HIV/TB prevention, care & impact mitigation. Comprehensive integrated solutions will be employed to support SAG in addressing challenges of the current structural separation of TB & HIV programs. TA will focus on strengthening DHMT, sub-district & facility managers' management & leadership (ML) capacity to successfully implement national HIV/TB programs aligned to budget & national targets. Activities will include delivery of ML training coupled with mentorship to address key HIV/TB service delivery challenges & to lay the groundwork for HIV/TB programs in the context of the imminent implementation of NHI. HR development will be achieved through district-wide interventions to strengthen task shifting & build capacity of health workers through pre-service & in-service clinical training, with mentoring & provision of supportive supervision (SS) to ensure delivery of quality HIV/TB clinical care. Similarly, health financing TA & SS at all levels will increase capacity in planning, budgeting & financing ensuring better integration of TB/HIV programs as a component of overall health services. BRHC will support districts in identification, development, implementation & measurement of health service delivery innovations to improve HIV/TB service delivery such as: integration of PICT within other services; early initiation of care interventions for TB; new diagnostic technologies like GeneXpert; and management of MDR/XDR TB. Clinical quality of TB services will be addressed by equipping districts to improve the reach & sustainability of clinical mentorship programs. Training & mentorship will strengthen PICT skills & competencies and management of HIV/TB care & treatment. TA to help strengthen referral, tracking & tracing systems and intensified TB case finding will improve TB cure rates and defaulter rates. TA for supply chain management & mentorship to pharmacy staff will address issues around quantification, forecasting, stock inventory & management, & procurement of PICT essential commodities & drugs including ARVs & TB drugs. Similarly, district-wide lab strengthening TA will include mentorship in QA/QI & logistics, which will benefit all HIV/TB services in terms of improved linkage of lab results to patients & efficiency solutions to address key bottlenecks. TA for community systems strengthening will focus on improved TB screening and referral, including development & implementation of task-shifting models to health extender cadres; supporting implementation of effective & efficient referral systems; & comprehensive HIV/TB care

training. TA for HIV/TB will focus on improving availability & use of SI at district, subdistrict, facility & patient levels to improve HIV/TB related pro-active disease management. The BRHC team will support SAG in the measurement of key patient outcomes & in driving demand for improved data quality through increased data use for performance management & planning. This will include improved collection, analysis, distribution & use of TB data, support for ETR.net (Electronic TB register), patient tracking, & recording of all TB patient results in the TB register.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	487,819	0

Narrative:

BroadReach Healthcare (BRHC) will deliver TA to SAG in their 6 designated districts in Pediatric Care and Support (PC&S) using an approach that supports foundational principles of scalability, sustainability and comprehensive, integrated solutions to ensure a strengthened health system and improved pediatric outcomes. BRHC support will be aimed at extending and optimizing the quality of life for HIV+ children. BRHC will provide TA to SAG in delivering services along the continuum of care, including: early infant diagnosis, prevention and treatment of OIs and other HIV/AIDS related complications in children, addressing the needs of adolescents with HIV, nutritional evaluation, and appropriate use of CTX and INH prophylaxis. Through the strengthening of management and leadership skills, the BRHC team will provide support to districts in improving program planning and target setting, the formation and coordination of key multi-sectoral partnerships, and performance monitoring to achieve measureable results. District-wide interventions to strengthen the HR information system, address issues of recruitment/retention and equitable distribution of staff, performance management, and alignment to national staffing norms will result in appropriate staffing for the effective delivery of PC&S Services. Similarly, health financing TA and supportive supervision (SS) at district, sub-district and facility levels to increase capacity in financial management and budgeting will benefit PC&S services as a component of overall health services in the district. BRHC will support districts in the identification, development, implementation and measurement of health service delivery innovations to address challenges in PC&S service delivery such as early infant diagnosis, early initiation for ART and TB treatment, effective mechanisms to track children and monitor adherence, as well as integration of PC&S services with other routine pediatric care services and maternal health. Clinical quality will be addressed by equipping districts to improve the reach and sustainability of clinical mentorship programs. Through mentorship and SS to district managers' key national initiatives to improve service quality, such as PHC reengineering and (NCS) will be strengthened. TA for supply chain management will address issues around quantification and forecasting, stock inventory and management, and procurement systems for drugs, food and other commodities for pediatrics. Lab strengthening of PC&S will be addressed by supporting activities aimed at strengthening lab support and diagnostics for pediatric clients. TA for community

systems strengthening will focus on addressing psychosocial support of children as well as services that will increase direct linkages to the community to improve communication between facilities and community services for HIV+ children. Underlying all TA in PC&S will be a focus on improving availability and use of SI at district, subdistrict, facility and patient levels. BRHC will support DoH officials utilize DHIS and other data collection systems to generate timely and accurate patient outcome data, to use these data in making decisions; and also report results to various stakeholders. TA will also be provided in development of M&E plans, research & evaluation design, surveillance, and application of research findings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,721,025	0

Narrative:

BroadReach Healthcare (BRHC) will deliver TA to SAG in our 6 districts to 1) improve HIV and TB-related outcomes, 2) build capacity of facility, sub-district and district management systems in coordination with provinces to strengthen health systems in support of HIV interventions, and 3) support development and implementation of SAG policies for HIV-related interventions.
DHMTs require capacity building and ongoing mentorship to improve management, planning, implementation, and monitoring of HIV&TB services. While strengthening leadership and governance, BRHC will provide TA in planning processes, target setting, supporting formation of relationships/coordination, and supporting and building capacity around performance monitoring. The aim over the life of the project is to transition responsibility for delivery of TA and supportive supervision in management, leadership and governance to DHMTs and other district managers. District-wide interventions to improve the availability and use of strategic information by rolling out Tier.Net and strengthening data quality. This will be achieved through the provision of strategic information and program evaluation capacity building support, provision of data quality improvement training and mentoring, and support in the roll out of Tier.Net. BRHC will develop, conduct and institutionalize research and assessments to identify best practices and improve systems and interventions to promote health service delivery innovations. BRHC will provide TA in supply chain management by capacitating provincial, district and facility staff to address challenges around quantification and forecasting, stock inventory and management, and procurement systems to support the improved efficiency of national, provincial, district and facility procurement systems. Likewise, health financing TA and supportive supervision at provincial, district and facility level for financial management supports improved efficiency and efficacy of national, provincial, district and facility health system budgeting and financial monitoring. Further, BRHC will undertake district-wide activities to provide staff retention, performance management and HRH planning TA to establish efficient and effective HR development. BRHC supports the

development and implementation of SAG policies through collaboration with SAG ministries, donors and technical groups. Activities will include identifying implementation gaps, modifying training modules on areas such as gender mainstreaming, policy, planning, and financial analysis, training SAG officials to improve engagement with policy progress, and participating in technical working groups at all DOH levels. Similarly, BRHC will support HIV&TB policy development based on new evidence-based research. BRHC's HSS approach is also described under several other technical areas, including Care and Support, Treatment, TB/HIV and PMTCT. The activities will contribute to the strengthening of health districts by supporting finance, leadership and governance, institutional capacity building, and supply chain systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,951,275	0

Narrative:

BRHC will deliver TA to SAG in their 6 designated districts in MTCT using an approach that supports foundational principles of scalability, sustainability and comprehensive, integrated solutions to ensure a strengthened health system and improved patient outcomes. TA will focus on strengthening DHMT, sub-district and facility managers' management and leadership capacity to successfully implement the national MTCT program aligned to budget and national targets. Activities will include delivery of management and leadership training coupled with continued mentorship to address key MTCT service delivery challenges. Through the strengthening of management and leadership skills, BRHC will provide support to districts in improving program planning and target setting, formation and coordination of key multi-sectoral partnerships, and performance monitoring to achieve measureable results. District-wide interventions to strengthen the HR information system, address issues of recruitment/retention and performance management, and alignment to national staffing norms will result in appropriate staffing for effective delivery of MTCT services. Similarly, health financing TA and supportive supervision (SS) at district, sub-district and facility levels to increase capacity in financial management and budgeting will benefit MTCT services as a component of overall health services. BRHC will support districts in identification, development, implementation and measurement of health service delivery innovations to address challenges in PMTCT service delivery such as rapid ART initiation for pregnant women, integration of MTCT services with SRH/FP and IMCI services, early booking, and increasing infant testing at 18 mos. Clinical quality of MTCT services will be addressed by equipping districts to improve the reach and sustainability of clinical mentorship programs. Through mentorship and SS to district managers key national initiatives to improve service quality, such as PHC reengineering and NCS, and implementation of national MTCT guidelines and protocols, will be strengthened. TA for supply chain management will address issues around quantification and forecasting, stock inventory and management, and procurement systems for key MTCT supplies, drugs and commodities. Similarly, district-wide lab

strengthening TA will include mentorship in quality management and improved logistics which will benefit MTCT services in terms of improved TATs, linkage of lab results to patients, and efficiency solutions to address key bottlenecks. TA for community systems strengthening will focus on demand creation for MTCT services, strengthening referral mechanisms for mother-infant pairs between community- and facility-based services, and improved tracking of mother-infant pairs to ensure continuity of service and better health outcomes for families. Underlying all TA in MTCT will be a focus on improving availability and use of SI at district, subdistrict, facility and patient levels. BRHC will support SAG in the measurement of key patient outcomes, and in driving demand for improved data quality through increased data use for performance management. In addition to intensive support for operationalization of Tier.net and overall strengthening of DHIS, TA will be provided in development of M&E plans, research & evaluation design, surveillance, and application of research findings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	7,141,014	0

Narrative:

BRHC's past and future work in adult treatment is driven by evidence, experience and a deep understanding of the SA health system. TA in Adult Treatment will focus on strengthening DHMT, sub-district and facility managers' management and leadership capacity to successfully implement the national treatment program aligned to budget and national targets. Activities will include delivery of management and leadership training coupled with continued mentorship to address key treatment service delivery challenges. We will support districts to ensure that health workers effectively test and then refer all persons testing HIV positive for related HIV and TB treatment services, including IPT, CTX and PMTCT, without losing individuals along the health service chain. BRHC will also deliver district-wide TA improve the availability and use of strategic information, ensuring collection, analysis and distribution of treatment data in a timely manner to inform the precision and efficiency of treatment interventions. We will facilitate the development of functional linkages between the community and health services for early identification and treatment initiation through community systems strengthening, including adherence support and tracking of defaulters, as well as facilitate the development of integrated patient management systems and referral networks for holistic treatment. BRHC will support existing health service delivery innovations such as NIMART and PHC reengineering, as well as support districts in identification, development, implementation and measurement of new innovations to address challenges in HIV treatment service delivery such as early diagnosis and rapid referral to treatment and care. For optimum treatment outcomes BRHC will support identification and introduction of new diagnostic technologies to facilitate faster, simpler and more accurate screening and diagnosis. District-wide TA to strengthen the HR information system, address issues of recruitment/retention and performance management, and alignment to national staffing norms will result in appropriate staffing for the effective

delivery of treatment services. BRHC will provide TA to districts to facilitate better integration of HIV & TB programs at structural, organizational and management levels (including the promotion of joint planning, budgeting and financing). BRHC will facilitate the availability treatment by providing TA to pharmacy staff in forecasting, quantifying, ordering and procuring drugs, and the introduction/installation of DoH mandated automated pharmacy systems. Health financing TA and supportive supervision at the district level to increase capacity in financial management and budgeting will benefit treatment services as a component of overall health services in the district. Clinical quality of treatment services will be maintained through expansion of effective mentorship programs, use of replicable quality improvement models, and support for implementation of the National Core Standards district-wide. In addition to intensive support for operationalization of Tier.net and overall strengthening of DHIS, TA will be provided in development of M&E plans, research & evaluation design, surveillance, and application of research findings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,788,669	0

Narrative:

TA in Pediatric Treatment will focus on strengthening DHMT, sub-district and facility managers' management and leadership capacity to successfully implement the national treatment program aligned to budget and national targets. Activities will include delivery of management and leadership training coupled with continued mentorship to address key treatment service delivery challenges. We will support districts to ensure that health workers effectively test and then refer all persons testing HIV positive for related HIV and TB treatment services, including IPT, CTX and PMTCT, without losing individuals along the health service chain. BRHC will also deliver district-wide TA improve the availability and use of strategic information, ensuring collection, analysis and distribution of treatment data in a timely manner to inform the precision and efficiency of treatment interventions. We will facilitate the development of functional linkages between the community and health services for early identification and treatment initiation through community systems strengthening, including adherence support and tracking of defaulters, as well as facilitate the development of integrated patient management systems and referral networks for holistic treatment. BRHC will support existing health service delivery innovations such as NIMART and PHC reengineering, as well as support districts in identification, development, implementation and measurement of new innovations. BRHC will support DHMT's to develop district capacity to provide training and mentorship to clinicians to gain skill & confidence in pediatric HIV treatment. Pediatric treatment is anchored on prevention and will track/improve PCR rates of exposed infants at 6 weeks, HIV rapid testing at 18 months and early testing in all children with signs and symptoms suggestive of HIV infection. This will involve support for onsite mentorship in diagnosis and management of pediatric HIV care and treatment including how to identify and deal with treatment failure.

District-wide TA to strengthen the HR information system, address issues of recruitment/retention and performance management, and alignment to national staffing norms will result in appropriate staffing for the effective delivery of treatment services. BRHC will provide TA to districts to facilitate better integration of HIV & TB programs at structural, organizational and management levels (including the promotion of joint planning, budgeting and financing). BRHC will facilitate the availability treatment by providing TA to pharmacy staff in forecasting, quantifying, ordering and procuring drugs, and the introduction/installation of DoH mandated automated pharmacy systems. Health financing TA and supportive supervision at the district level to increase capacity in financial management and budgeting will benefit treatment services as a component of overall health services in the district. Clinical quality of treatment services will be maintained through expansion of effective mentorship programs, use of replicable quality improvement models, and support for implementation of the National Core Standards district-wide. In addition to intensive support for operationalization of Tier.net and overall strengthening of DHIS, TA will be provided in development of M&E plans, research & evaluation design, surveillance, and application of research findings.

Implementing Mechanism Details

Mechanism ID: 17024	**Mechanism Name: Comprehensive District-Based Support for Better HIV/TB Patient Outcomes (Hybrid)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Foundation for Professional Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 9,055,399	
Funding Source	**Funding Amount**
GHP-State	9,055,399

Sub Partner Name(s)

Right To Care, South Africa		

Overview Narrative

FPD is implementing the Comprehensive District Health Team Support (CDHTS) TA model. The goal is to foster a public sector management culture that is based on effective leadership by professional managers who are committed to: providing integrated high quality services based on SAG policy; working in partnership with civil society; using strategic information to guide decision making; and improving the quality of services and patient outcomes. In partnership with SAG, FPD will: i) develop and inform strategies to help Districts realise the 10 Point Plan, including NSP on HIV/AIDS, PHC Re-Engineering Strategy, NHI and the Minister of Health's NSDA in line with the PIPF; ii) support district management to draft, implement and monitor progress against District Health Plans, related plans and expenditure reviews; and iii) support districts to achieve and maintain targeted levels of performance for PEPFAR's priority areas, in particular TB/HIV. The target population includes district management teams (DMT) in Gr. Sekhukune (LP), Cacadu, NMM, Amatole and Buffalo City (EC) over est. pop of 3,678,244. Primary investment will be strengthening systems related to routine management with scale-back of TA investment and energy once processes are adopted and ingrained. 4. FPD's CDHTS TA will ensure successful transition to SAG by: involving DMT in the conceptualization, planning and implementation of SS TA within the districts, and negotiating roles and responsibilities regarding program milestones, sustainability measures and transition timelines. Key outcomes include: increased district management capacity; improved district expenditure in line with approved budget; increased health systems efficiency and effectiveness; and improved program performance for key indicators

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	1,000,000
Human Resources for Health	1,509,960

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection

Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**17024**		
Mechanism Name:	**Comprehensive District-Based Support for Better HIV/TB Patient Outcomes (Hybrid)**		
Prime Partner Name:	**Foundation for Professional Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	679,155	0

Narrative:

Problem statement: Deviations from guidelines, disjointed packages of care and uncertainty regarding accountability result in breaks in continuity of care and incomplete provision of health services. Key gaps in quality of services related to: under utilisation of PHC services, in particular cervical cancer screening, mental health screening and treatment, gender-based violence (GBV), and psycho-social and client support groups; Goal: PHC clinics provide integrated, comprehensive health service provision focused on prevention, early diagnosis and continum of care. Key Activities in partnership with DOH and CDC partner include: provide expert programmatic TA to DMT to inform strategies, evidence-based interventions and best practice and compliance with national policy; TA to DMT to ensure appropriate planning for HAST programs in district strategic and operational planning, target setting and budgeting processes; support HAST programs to formulate and implement work plans, targets and budgets in line with population needs, district priority areas and NDOH policy and clinical guidelines; TA to PHC re-engineering strategies to strengthen early access to services, referral and retention; map HIV care services and reported performance against estimated need, to identify service gaps and inform district HIV strategies and related work plans; engage district stakeholders to ensure comprehensive support linked to heath services (NGO, CBO, DSD); TA referral networks to improve community to clinic to hospital referral and tracing strategies; undertake formative evaluation and baseline assessment of HIV care related activities in each district; engage community organisations in communication and behaviour change strategies to address stigma and discrimination; support RTC to develop training plan; train TB/HIV/STI, GBV, cervical cancer, mental health, IACT, tier, CHW. Support CDC-funded partner to align supportive supervision and mentorship to district priorities, including (NIM)ART, TB/STI/PICT,

nutrition, ANC, MCH, GBV, psychosocial, mental health; TA systems to monitor & retain high CD4 counts & fast track; TA to increase detection of cryptococcal meningitis and cervical cancer screening in line with guidelines; support CDC to train and establish IACT support group facilitators to bridge HIV+ clients from HIV testing into HIV care; TA to improve dispensing and stock control; strengthen M&E of loss to initiation and retention in care for QI; TA family/male/ gogo/youth friendly HIV services; strengthen recording, reporting and data use of HIS (Tier and DHIS) and related data management tools (e.g. clinical stationery); facilitate use of innovative SI tools to facilitate program review and decision making; undertake operational research to explore, test, document and disseminate streamlined and/or best practice care modalities; strengthen referral and patient tracing between and within health services; support CHW to support HIV care and integrate patient tracing into PHC outreach activities; Intended outputs include: # trained (50); cervical cancer screening coverage (80%); comprehensive HIV care and support strategies in place; # IACT support groups established (10 p/d); IACT retention rate (70%); Intended outcomes include: increased CD4 at ART initiation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,086,647	0

Narrative:

Problem statement: SA has high incidence of TB (993/100 000), low cure rate (70%) and high TB/HIV co-infection (65%). Goal: to improve TB/HIV patient outcomes. Key activities in partnership with DOH and CDC partner include: provide expert programmatic TB/HIV TA to NDOH around implementation of policy and guidelines; provide TB/HIV TA to DMT to inform strategies, evidence-based interventions and best practice and compliance with national policy; TA to DMT to ensure appropriate planning for TB/HIV in DHP, target setting and budgeting processes incl. DOTS; TA to strengthen SCM for TB/HIV; support strengthening of PPP with stakeholders (incl mines, correctional services, military and SAPS); undertake formative evaluation and baseline assessment of TB/HIV related activities in each district; map TB/HIV services and reported performance against est need, to identify service gaps; train on TB/HIV; support DMTs to organise campaigns and engage with CDC-funded partner to provide supportive supervision and mentorship to facility based staffto increase competency in TB/HIV and improve compliance with the five “I”s at all health facilities and promoting early detection and diagnosis of TB suspects through: intensified case finding, regular TB symptom screening for all clients [especially PLWHA] during clinic visits; mentoring nurses on INH prophylaxis to ensure compliance with policy; providing targeted infrastructure and administrative TA to improve and ensure compliance with infection prevention and control standards; mentoring clinical staff on early Initiation on ART; TA to program managers to maximise TB/HIV service integration [with key focus on PICT, MCH, NIMART]; TA strategies to integrate TB/HIV care with nutritional gardens, patient education and psychological support to both health care givers and receivers (FPD’s 2012, Co-Adherence study documented 90% adherence levels amongst

patients receiving concurrent TB treatment); TA around QI and compliance with guidelines; link CDC-funded partner to district specialist teams to prioritize TB/HIV service integration for ANC and paediatric services; TA to improve bacteriological coverage by using standardised TB diagnostic algorithms; strengthen recording, reporting and data use of TB/HIV in HIS (DHIS and etr.net) and related data management tools through training, supportive supervision and structured performance reviews using national TB and HIV M&E framework and targets; TA to district and program managers on data use and analysis of TB/HIV indicators to strengthen TB/HIV service integration and improve patient outcomes; TA to strengthen clinic-laboratory interface to improve turnaround times (TATs); TA to plan, cost and implement novel technology (e.g. Gene Xpert) to maximise availability of diagnostic tests and results at the point of service; undertake operational research to explore, test, document and disseminate streamlined and/or best practice TB and HIV care and treatment modalities; strengthen referral and patient tracing between and within health services; support CHW to integrate TB/HIV awareness and mobilisation, defaulter and contact tracing as part of PHC outreach activities. Intended results include: initiate TB Rx in 100% with + lab/clinical test for TB; increase INH initiation (10%); # diagnosed TB patients started ART (5000, 10%+); train (220). Intended outcomes include: improved TB cure rate; decreased TB defaulter rate (<8%), increased TB cure rate (5% increase)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	271,662	0

Narrative:

Problem statement: Deviations from guidelines, disjointed packages of care and uncertainty regarding accountability result in breaks in continuity of care and incomplete provision of health services. With exception of PMTCT, PICT is not routine for children resulting in inadequate referral of and late presentation and low treatment uptake of HIV-infected children to ART services. Goal: Improved early diagnosis of HIV-infected children and linkages to HIV care and treatment. Key Activities in partnership with DOH and CDC-partner include: provide expert programmatic (paediatric) HIV and NIMART TA to DMT to inform strategies, evidence-based interventions and best practice and compliance with national policy; TA to DMT to ensure appropriate planning for paediatric and adolescent HIV programs in district strategic and operational planning, target setting and budgeting processes; support HAST programs to formulate and implement work plans, targets and budgets in line with population needs, district priority areas and NDOH policy and clinical guidelines; map paed. services and reported performance against estimated need, to identify service gaps and inform district HIV strategies and related work plans; TA to strengthen planning and coordination between health facilities, DSD, DOE, schools, and OVC organisations to ensure comprehensive support to HIV positive children; engage community organisations in implementing communication and behaviour change strategies to address stigma and discrimination; engage with stakeholders to undertake campaigns and mobilise around paediatric HIV

testing, care and treatment; support RTC to develop paediatric (NIM)ART training plan; train IMCI, paediatric TB/HIV/STI, mental health, IACT, tier. Engage with CDC-funded partner to provide supportive supervision and mentorship to facility based staff to ensure quality and integrate (NIM)ART, adherence, TB/HIV/STI, PICT, TB, ANC, MCH, GBV and mental health services and implement according to policy; promote sibling and grandchildren testing; TA systems to trace and fast track children; support family-friendly and youth-friendly clinics; (with CDC partner) identify and establish model child ART sites for benchmarking; TA support group formulation for children, adolescence and guardians; strengthen program monitoring using clinical stationery and tier cohort data to speed to initiation and retention in care; promote total quality assurance and compliance with guidelines; strengthen recording, reporting and data use of HIS (Tier and DHIS) and related data management tools (e.g. clinical stationery); undertake operational research to explore, test, document and disseminate streamlined and/or best practice paediatric HIV modalities; strengthen referral and patient tracing between and within health services; support CHW to baby, child and adolescent HIV testing uptake, integrate patient tracing and adherence into PHC outreach activities. Intended outputs include: # trained (100); # children tested (30,000); # child support groups established (1 p/d); Intended outcomes: Increased access to HIV services

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	424,656	0

Narrative:

Barriers: Lack of management competencies inhibits translating good policy into strategies with associated work plans, budgets and appropriate HR allocation. Historical-based budgeting and weak HR planning/management inhibit plan implementation. Goals: DHPs and related plans are linked to strategy, budgets, HR, realistic targets and appropriate activities; Expenditure and HR align to needs and plan. Working in partnership with SAG TA will build capacity of the DMT to plan, manage, implement and finance DHS, including HIV/TB programs. Activities (by area) are: (LE) provide expert TA in line with technical areas, policies, NHI preparation, TB/HIV programs, DHP priorities and district needs with aim to build capacity of district structures and persons focussed on systems, evidence base, plans/budgets and organizational culture; TA aimed at strategic and ops planning, budgeting, and review processes (from provincial to facility level); train/mentor/coach managers on core management competencies, quality and QI methodologies; (co)facilitate meetings to communicate and manage policy updates, plans, related activities and performance to stakeholders & role players; (establish and) strengthen governance structures including clinic committees, hospital boards and district AIDS councils; engage with PPL and other partners to ensure district donor coordination; strengthen QI team to implement and monitor progress against the NCS; support district to systematically strengthen and improve program efficiency

and quality and disseminate and lessons learned/recommendations. (FI) provide expert TA in support of budgeting, expenditure review and costing analyses; (co-) submit proposals for funding and/or leverage. (HR) strengthen and streamline HR dept's recruitment, retention, performance management, and HR information systems; TA workforce planning, HR strategy and training plan formulation; recruit skilled HCW into funded posts (thru AHP); strategically transition skilled FPD staff into DOH in line with vacancies and plans; train (with RTC) in line with plans, policy and district priority areas. (PR) TA systems of forecasting, timely ordering and storage of essential medicines; TA pharmaceutical management information systems, Pharmacy and Therapeutics Committees and Pharmacovigilance activities; train on dispensing, SCM and (through HSA) PBPA; TA infrastructure and equipment planning (including maintenance) and budgeting in coordination with Public Works; TA clinic-lab interface to reduce turnaround time and minimise useless expenditure. Intended outputs include: # (%) Dist. managers trained, by level (Exec. DMT, sub-district, facility) & type (course/coaching) & dist. (10 p/d); # plans TA-ed, by level [DHP, Ops, Strat.] & pillar & dist. (2 p/d); #(%) governance structures operating accord. to std, by dist & level. (TBD); # (%) districts with costed health workforce plan in place, by dist. (1 p/d); # HCW recruited and placed, by dist. & cadre & foreign/SA (50); # FPD staff transferred into DOH staff complement, by district & cadre (0); # trained, by course & cadre & pillar & dist (600); # interventions conducted based on needs, by pillar & prog & dist (1 p/d); # (%) facilities, by accreditation rating (based on std: NCS) & by dist (TBD). Outcomes: Improved- HS efficiency; management capacity; financial management, cross functional area improvement, leverage via increased partner contribution, training tenders, funding from other donors

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,086,648	0

Narrative:

Problem statement: South Africa is not on target to meet MGDs relating to maternal and child mortality; HIV still contributes to about 40% of maternal and child deaths in South Africa. Goal: to eliminate paediatric HIV infections and decrease burden of HIV in pregnant and lactating women. Key activities in partnership with DOH and CDC partner: provide expert programmatic MCH and PMTCT TA to NDOH to input in development and implementation of new policy and guidelines, as required; provide expert programmatic MCH TA to DMT to inform strategies, evidence-based interventions and best practice and compliance with national policy; TA to DMT to ensure appropriate planning for CARMMA, MCH and PMTCT programs in district strategic and operational planning, target setting and budgeting processes; support MCH (and PMTCT) programs to formulate and implement work plans, targets and budgets in line with population needs, district priority areas and NDOH policy and clinical guidelines; map MCH services and reported performance against estimated need, to identify service gaps and inform district MCH strategies and related work plans; undertake formative evaluation and baseline assessment of MCH (and

PMTCT) related activities in each district; support MCH management and coordinators to organise campaigns; engage stakeholders in implementing communication and behaviour change strategies to improve maternal and child health services; support with CDC-funded partner align to plans and ensure supportive supervision and mentorship of facility based staff to ensure competency in and integration of MCH programs with focus on PMTCT and TB/HIV; train on IMCI, MCH and PMTCT; promote total quality assurance and compliance with guidelines in line with MCH programs; link CDC-funded partner teams with district specialist teams to support MCH; work closely with other partners to understand social determinants of health and develop interventions to reduce HIV infections, strengthen recording, reporting and data use of MCH in HIS (ANC register, ART register) and related data management tools (e.g. tally sheets) through DQ monitoring, data feedback and data use forums; facilitate use of innovative SI tools to facilitate program review and decision making; undertake operational research to explore, test, document and disseminate streamlined and/or best practice MCH and PMTCT care modalities; strengthen referral and patient tracing between and within health services; support CHW to integrate ANC early booking, ANC/PNC, PMTCT, breast is best, nutrition, male involvement, and ANC and paediatric HIV testing awareness and mobilisation into PHC outreach activities.
Intended results include: # trained (55); # PF initiated HAART (4000); # initiated AZT (14000); HIV 1st test rate (100,000; 95%); HIV 32 week re-test rate (55%); PCR uptake rate (90%); Intended outcomes include: PCR positivity rate (<3%)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	4,510,537	0

Narrative:

Problem statement: due to massive burden of HIV, DOH introduced Nurse Initiated and Managed ART (NIMART) ART which requires that ART be integrated into a PHC setting.
Goal: i) NIMART model is fully deployed providing integrated HIV/TA care for adults, adolescents and children; ii) model (NIM)ART sties established that meet the highest national standard. Key Activities in partnership with DOH and CDC-partner include: provide expert programmatic HIV and NIMART TA to DMT to inform strategies, evidence-based interventions and best practice and compliance with national policy; TA to DMT to ensure appropriate planning for NIMART and ART programs in district strategic and operational planning, target setting and budgeting processes; support HAST programs to formulate and implement work plans, targets and budgets in line with population needs, district priority areas and NDOH policy and clinical guidelines; map ART services and reported performance against estimated need, to identify service gaps and inform district HIV strategies and related work plans; undertake formative evaluation and baseline assessment of (NIM)ART related activities in each district; engage community organisations in communication and behaviour change strategies to address stigma and discrimination; support RTC to develop (NIM)ART training plan; train NIMART, mentorship, ART, TB/HIV/STI, tier.

Through roving mentor teams: provide supportive supervision to facility based staff and ensure continuity of training to mentorship to competency in NIMART and related programs; support CDC-partner to integrate (NIM)ART, adherence, TB/HIV/STI, PICT, TB, ANC, MCH, GBV and mental health services and implement according to policy; TA systems to fast track low CD4 counts, pregnant females and TB patients onto ART; identify and establish model NIMART sites for benchmarking; strengthen hospital-based ART clinics for complicated case referral; increase detection of cryptococcal meningitis; improve cervical cancer screening, cotrimox, TB screening and treatment, INH in line with guidelines; improve viral load and drug resistence monitoring and appropriateness of regimens; support adherence counselling and adherence improvement initiatives; support HCW soft skills, debriefing and coping skills; TA to improve dispensing and stock control; strengthen program monitoring using clinical stationery and tier cohort data; promote total quality assurance and compliance with guidelines; promote family/male/gogo/youth friendly HIV services; link CDC partner with district specialist teams to support complicated HIV; strengthen recording, reporting and data use of HIS (Tier and DHIS) and related data management tools (e.g. clinical stationery); facilitate use of innovative SI tools to facilitate program review and decision making; undertake operational research to explore, test, document and disseminate streamlined and/or best practice NIMART modalities; strengthen referral and patient tracing between and within health services; support CHW to integrate patient tracing and adherence into PHC outreach activities. Intended outputs: # trained (200); # patients (% facilities) initiating ART (80,000), by dist. & age group & TB/Preg; # total remaining on ART, by dist. & age gr (300,000). Intended outcomes: Increased ART coverage rate, by age group & district, Increased baseline CD4 at initiation, Increased viral load suppression rate, Improved ART patient retention rate

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	996,094	0

Narrative:

Problem statement: due to massive burden of paediatric HIV, DOH introduced Nurse Initiated and Managed ART (NIMART) ART which requires that ART be integrated into a PHC setting. Goal: i) NIMART model is fully deployed providing integrated HIV/TA care for adolescents and children; ii) model (NIM)ART sties established that meet the highest national standard. Key Activities in partnership with DOH include: provide expert programmatic (paediatric) HIV and NIMART TA to DMT to inform strategies, evidence-based interventions and best practice and compliance with national policy; TA to DMT to ensure appropriate planning for paediatric and adolescent ART programs in district strategic and operational planning, target setting and budgeting processes; support reviews using cohort data; support HAST programs to formulate and implement work plans, targets and budgets in line with population needs, district priority areas and NDOH policy and clinical guidelines; map ART services and reported performance against estimated need, to identify service gaps and inform district HIV strategies and

related work plans; undertake formative evaluation and baseline assessment of paediatric ART related activities in each district; engage community organisations in implementing communication and behaviour change strategies to address stigma and discrimination; engage with stakeholders to undertake campaigns and mobilise around paediatric HIV testing and treatment; support RTC to develop paediatric (NIM)ART training plan; train IMCI, NIMART, mentorship, ART, paediatric ART, PMTCT, TB/HIV/STI, tier. Through roving mentor teams: provide supportive supervision to facility based staff and ensure continuity of training to mentorship to competency in paediatric ART related programs; mentor staff to integrate (NIM)ART, adherence, TB/HIV/STI, PICT, TB, ANC, nutrition, MCH, GBV and mental health services and implement according to policy; TA systems to fast track children; mentor doctors and nurses in paediatric ART; support NIMART certification of nurses; support family-friendly and youth-friendly clinics; identify and establish model NIMART sites for benchmarking; strengthen hospital-based ART clinics for complicated case referral; support adherence counselling and adherence improvement initiatives with target for babies, children, adolescence and guardians; TA to improve dispensing and stock control of paeds drugs; spromote total QI linked to treatment outcomes & cohort data; link with district specialist teams to support complicated HIV and MCH; strengthen recording, reporting and data use of HIS (Tier and DHIS) and related data management tools (e.g. clinical stationery); facilitate use of innovative SI tools to facilitate program review and decision making; undertake operational research to explore, test, document and disseminate streamlined and/or best practice paediatric ART modalities; strengthen referral and patient tracing between and within health services; support CHW to baby, child and adolescent HIV testing uptake, integrate patient tracing and adherence into PHC outreach activities. Intended outputs: # trained (300); # children (% facilities) initiating ART (5,000), by dist; # total remaining on ART, by dist. & age gr (18,000). Intended outcomes: Increased paediatric ART coverage rate, by district, Increased baseline CD4 at initiation, Increased viral load suppression rate, Improved ART patient retention rate

Implementing Mechanism Details

Mechanism ID: 17025	**Mechanism Name: HIV Innovations for Improved Patient Outcomes for Priority Populations (INROADS: Innovations Research on HIV/AIDS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Wits Health Consortium, Health Economics and Epidemiology Research Office	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	

G2G: No	Managing Agency:

Total Funding: 2,417,791	
Funding Source	**Funding Amount**
GHP-State	2,417,791

Sub Partner Name(s)

Boston University	Centre for Economic Governance and AIDS in Africa	

Overview Narrative

The purpose of INROADS is to promote innovation to improve patient outcomes in support of the South African National Strategic Plan on HIV, STIs, and TB 2012-2016 (NSP). The framework for INROADS is based on NSP Strategic Objective 3, which aims to reduce deaths and disability from HIV and TB through universal access to diagnosis, care, and treatment. By using the NSP as a guide for identifying priority activities, this framework ensures that program results will be relevant and useful to the South African Government (SAG), as well as to PEPFAR and other stakeholders. The INROADS framework identifies five technical focus areas for data analysis, program evaluation, cost-effectiveness analysis, policy recommendations, and capacity strengthening:
Focus Area 1: HIV care and treatment: linkages, retention, and outcomes—data analysis to assess existing HIV programs for children, adolescents, pregnant women, and other adults and identify opportunities for improvement through innovation. Focus Area 2: TB/HIV: case-finding, diagnosis, and treatment—cost-effectiveness analysis of innovative case finding and treatment delivery models and decentralized MDR-TB treatment. Focus Area 3: Service delivery models and treatment guidelines—evaluation of task shifting, integrated service delivery and other proposed guideline changes and innovative models for delivering high quality, cost-effective care and treatment to children and adults. Focus Area 4: Cost and budget modeling and technical assistance—modeling of national costs and budgetary needs for HIV and TB care and treatment and technical assistance to the NDOH. Focus Area 5: Cervical cancer: screening and treatment—cost-effectiveness analysis of innovative strategies and models for expanding access to cervical cancer services.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**17025**		
Mechanism Name:	**HIV Innovations for Improved Patient Outcomes for Priority Populations (INROADS: Innovations Research on HIV/AIDS)**		
Prime Partner Name:	**Wits Health Consortium, Health Economics and Epidemiology Research Office**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	323,562	0

Narrative:

1.1 Cost effectiveness analysis of TB/HIV active case finding
TB contact tracing and case finding are high priority interventions but have not been implemented successfully at scale. Innovative, cost-effective strategies are required.
• Analyze cost-effectiveness of Massive Case Finding project implemented in Matlosana District, NW.
• Analyze cost and effectiveness data
• Analyze cost-effectiveness of Xpert vs liquid culture for case finding among asymptomatic TB contacts.

1.2 Operations research on MDR-TB treatment and evaluation of new MDR-TB guidelines
Decentralized treatment of MDR-TB is being introduced, but little evidence about its effectiveness and costs is available.
• Observational cohort analysis of drug-resistant patients treated at Helen Joseph TB focal point.
• Observational cohort analysis of linkages to care for all persons diagnosed with drug-resistant TB at the NHLS laboratory based at Helen Joseph hospital.
• Match the NHLS data warehouse to the EDR.net to parameterize model for MDR-TB diagnosis and treatment.

1.3 National TB Cost Modeling for the roll-out of Xpert
Initial models developed in 2011 will need to be adapted to incorporate Xpert for the diagnosis of EPTB.
• Match the NHLS data warehouse to the ETR.net at a facility level to identify Xpert positive cases.
• Draft protocol and submit for ethics approval for the matching of patient-level data of ETR.net and NHLS laboratory specimens.
• Draft protocol to estimate the cost of the use of FNA and Xpert for the detection of EPTB, operational research being completed in 2013 by Annelies van Rie.

1.4 Costs of drug sensitive TB treatment in South Africa
One analysis of the costs of TB treatment has been conducted for South Africa, and although it pre-dates the roll-out of ART and the rapid increase in TB incidence and mortality, is widely used for modeling and budgeting because it is the only source.
• Analyze cost of hospitalized TB treatment at Klerksdorp.
1.5 Cost and burden of integrated TB/HIV care at Primary Health Care facilities
HIV/TB care is being moved from dedicated Comprehensive Care, Management and Treatment (CCMT) sites to Primary Health Care facilities and is being integrated into their package of services. This potentially increases access by having more facilities in locations that are easy to access for patients. It does place an added burden on the already struggling primary healthcare infrastructure. There has been no work to identify the additional relative burden that this model places on the primary health care facility in terms of absolute patient numbers but also costs and resources. This evaluation aims to determine the relative cost and burden of integrated HIV/TB treatment at the primary health care level.
• Expand existing work, which examines the costs of HIV/TB treatment at the primary health care level to include all other services offered at the facility. The aim is to identify the relative burden and cost of HIV/TB on the facility compared to other conditions traditionally treatment at the primary health care facility.
• Develop a protocol, submit to ethics and government, get approval
• Estimate the overall cost of running the primary health care facility (top down) including all services
• Determine the service utilization at the clinic by primary reason for visit, including time in motion component (Finish in 2014)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	374,068	0

Narrative:

1.1 Data analysis and evaluations to improve treatment outcomes and retention for adolescent patients

As HIV infected children transition into adolescence, the issues they face will likely result in a need for

targeted strategies to effectively manage and support this vulnerable population. As the number of adolescents on treatment at any one clinic is small, large databases which pool patients across multiple clinics are needed to identify best practices for providing care to this population.

• Using the existing Right to Care (RTC) Adolescent Cohort, develop an analytic plan for a baseline study to identify the extent of and reasons for poor outcomes and loss to care among adolescent ART patients.
• Generate data analysis tables describing treatment outcomes for adolescents compared to adults
• Write and submit an abstract to a national and international conference
• Write up results for presentation to key stakeholders and for publication

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	323,562	0

Narrative:

1.2 Faster initiation of appropriate antiretroviral treatment (ART) regimens among antenatal patients newly diagnosed with HIV
Evaluate the impact of a pilot program to support faster initiation of appropriate ART regimens and improved adherence to ANC visit schedules after the first ANC visit for the mother's own health and to prevent mother-to-child transmission of HIV (PMTCT).
• Complete enrolment of baseline patients
• Start and complete enrolment of intervention arm
• Finalize database
• Start analysis

1.2 Data analysis and research to strengthen PMTCT and ART access for pregnant women
Changes to treatment guidelines calling for earlier treatment of HIV-positive pregnant women could dramatically increase the number of pregnant women on ART but could also lead to increased attrition after delivery. Utilizing large existing databases allows for monitoring policy implementation and identification of strategies that will improve care.
• Develop an analytic plan for a baseline analysis to identify the extent of and reasons for loss of pregnant women from HIV care after delivery
• Generate data analysis tables describing loss over time and in relation to pregnancy as well as predictors of loss
• Write and submit an abstract to a national and international conference

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,100,000	0

Narrative:

1.1 Development of large patient databases to assess clinical outcomes under different models of care:
The databases will be used to answer the primary questions for focus area one and will provide data to answer the objectives of other focus areas as well. Attention will be paid to ensure data quality. These databases include the Right to Care patient database (>75,000 patients treated in the public sector) and the Right to Care Health Services database (25,000 patients treated in the private sector).
• Conduct data audits on each database and treatments site to determine data quality
• Generate data cleaning reports on priority variables that will be used for many analyses including drug regimens, baseline lab values, follow up CD4 and viral load, etc.
• Use the database to begin to evaluate risk factors and clinical outcomes for all pre-ART and ART patients under South Africa's new treatment guidelines, extending analysis to 10+ years on treatment.
1.2 Analysis of need and potential for third-line ARV regimens:
As the treatment program matures and patients are on ART longer, an increasing number of patients will fail second-line therapy. Large databases are needed to quantify the likelihood of this event, assess ways to prevent it, and evaluate the effectiveness of third line regimens.
• Using the datasets described above, develop an analytic plan for an analysis of the need for third-line therapy in South Africa's public sector
• Conduct an analysis describing the rate of second-line failure and current practice for patients failing second line ART
• Conduct an analysis of treatment outcomes on second-line therapy and model the expected costs and cost-effectiveness of a third-line regimen
1.3 Cost effectiveness analysis of task shifting from doctors to nurses
If the provision of HIV care and treatment is to continue to expand, shifting of effort from expensive and scarce labor cadres (doctors, public health nurses) to less expensive and more easily trained cadres (lay personnel, junior nurses) is essential. This has already been done from doctors to nurses for the initiation and maintenance of HIV positive patients onto antiretrovirals. While already being rolled out the true cost and effectiveness needs to be estimated to understand the impact this will have on the national ART program.
Ongoing study. Using a matched cohort design, evaluate the cost effectiveness of NIMART at PHCs over the first 24 months of treatment, relative to doctor-managed care at CCMT sites.
• Develop database
• Collect data – patient and cost
• Generate preliminary results

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	296,599	0

Narrative:
1.1 Data analysis and evaluations to improve treatment outcomes and retention for adolescent patients As HIV infected children transition into adolescence, the issues they face will likely result in a need for targeted strategies to effectively manage and support this vulnerable population. As the number of adolescents on treatment at any one clinic is small, large databases which pool patients across multiple clinics are needed to identify best practices for providing care to this population. • Using the existing Right to Care (RTC) Adolescent Cohort, develop an analytic plan for a baseline study to identify the extent of and reasons for poor outcomes and loss to care among adolescent ART patients. • Generate data analysis tables describing treatment outcomes for adolescents compared to adults • Write and submit an abstract to a national and international conference • Write up results for presentation to key stakeholders and for publication

Implementing Mechanism Details

Mechanism ID: 17026	**Mechanism Name: HIV Innovations for Improved Patient Outcomes in South Africa (Developing the Capacity of the South African Government to Achieve the eMTCT Action Framework Goals)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Mothers to Mothers (M2M)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,209,469	
Funding Source	**Funding Amount**
GHP-State	3,209,469

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of mothers2mothers programme is Improved MNCH(PMTCT) Outcomes among HIV-positive pregnant women and new mothers. m2m will build the capacity of the South African Government to intitutionalise and scale up provision of PMTCT education and psychosocial support in public health facilities at district level. The Mentor Mother model will be ingetrated within the broader PMTCT/MNCH programme. The strategic result areas of this interventions are: (i) Quality mentorship and peer support systems for pregnant women, new mothers, their babies and male partners institutionalised and scaled-up by District Health Management Teams; (ii) Best practices and innovations generated at m2m model sites shared and scaled-up to improve client health outcomes and PMTCT service delivery in targeted districts. This will contribute to the National Strategic Plan for HIV/AIDS, STIs and TB (2012-2016) objectives to reduce HIV infections, mother to child transmission, HIV related maternal and infant mortality and increase maternal and child health outcomes. The program will target pregnant women, new mothers and infants. Through the Mentor Mother model, women living with HIV will be employed, trained and placed in health centres to work with clinical staff, providing PMTCT education and support to women to access comprehensive services. Focus will be in 7 Districts spread across several Provinces (Mpumalanga, KwaZulu-Natal, Limpopo, Gauteng, North West, Free State) with 25 model sites designed as centres of excellence to provide for demonstrated learning and orientation to support capacity building of DHMTs. The sites will also serve as centres for operations research and model development for continued learning and enhancement of the Mentor Mother model.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	500,000
Human Resources for Health	100,000
Motor Vehicles: Purchased	40,000

TBD Details

(No data provided.)

Key Issues

Increasing women's access to income and productive resources
Child Survival Activities
Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**17026**
Mechanism Name:	**HIV Innovations for Improved Patient Outcomes in South Africa (Developing the Capacity of the South African Government to Achieve the eMTCT Action Framework Goals)**
Prime Partner Name:	**Mothers to Mothers (M2M)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	250,000	0

Narrative:

In COP2013, m2m will aim to provide quality facility-based and community linked education and psychosocial support services to pregnant women, new mothers and their partners to promote and support uptake and full utilisation of HIV counselling and testing, treatment and related health services. In this way, services will contribute to strengthening Prevention with Positives approaches and improving health outcomes and optimsing the quality of life of clients and their families. Mentor Mothers, working in 100 sites (25 model directly funded through our USAID award and 75 through co-funders) will provide ongoing education and support to clients. The core activities will include one-on-one client suppport; couples education sessions; support groups and group health talks. This will be augmented by Active Client Follow-up to track client's progress through the PMTCT continuum of care to increase retention; Two-way referrals to HIV/TB treatment, reproductive health, nutrition and other support services as well as community-based care and support among others. m2m will aim to ensure quality service provision at the programme sites to contribute to modelling of District MMP sites and provide learning platforms for District Mentor Mothers and programme staff. The programme sites will be located in the following Districts: Amathole, Gert Sibande, Enhlanzeni, Nkangala, Cape Metro, Ethekwini, Ugu, Umgungundlovu, Bojanala, Capricorn, Mopani, Tshwane. However, District coverage may be revised depending on levels of sustained co-funding to support the additional 75 programme sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	175,000	0

Narrative:

During this fiscal year, m2m Mentor Mothers will be trained on TB to ensure they have the relevant

knowledge to provide education on TB to clients attending antenatal and postnatal care and PMTCT. TB education will be provided to clients through daily one-on-one and group health talks and support group sessions in the 100 programme sites targeted for COP 2013. Mentor Mothers, working in 100 sites (25 model directly funded through our USAID award and 75 through co-funders) will provide ongoing education and support to clients. However, to improve on the quality and impact of TB support services m2m will seek to integrate TB pre-screening as part of the package of TB support services. This will involve training of Mentor Mothers on TB pre-screening and formal client referrals, informed by National TB guidelines and standard operating procedures at facility level. Activities will involve leveraging and adaptation of existing pre-screening tools; formal referrral of clients and their families for screening and linkages to treatment programmes where required. m2m will aim to utilise successes and learnings from this initiative to provide technical assistance to Districts implementing the Mentor Mother programme to integrate a more comprehensive TB support package of services in their MMP sites, also providing in-service training to Mentor Mothers and MMP programme staff as required.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,784,469	0

Narrative:

In COP2013, mothers2mothers will work with the South African Government to build a sustainable and institutionalised Mentor Mother Programme (MMP), for integration of peer-based quality PMTCT education and psychosocial support services at the district level. m2m will implement 3 overarching key activities as follows: (i)m2m will provide technical assistance to the Department of Health PMTCT/MNCH Directorate(s) to develop a national and contexualised Provincial and District MMP through policy advisory and programme development technical support. m2m will provide technical support to SAG to develop a Framework for the MMP. A bottom-up approach will be employed to develop the capacity of District Health Management Teams (DHMTs) to implement the model, use lessons learned and scale-up from district level to culminate in an overarching National programme. The targeted Provinces are Limpopo, KwaZulu-Natal, Mpumalanga, Gauteng, Free State and North West; (ii) Provide cutomised training, ongoing technical support, mentorship and supportive supervision to DHMTs and health facilities. Capacity building will be provided to Districts to develop and implement their MMP integration Workplans as a core component of their overal Annual Business Plans; (iii) Develop Mentor Mother model innovations to be tested in 25 model sites, adapted for scale-up with knowledge and skills transfer to DHMTs to roll-out in public health facilities. m2m will facilitate quality improvement and responsiveness of the MMP to support tracking of mother-baby pairs for improvement of client retention, as well as a broader scope of related health issues such as TB and infant nutrition. In COP 2013, m2m will identify priority model expansion initiatives to continously broaden the scope of health support services provided through the model, which will in turn inform the continued enhancement of the MMP under DHMTs.

These will include (re)designing a cost effective, scalable mother-baby pair tracking method including use of mobile phone technology for routine data collection and tracking; developing and testing a facility-community referral support system for clients to ensure a continuum of care; and consolidating and broadening TB and NACS integration activities initiatied in COP 2012.

Implementing Mechanism Details

Mechanism ID: 17027	**Mechanism Name: HIV Innovations for Improved Patient Outcomes for Priority Populations (Supporting the SA Government to Develop, Implement and Evaluate a National Sex Worker and Male Client Plan)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Wits Reproductive Health& HIV Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,602,760	
Funding Source	**Funding Amount**
GHP-State	2,602,760

Sub Partner Name(s)

North Star Alliance	Sisonke Sex Worker Movement	

Overview Narrative

WRHI's National Sex Worker and Male Client Programme supports the South African Government to develop, implement and evaluate a "package of treatment services for HIV, STI and TB for key populations" as referred to in the National Strategic Plan. In 2013, WRHI is targetting implementation of clinical services at 8 different national sites (2 sex workers- and 6 truckers and sex workers- focused). Using WRHI's Hillbrow model, this program will expand services to identified hot spot locations focussing on areas along major trucking routes where services do not exist and where there are large concentrations of brothel- and street-based sex workers. Services will include

the Hillbrow package of treatment and prevention for sex workers, and will apply lessons learnt from the inner city's Men's Programme, which draws high-risk men into prevention programmes. The targeted locations include Tshwane, Johannesburg, Ekurhuleni, Cape Town, Zululand, Emakhazeni and eThekwini municipalities. Cost sharing opportunities will be leveraged through this programme at all levels within the DoH and include HIV test kits, condoms, drug supplies and referral support. WRHI and North Star (sub-partner) will involve corporate contribution to the project, based on successful public-private partnership records from both organisations. Corporate partners have already expressed interest in financial support of this program. WRHI has also engaged DoH from the start for transition and to ensure sustainability and local health department ownership. M&E is an integral component of and cross cuts through all of WRHI's programmatic teams. The M&E team will expand WRHI's current Women at Risk programme and Men and HIV programme's comprehensive routine reporting tool for use in this program.

Cross-Cutting Budget Attribution(s)

Gender: GBV	1,050,000
Human Resources for Health	680,000
Key Populations: FSW	1,491,003
Motor Vehicles: Purchased	172,230

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection
Malaria (PMI)
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**17027**		
Mechanism Name:	**HIV Innovations for Improved Patient Outcomes for Priority Populations (Supporting the SA Government to Develop, Implement and Evaluate a National Sex Worker and Male Client Plan)**		
Prime Partner Name:	**Wits Reproductive Health& HIV Institute**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	451,380	0

Narrative:

WRHI has over a decade's experience developing one of Africa's largest sex worker treatment, care and prevention programs in Hillbrow, located in the inner city of Johannesburg, with over 2000 sex workers on their database. This program provides clinic and outreach services to brothel and street-based sex workers and their clients using community and peer educator components. Services include HCT, TB screening, STI diagnosis and treatment, family planning, antiretroviral therapy initiation, condom distribution and pregnancy testing. WRHI's National Sex Worker and Male Client Programme will expand the Hillbrow model of outreach and treatment to also include Pretoria and Ekurhuleni, sites identified by the DoH as having a high concentration of sex workers. This program will also expand services for truck drivers and sex workers nationally, targeting expansion to five satellite sites and one specialist referral site along trucking corridors where services do not currently exist (Ekurhuleni, Cape Town, Northern KwazuluNatal, Emakhazeni and eThekwini municipalities) in 2013. This program will implement clinical and outreach services through identified clinic space or via a clinic container at each site. North Star, which has extensive experience in working with trucking communities, will manage the implementation of these Roadside Wellness Centres. North Star has experience in deploying wellness clinics in SADC Member States. These sites will provide services in basic sexual and reproductive health interventions (contraceptive provision, HIV testing and staging, STI treatment), TB screening, chronic disease screening, treatment of minor ailments, referrals to community structures, and accelerated access to antiretroviral therapy for all HIV-identified patients. The site in southern Johannesburg will act as a specialist site for complex care. WRHI will also work closely with industry wellness programmes in order for cross-linkages regarding referrals and gaps in service. Follow-up of truck drivers will be explored through SMS support, where WRHI has experience using this to support adherence among pregnant women and research participants. Modelled after the Hillbrow program, sex workers who default after being initiated on ARVs are assigned to the community health worker for follow-up. Additionally,

Sisonke (sub-partner), a sex worker peer educator and human rights movement, will be establishing branches at selected sites. Through peer educators, Sisonke provides health information, legal support, life skills training, and linkages for clients to community services. WRHI will provide technical support, and ensure smooth relationships between Sisonke, DoH structures, AIDS Councils, and the police.

Finally, to monitor the quality of care, perform programme evaluations and research to identify priority issues, there will be implementation of a clinical data system to allow better characterisation of sex worker and truckers health needs as a component of the monitoring and evaluation system. This data system will be based on the current WRHI sex worker database and North Star's tailored database system developed specifically to track truckers across regions.

Annual audits on clinical services for systems strengthening will be performed and identification of gaps in services and staff training will be planned to improve the quality of services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	451,380	0

Narrative:

Prior COP activity was focused on the Hillbrow site, where the program has been very successful in partnership with the local municipality. A database provides outcomes of the program, which has provided extensive operational data. The project has excellent relations with the surrounding brothel owners & attached sex workers, as well as with the street-based sex workers. Referral into services is relatively simple, as other WRHI programmes focus on health systems strengthening in the inner city, & hence sophisticated understandings of the local referral networks strengths & weaknesses. WRHI's National Sex Worker & Male Client Programme addresses the South African Government's goal of a "long & healthy life for all South Africans" through expansion of targeted sex worker & trucking wellness services. Within the NSP there is specific reference to a "package of treatment services for HIV, STI & TB for key populations" which WRHI's program aims to develop & deliver. At the SANAC Project Implementation Committee meeting in March 2012, it was agreed that there would be 1000 additional service points targeting key populations in response to implementing the NSP. WRHI's program will contribute to the addition of these national service points through clinical & outreach programme delivery. To coordinate activity across partners, WRHI is a member of a new DoH steering committee which brings together stakeholders from government, civil society & academic institutions, working in the field for sex work. Initiatives of this committee include the development of sex worker guidelines for health service provision. WRHI is also working with local partners to develop a national surveillance tool for sex workers allowing for regular activity mapping to guide where interventions should be introduced & monitor the impact of existing interventions.

Sufficiently trained personnel are essential to delivering programmes to these key populations. Truckers & sex workers face additional barriers in accessing HIV & TB care. WRHI's training department has developed an advanced HIV & TB course to support doctors & nurses based in public referral sites. WRHI also provides specialized modular sexual & reproductive health courses for nurses & other core service delivery staff at facility level & provide evaluated curricula in basic SRH, TB & HIV for community members appropriate for the empowerment of community sex worker advisory boards & outreach workers. All training will be reviewed & adapted for this COP & will help ensure that there is sufficiently trained staff to carry out the proposed activities in satellite communities.
WRHI's Monitoring & Evaluation team's support is cross cutting through providing support for program monitoring, reporting, data quality, operations research, data use, Health Management Information Systems & others. This project focuses on providing health services to two underserved & under-represented populations. Currently there are no program monitoring indicators available for these populations thus project input, process, outcome indicators will be developed with the intention that some of the indicators will be integrated in the national databases. Program outcomes will be regularly reported for the indicators listed in the M&E plan. As detailed in the SI section of the COP, this project will undertake formative research to gain a better understanding of the needs of these populations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,700,000	0

Narrative:

Support for adult treatment will focus on technical assistance at the national, provincial, district, facility and community level of care. Technical assistance includes training, mentoring, monitoring, evaluation, quality improvement (QI), problem identification with formulation of solutions and ensuring systems are implemented to provide routine quality clinical service. HIV infected adults in this population including those with TB will be targeted in this program.
Support is offered to all cadres of health care workers. WRHI district team members work together, with one clinician providing clinical support to release DoH clinical staff, whilst colleagues provide onsite supportive training, mentorship and facilitation of NIMART accreditation, and "supermentorship" for DoH NIMART mentors together with QI support. Quality of care with a focus on retention in care and referral systems is strengthened through institutionalizing continuous QI methodologies, process mapping and the use of National Core Standards. Use of routine available data will identify the facility and sub-district-specific priority areas where targets are not being met. QI interventions will target these specific issues with measurable outcomes, and empower facility managers to implement improvements. Retention in care and adequate referral will be supported using PHC re-engineering staff to ensure tracing and follow-up occurs. WRHI will ensure referral of complex HIV cases occurs efficiently, and that loss to pre-ART and ART programs is minimized. Novel mechanisms to improve retention in care will be

developed and implemented, including the use of mHealth technologies. Within the referral service, non-adherent patients will be identified. WRHI will develop a model of support for patients failing ART and TB treatment, who require specialized support, to prevent unnecessary morbidity. Continued training and skills transfer will enable the system to become self-sustaining in the future.

Implementing Mechanism Details

Mechanism ID: 17028	**Mechanism Name: HIV Innovations for Improved Patient Outcomes for Priority Populations (Adolescent Friendly Services for Prenatally & Behaviorally HIV Infected Adolescents)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Wits Reproductive Health& HIV Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,283,595	
Funding Source	**Funding Amount**
GHP-State	2,283,595

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This programme targets adolescents living with HIV (ALHIV) between 10-19 years of age within region F of the City of Johannesburg and the Matlosana sub-district of the North West Province. The goal is to in collaboration with the Departments of Health, Basic Education and other partners to develop, pilot, evaluate and support the scale-up of a replicable model of targeted and linked interventions across clinics, schools and communities (the 3 streams of the PHC re-engineering programme) to improve the screening, diagnosis, treatment, adherence, retention in care, and psychosocial and mental health of ALHIV. The programme is highly aligned with the HIV & AIDS and TB National Strategic Plan 2012-2016, the National Youth Policy 2009-2014, the Draft Adolescent Youth Health Policy and the Integrated Schools Health Policy. The programme is implemented in close collaboration and partnership with the WRHI health systems strengthening programme and operational research projects include

cost, coverage and yield analyses to obtain cost efficiencies. The project includes strong foci on alignment with national and district priorities, institutionalizing best practices and capacity building in collaboration with Regional Training Centers to ensure sustainability and transition. There are no data on adolescents within the DHIS. WRHI is exploring tier 2 and 3 systems, and is advocating for inclusion of adolescent data points in the National Indicator Data Set. WRHI will develop a mobile data platform to monitor the programme, and also to support referrals and retention in care across services. In the interim, operational research mechanisms will be utilised. Primary outcomes of interest are viral load suppression and retention rates using a snapshot approach.

Cross-Cutting Budget Attribution(s)

Education	1,400,000
Gender: Gender Equality	880,500
Human Resources for Health	1,320,000
Motor Vehicles: Purchased	93,950

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection
Child Survival Activities
TB
Family Planning

Budget Code Information

Mechanism ID:	**17028**

Mechanism Name:	HIV Innovations for Improved Patient Outcomes for Priority Populations (Adolescent Friendly Services for Prenatally & Behaviorally HIV Infected Adolescents)		
Prime Partner Name:	Wits Reproductive Health& HIV Institute		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	1,283,595	0

Narrative:

Note: WRHI's adolescent programme targets adolescents living with HIV (ALHIV) between 10 to 19 years of age. WRHI will utilise age appropriate programming to address ALHIV needs. Activities are not easily separated into distinct adult and pediatric categories. This section should be read in conjunction with the PDTX section.

In order to avoid duplication of effort and ensure alignment, WRHI will identify and consult stakeholders and partners relevant to adolescents living with HIV (ALHIV). WRHI will develop and pilot an evidence-based toolkit to address identified gaps regarding the diagnosis, care, treatment, sexual and reproductive health, nutritional, psychosocial and mental health of ALHIV. In FY2013 WRHI will capacitate one adolescent expert clinic within each of region F of the City of Johannesburg and Matlosana sub-district of the North West Province to provide expert level clinical, psychosocial and mental health care for ALHIV. Utilising the toolkit, WRHI Quality Improvement Advisors (QIAs), in conjunction with DCTS and RTCs, will train and mentor DoH staff within the expert clinics and 5 PHC clinics within each supported region/sub-district. In conjunction with district department of health and relevant stakeholders, WRHI will revise or develop new pre- service training material for management of ALHIV. WRHI will also provide direct onsite supervision to the two expert adolescent clinics, which will include clinical, psychosocial as well as monitoring and evaluation support. The 5 PHC clinics in each district will receive on-site clinical, psychosocial and data management support from QIAs. The level of on-site supervision is anticipated to decrease in future years. There are currently no routinely reported indicators related to adolescents within the DHIS. Discussions with NDoH to modify the national indicator data set to analyse adolescent HIV service utilisation and outcomes will continue. Alternatively, once available tier 2 and 3 data systems could be analysed to identify adolescents using dates of birth. WRHI will develop specifications for an open-source mobile data platform to monitor the programme, and also support referrals and retention in care. The mobile data platform will be aligned with NDoH policies and systems. In the interim operational research mechanisms including file reviews will be utilised to collect baseline data and monitor the programme. Primary outcomes of interest are viral load suppression and retention rates using a snapshot approach. Available data will be reviewed on a quarterly basis with clinical staff, and will be used to identify clinics with low retention and/or suppression rates allowing for targeted support by WRHI QIAs. Action plans utilising CQIM will be developed and

implemented with clinic staff to address quality of care issues identified. Robust referral mechanisms between the three streams of PHC re-engineering will be developed, implemented and monitored. WRHI will consult with I ACT and other stakeholders and will implement and evaluate clinic-, school- and community-based psychosocial support groups for ALHIV. The programme is aligned with priorities of district and national structures, to ensure local ownership and sustainability, and is implemented in close collaboration and partnership with the WRHI health systems strengthening programme teams to obtain cost efficiencies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,000,000	0

Narrative:

In order to avoid duplication and ensure alignment WRHI will identify and consult with stakeholders and partners working with adolescents living with HIV (ALHIV). Through participating in national guideline committees, SANAC task teams, the NDoH's adolescent steering committee, supporting District Management Teams (DMTs) and District Clinical Special Teams (DCSTs) and disseminating outcomes of operational research activities WRHI staff members will inform policy and build capacity at national, regional, and district levels to address the needs of ALHIV. Building on the Harriet Shezi adolescent clinic, WRHI will develop and pilot an evidence-based toolkit to support clinics to address identified gaps in the provision of diagnosis, care, treatment, sexual and reproductive health, nutritional, psychosocial and mental health, disclosure and step-up adherence services for ALHIV. In FY2013 WRHI will capacitate one clinic within region F of the City of Johannesburg and Matlosana sub-district of the North West Province to provide expert level clinical, psychosocial and mental health care for ALHIV. Utilising the toolkit, WRHI Quality improvement advisors in conjunction with DCTS and Regional Training Centers, will train and mentor DoH staff within the expert clinic and 5 PHC clinics within each supported region/sub-district to provide adolescent friendly HIV-related services which address the specific needs of ALHIV. WRHI will implement and monitor robust referral mechanisms between the PHCs and the sub-district level expert adolescent clinics to ensure adolescents receive high quality care including management of drug complications, treatment failure, and complex psychosocial and mental health conditions. In partnership with other stakeholders, WRHI will support the implementation and evaluation of school-based and community-based support groups. Through supporting the implementation of the Integrated Schools Health Policy (ISHP) WRHI will strengthen the screening, diagnosis and referral of ALHIV. WRHI will strengthen coordination and linkages between school health services, ward based PHC re-engineering teams and clinics to strengthen continuity of care for ALHIV across the 3 streams of PHC re-engineering. Utilising existing community fora, community radio, and social media, WRHI will support community social mobilization on specific issues related to ALHIV, including late presentation of MTCT and HCT. Strategies to support and monitor the transition of adolescents to adult services will be

developed and evaluated. WRHI will incorporate management of ALHIV specific needs into pre-service curricula. There are currently no routinely reported indicators related to adolescents within the DHIS. During FY2013 WRHI will develop specifications for an open-source mobile data platform to monitor the programme, and also to support referrals and retention in care. The mobile data platform will be aligned with NDoH policies and systems. In the interim, operational research mechanisms including file reviews will be utilised to collect baseline data and monitor the programme. Harriet Shezi adolescent clinic data were used to set interim targets for FY2013 and FY2014. There are currently 399 adolescents <15 years of age on ART attending the Harriet Shezi adolescent clinic. In FY2013 and FY2014, 150 and 250 adolescents <15 years of age will be commenced on ART, with a total ever on ART in FY2013 and 2014 of 550 and 800 respectively.

Implementing Mechanism Details

Mechanism ID: 17029	**Mechanism Name: HIV Innovations for Improved Patient Outcomes in South Africa (Innovation Clinic)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Witkoppen Health & Welfare Centre (WHWC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 4,390,092	
Funding Source	**Funding Amount**
GHP-State	4,390,092

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Witkoppen Health and Welfare Centre (WHWC) is an integrated comprehensive health and welfare facility in the Northern Suburbs of Johannesburg, which offers many different programs in response to the needs of our beneficiaries, most of whom live in the informal settlements in our catchment area.

The HIV/AIDS program at WHWC started in 1996 in response to a need of our beneficiaries who were very ill and

dying in the communities we serve. USAID funding for this program was first received in 2004, through Right to Care. This program, entitled: "Innovative Approaches to Integrated Primary Health Care for Marginalized, At-Risk Populations in Informal Settlements in Urban South Africa", has two goals: to build capacity and support for scale-up of effective and efficient models for HIV-related services in line with SAG priorities; and to develop, evaluate, scale up, and institutionalize innovations to inform SAG strategies for improving treatment outcomes among key populations such as pregnant women, infants, children and adolescents, people residing in informal settlements, and those who are HIV/TB co-infected. The objectives of the program are: to provide interim primary care, support, and referral services to residents of informal settlements, targeting an under-serviced population; to increase DoH service delivery capacity in the WHWC catchment area; to implement effective innovative approaches to integrated primary care for HIV and TB/HIV and inform DoH on the evaluation findings; and to inform SAG Policy towards the introduction of National Health Insurance.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**17029**

Mechanism Name:	HIV Innovations for Improved Patient Outcomes in South Africa (Innovation Clinic)		
Prime Partner Name:	Witkoppen Health & Welfare Centre (WHWC)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	806,272	0

Narrative:

WHWC provides clinical care using doctors and trained primary health care nurses (PHCN's), psychological care using the services of our Counselling Psychologist and Professional Counsellor. Social needs are met by 3 social workers and 2 social auxiliary workers. All these services are both facility and community based. The target audience is adolescents, adults, women living in informal settlements in regions A, B and C of Johannesburg.

Coverage WHWC's program provides adult care and support to the key populations such as adolescents, people residing in informal settlements, and those who are HIV/TB co-infected as aligned with PEPFAR and SAG National Strategic Plan 2012 – 2016, strategic objective 3

Mechanisms Ongoing counselling and support is key to addressing retention in care however if a patient does miss an appointment he/she is phoned the same or next day and is encouraged to accept another booking date. If the patient still does not attend the clinic or cannot be contacted via telephone, CHWs do home visits to these patients after a period of 1 week of not attending his/her appointment. WHWC works with other CBOs and faith based organizations that also assist in tracing patients. Referral of patients from Witkoppen is managed via contacting the clinic to which the patient will be referred to ensure that arrangements are in place to accept the patient and the referring facility has the capacity to accept the patient. Ideally this process is reversed for transfer in of patients.

Linkages WHWC provides a comprehensive service delivery model incorporating social services which includes the provision of food parcels as part of a poverty alleviation program so the inter referral between HIV and Non HIV services works well

Monitoring and evaluation WHWC uses Therapy Edge – HIV software system as a patient monitoring system. This system provides information on defaulters, lost to follow up, transfers, patients who have died or stopped treatment as well as individual patient monitoring information such as CD4C and viral load values to determine patient outcomes and cohort information.

Research studies will be commenced to evaluate adherence clubs and also retention in care in adolescent. In addition, psychosocial/psychometric evaluations will be done at baseline and repeated in year 3. Qualitative data will be collected assessing stigma, mental health/well-being, school enrolment and achievement and social support.

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVTB	433,562	0

Narrative:

Alignment SAG National Strategic Plan 2012 – 2016, strategic objective 2 specifies that everyone should be screened for TB , at least annually". WHWC screens every patient both at facility and community level for TB at every visit unless they are being actively treated for TB. The NSP also refers to "Prevent TB infection through intensified case finding (ICF), TB infection control, Isoniazid preventative therapy (IPT), immunization…."WHWC as part of its operational research studies has a study "Community-based ICF for TB and HIV using mobile information technology" which includes the activity of conducting household visits on newly diagnosed HIV positive patients and TB patients as well as HIV and TB defaulting patients. Each member of these households is symptom screened for TB and if positive sputum is collected for TB investigation. In addition household members are offered VCT. Other activities include a TB infection control program with reporting to senior management every second month. IPT is incorporated into the standard of care for HIV positive patients and children under the age of 5 living with a person with active TB. TB and HIV integrated care is standard of care at WHWC. Coordination WHWC is at the cutting edge of defining TB diagnostic methods in children in a primary health care (PHC) setting and is the only PHC in Johannesburg providing integrated paediatric HIV and TB care and support in a family centred approach. WHWC gladly accepts referrals to manage complicated cases. WHWC provides training for all NIMART models including TB/HIV treatment. HR:WHWC ensures that succession planning addresses these issues and in addition staff are trained to ensure backup for activities. Staff retention forms part of our HR strategy.Monitoring and Evaluation: Indicators collected at WHWC are directly aligned to the National TB and HIV M&E framework. The programme utilises the medical Database-Therapy Edge as well as the Excel spread sheets. The systems source information from the registers that are guarded against the common data quality threats. The program is flexible and always ready to comply with the changing or amended indicators without compromising quality. Accomplishments: A workshop to identify and document lessons learned and best practices developed was held.WHWC was one of the few sites in South Africa investigating GeneXpert TB diagnostic testing at point of care. The final data is being collated and the results of the study will be disseminated to stakeholders including the National and Gauteng Department of Health, and the Johannesburg Region A Department of Health. Results may also be presented at relevant national and international scientific meetings.The impact of the pilot ICF project in Diepsloot which incorporated case finding (HIV and TB) and defaulter tracing is being evaluated and parts of it will be revised to strengthen it as it is brought to scale.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	471,922	0

Narrative:

As WHWC establishes itself as a district centre for pediatric primary HIV care, aligned with the PHC reengineering approach adopted by the DOH for a district based clinical specialist team focusing on child health, it will be able to train NIMART nurses and in particular provide them with practical training and ongoing mentoring so as to instil the knowledge and confidence required of the clinical staff to ensure a successful scale up the pediatric program. The programme aims at providing comprehensive care and support to all (100%) HIV exposed babies presenting at WHWC, however, the target is set at 800 babies by end of FY13 based on past experiences.

Provide drugs, food WHWC Pharmacy provides antiretroviral medication as well as any other acute or chronic medication. In addition, the dietician, Mariske de Beer, assesses nutritional status and is able to supply nutritional supplements and dietary advice to caregivers of pediatric cases. Food parcels and other essential commodities such as clothing, stationery for school, blankets are provided via our social services department.

Needs Research studies will be commenced to evaluate retention in care in adolescent. In addition, psychosocial/psychometric evaluations will be done at baseline and repeated in year 3. Qualitative data will be collected assessing stigma, mental health/well-being, school enrolment and achievement and social support

Quality of care Establish a hub-spoke pediatric referral center for the local DoH PHC facilities, under the guidance of Dr Leon Levin with Right to Care. He is one of South Africa's leading pediatricians with expertise in PMTCT and pediatric ART. Patient outcomes are monitored on the software system Therapy Edge – HIV so as to ascertain quality of care. NIMART nurse trainees also have the opportunity for supervised practical training and whilst they are at WHWC a locum is provided at the DOH site so that service delivery at DOH sites is not disrupted.

Integration The Expanded Program for Immunizations (EPI) is incorporated into pediatric HIV care and support, as is anthropometric monitoring and referral for nutritional supplementation if necessary. The well being of mothers is also enquired into and the mother is referred to well woman clinic on site for routine pap smears, breast examination and family planning.

Diagnostics Routine chest Xrays are available as a baseline for all HIV infected children as part of an initiative funded by a private radiology practise

CTX and INH These activities have been incorporated into standard practise and are reflected in the relevant SOP

Nutrition The services of a dietician are available daily for nutritional evaluations, advice and prescribing of supplements. In addition referral to our social services department will address issues such as food security and the reasons for this such as financial insecurity and assist with the application of relevant government grants

Activities psychosocial support These activities are managed by specialized Lay Counsellors trained in such matters. The Counselling Psychologist and Social Workers are able to provide additional support and expertise if required

Direct linkages Attending service providers meeting in our target communities increases linkages to the community and improves communication. The Counselling Psychologist interacts and provides group and one on one counselling for HIV infected and affected children within a few of the schools

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

WHWC addresses the following barriers

• Insufficient clinical staff capacity – Human resource development at DOH and WHWC

• Inadequate clinical quality

• Innovative approaches to patient outcomes

• Poor community strength and mobilization

Practical training and mentoring to develop skill sets of all nurses, doctors, counsellors, community health workers, pharmacist assistants both basic and post basic

Clinical quality assessments identifying gaps and providing targeted mentoring to improve the gaps both at WHWC and DOH sites

Conducting various operational research studies aimed at improving patient outcomes

Training community health workers and liaising with community structures and the community itself so that there is buy in and that they assist with the development of the reengineered primary health care model as described by the SAG.

Yes linkages are across functional areas eg Training of Pharmacist Assistants will address the skills shortage in this area but will also improve the knowledge of supply chain management

Funding inputs are received from DOH for the cost of drugs and consumables. GEMS nursing College and Empirical Academy as 2 examples provide Auxiliary Nurses and Lay Counsellors respectively who receive their practical training on site. WHWC is also a sub-recipient with Right to Care to provide tutoring for Pharmacist Assistants in regions A and B of Johannesburg. Drs Bloch and Partners provide X-rays as a baseline for newly diagnosed HIV positive children and also as a TB diagnostic tool in adults.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	433,562	0

Narrative:

Mother to child transmission of HIV virus has been a priority within WHWC. Over the past year services were provided to 2,820 mothers and 2266 babies. The program aims at providing services to 3200 mothers by end of FY13 and 4,800 by end of FY14. All (100%)HIV exposed children will be provided with care as they present to WHWC.

Building capacity to provide PMTCT Provide 3 weeks NIMART module of clinical mentoring (practical training) on PMTCT to identified DoH nurses enabling them to register with SA Nursing Council. Provide *locums* at DoH sites for nurses undergoing clinical mentoring for NIMART. Evaluate DoH nurses that have received clinical mentoring for NIMART. Provide continued support and in-service training (including case discussions and patient management advice) to DoH nurses that have received clinical mentoring for NIMART. Provide 3 weeks per NIMART module of clinical mentoring (practical training) to identified DoH nurses enabling them to register with SA Nursing Council. Provide (locums) at DoH sites for nurses undergoing clinical mentoring for NIMART. Evaluate DoH nurses that have received clinical mentoring for NIMART. Provide continued support and in-service training (including case discussions and patient management advice) to DoH nurses that have received clinical mentoring for NIMART
Build capacity at national, regional, district and health facility level WHWC provides clinical quality assessments to identify gaps. Reports are written and targeted interventions discussed and implemented to improve quality of identified gaps
Activities initiation of ART All newly diagnosed HIV positive ANC patients are initiated on treatment the same day as diagnosis – Option B+ with the exception of patients that are TB suspects, per standard operating procedure at WHWC. There are 2 dedicated ANC Lay Counsellors emphasizing program retention and ART adherence. Patients who have missed appointments are contacted telephonically or receive a home visit if they have not responded to the telephone call. Scale-up. Output of all activities is monitored and recorded by the monitoring and evaluation unit. Deviations from the norm and specific targeted areas for improvement are monitored closely to see that targets are met. Reason for failure is addressed with solutions and change sought to improve. Aspects of quality improvement in PMTCT are part of an operational research study to evaluate effectiveness and efficiencies of change. If proven to be successful through data analysis, reports will be written up and distributed and larger scale up will be discussed with the DOH. Activities for demand creation: A research study is being conducted titled ”Patient demand and preferences for safer conception interventions among individuals and couples affected by HIV”. 4. WHWC provides ANC invitation letters to women to invite their male partners to attend ANC with them. WHWC will assess the impact of male ANC attendance.Activities for integration: Comprehensive integrated care is the cornerstone of WHWC’s service delivery model. Thus ANC patients requiring ART are managed at the ANC clinic. During ANC patients are informed about postnatal care, family planning and immunization services At postnatal visits the mother baby pair is managed together examining both the mother and her baby. Eg Family planning and annual pap smears are given at their postnatal visit and at risk infants have their PCR test and immunizations

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,847,342	0

Narrative:

WHWC provides in service training in the form of weekly presentations and discussions on predetermined topics. Staff regularly attend training provided by external service providers eg Right To Care, South to South etc. NIMART practical training and ongoing mentoring is provided to WHWC and DOH staff after they have completed their didactic training so that they can complete their required log books and register with the South African Nursing Council as accredited NIMART trained nurses. This covers all aspects of NIMART ie Adult and Pediatric treatment, PMTCT and HIV/TB co-infection.
Pre-service training is done for all levels of nurses and for community service doctors on site.
Level of supervision Trained mentors both nurses and doctors
Evaluate clinical outcomes Therapy Edge – HIV is used to monitor clinical outcomes of patients. Trend analysis is conducted and reports are generated monthly.
Performance measurement Periodic assessments of collected data are done to evaluate the needs and progress of the programme including adjustments to improve different programmatic areas within the clinic. Data is analysed during the meeting and is also shared with the relevant stakeholders
Activities WHWC embarked on an intensified case finding system. On-going counselling is provided at every visit for HIV positive patients. Patients who have missed their appointments are contacted telephonically by designated staff for a rebooking of their appointment. Patients who are not contactable are handed over to tracing teams (both WHWC and other partners) who go to the community to do a home visit and encourage the patient to remain in care.
What are the outcomes of these activities?
WHWC enrolled had enrolled 5534 patients on HIV/AIDS care by end of December 2012, A total of 4502 patients are on ART Through our intensified case finding system, The prgram managed to lower the number of total defaulters at the beginning of the quarter, as well as to lower the rate of accumulating new defaulters. As a result the number of defaulters decreased by 27 patients by end of last (Oct-Dec 2012) quarter. Tracing of patients will remain a priority for FY13 to achieve high retention of patients. The program targets to reduce the number of defaulters by at least 20% every year.
Adherence activities
Readherence counselling is provided for caregivers and patients who are not adherent to treatment. Social issues are managed by a specialized social worker. Patients who are adherent to treatment and virologically suppressed are given the option to join adherence clubs where their medication is distributed to them via a central point I the community. This encourages adherence as patient queues are non-existent, travelling time reduced and collection times are more convenient. Monitoring bloods are taken by a professional nurse at the designated community point and thus the patient only requires an annual visit to the clinic if he/she is well controlled.
Target population(s)
With the population of more than 2.6 million within WHWC'S catchment area (Region A, B and C of City of Johannesburg), in line with the national HIV prevalence, it is estimated that 780,000 people are HIV infected and 31,200 are on treatment. WHWC contributes 15% (4,770) towards provision of treatment.

WHWC is targeting to enroll at least 2, 500 new patients on treatment yearly.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	397,432	0

Narrative:

WHWC enrolled 75 children to treatment. 414 children ever on treatment with 268 current. The plan is to continue to target all children through Pediatric centre of excellence within WHWC. Activities are practical training for DOH and WHWC staff. Mentoring and quality improvement provided
NIMART trainee ratio of 1:4 with 4 modules, namely: adult, Pediatric PMTCT and HIV/TB. WHWC will provide a “locum” nurse for the DoH sites so as not to disrupt service delivery. Peer mentorship and continued support is provided. Quality assessments done at WHWC and DoH sites.
Adherence Refer adult treatment program Integration During antenatal care attendance at postnatal care is encouraged. Patients missing a postnatal visit by more than 1 week are contacted via phone call. All at risk babies receive PCR testing and HIV positive infants are sent to the Pediatric clinic and are initiated on treatment. Anthropometric monitoring and referral for nutritional supplementation is provided. Food parcels are provided for food insecurity. All children of HIV positive mothers are assessed by our OVC Project to determine vulnerability and registered on the programme. Capacity Tracking is done of mother baby pairs to improve PCR testing. PICT is provided for all children Adolescents Research studies evaluate retention in care. Psychosocial/psychometric evaluations are done Transitioning is dealt with by the clinician and the adolescent who is able to meet the attending clinicians of the adult clinic. The pediatric counsellor assists. This transition is not age specific but occurs when the adolescent feels ready to make this change. Family planning services are available. Children and adolescents are monitored regarding scholastic achievements and referred to the Counselling Psychologist who does educational assessments.,
Improve capacity Pediatric HIV data is collected through Therapy Edge. Pertinent indicators are defined using the indicator protocol sheet which gives the description of indicators including unit measures, disaggregation, collection tools and methods as well as measures to avoid known data quality threats. Indicators collected are directly aligned to the USG and national indicators. New employees are trained on data collection and collation methods. It is a norm within WHWC to assess analysed data in departmental meeting in an effort to improve the programmatic activities. Data yielded by WHCW is shared on monthly basis with the government facilities to ensure that WHWC is at par with the other role players in South Africa.
Access to treatment:
Referrals from regional clinics. Practical training and mentoring is provided to DOH clinics Support groups address issues pertaining to adolescents. Stable patients can receive their ART in the community at adherence clubs Specialized counselling by our Counselling Psychologist Treatment VL monitoring is

done routinely to identify treatment failure. Adherence issues are addressed and resistance testing done if required. Access to 2/3rd line drugs is available Procurement: Stock control management is the responsibility of our Pharmacy Stock Controller. Disclosure issues are managed by the Pediatric Counsellor, clinician and caregiver. Staff know at what stage the disclosure process is at; be it non/partial/full disclosure.

Implementing Mechanism Details

Mechanism ID: 17030	**Mechanism Name: Intervention with Microfinance for AIDS and Gender Equity (IMAGE)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Wits Health Consortium (Pty) Limited	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 369,517	
Funding Source	**Funding Amount**
GHP-State	369,517

Sub Partner Name(s)

Sinamandla Self Help Group	The Small Enterprise Foundation	

Overview Narrative

This activity provides a community-based intervention that combines group-based microfinance with a 12-15 months gender and HIV training curriculum known as Sisters for Life (SFL). The program has a partnership with an established microfinance provider, Small Enterprise Foundation (SEF). The project target both young and older women and focuses on addressing poverty, gender inequality, intimate partner violence and HIV risk through a sustainable process of economic development and social education and mobilization. Through this activity the economic well-being and independence of communities is improved, their vulnerability to both HIV and gender-based violence is reduced, and robust community mobilization to address common concerns is fostered.

There is evidence that there is impact on IMAGE participants on poverty as there is increased household expenditure and assets, and increased membership in savings groups; women's empowerment - 55% reduction in risk of physical or sexual violence from an intimate partner. The activity also contributes on improvement in 9 indicators of women's empowerment including self - confidence, challenging gender norms, autonomy in decision-making, and collective action; and HIV risk among young women participants, greater HIV communication with partners, accessing of VCT services, and greater condom use.

The IMAGE project have valuable lessons to impart to other partners, i.e women's empowerment is "more than just money" and then Microfinance (without training) did NOT lead to broader social & health benefits. It is of importance to hold group education, tackle cultural beliefs & participate in mobilizing communities to stand up for their right and do the right thing as far as justice for women and children is concerned.

Cross-Cutting Budget Attribution(s)

Gender: GBV	100,000
Gender: Gender Equality	269,517

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**17030**
Mechanism Name:	**Intervention with Microfinance for AIDS and Gender Equity (IMAGE)**
Prime Partner Name:	**Wits Health Consortium (Pty) Limited**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	369,517	0

Narrative:

Intervention with Microfinance for AIDS and Gender Equity (IMAGE) is a PPP partner funded under the Global Development Alliance for a three year period. It is a sub-partner to Wits Health Consortium. IMAGE is implementing in Mpumalanga, Gauteng and KwaZulu Natal. For the Microfinance activities it works with Small Enterprise Foundation(SEF) in NW and GP while in KZN it is going to work with Sinamandla. SEF does not have an office in KZN. IMAGE provides microfinance and gender/HIV training to women. The main objective is to empower women economically to be financially independent and self -suffiicient. To build their resilience against HIV; raise awareness to reduce gender based violence against women and children. In the next two years IMAGE will scale up its activities in the abovementioned three provinces. IMAGE has been identified as a Gender Challenge Fund partner to scale up gender activities with microfinance specifically in KwaZulu Natal.

Implementing Mechanism Details

Mechanism ID: 17033	**Mechanism Name: Medical Research Council**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Medical Research Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 4,197,198	
Funding Source	**Funding Amount**
GHP-State	4,197,198

Sub Partner Name(s)

(No data provided.)

Overview Narrative

To support The Medical Research Council (MRC) in providing the South African Government with the evidence base needed for planning, implementation, monitoring, and evaluation of the priority health outcomes to achieve "a long and healthy life for all South Africans" and to strengthen its public health system and the national response to HIV, sexually transmitted infections and tuberculosis. PEPFAR South Africa will fund targeted strategic information and capacity building activities with the following objectives: 1) Strengthen and improve the quality of HIV information systems including surveillance, monitoring and evaluation and quality improvement; 2) Inform Make evidence-based contributions and enhance towards enhancing the effectiveness and efficiency of prevention, care and treatment interventions; 3)Improve Implement innovative interventions for improved delivery and monitoring of prevention, care and treatment interventions through targeted capacity building in strategic information, prevention, care and treatment, and laboratory services;
Implementing partners Under this FOA, MRC will act on behalf of the National Department of Health (NDOH) and other relevant South African Government departments as contained in the Negotiated Service Delivery Agreement (NSDA) support SAG to answer questions of national importance that strengthen the national health care systems and to build capacity to implement program recommendations and evaluate program effectiveness. MRC is the entity responsible for biomedical and other forms of research of national importance and is the only agency with this direct governmental mandate in South Africa.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**17033**

Mechanism Name:	Medical Research Council		
Prime Partner Name:	Medical Research Council		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	139,860	0

Narrative:

The overall objective is the integration of TB and HIV services and care. It involves activities ranging from counseling and testing, wellness care, antiretroviral treatment (ART), and all aligned TB/HIV activities to ensure that patients have better access to TB and HIV care, resulting in cross-cutting services and budgetary obligations. Several activities will be undertaken under prophylactic treatment. Firstly, TB screening -- which is done at least bi-annually on all patients attending ART and pre-ART clinics -- will be done using TB symptom screening tools as well as sputum analysis of identified TB suspects following a positive symptom screening questionnaire. Secondly, isoniazid preventive therapy (IPT) will be actively implemented using provincial guidelines. Thirdly, co-trimoxazole prophylaxis (CPT) may prevent morbidity in patients infected with HIV. Currently 80% of all eligible patients in Eden district (Western Cape) are on CPT. This activity will be continued with the additional funding. Fourthly, nutritional counseling will be conducted to ensure that all people living with HIV (PLHIV) are enrolled in wellness programs and eat well to boost their immune system. At the same time activities will include nutritional assessments of patients, food counseling, the development of nutritional gardens, nutritional education to all affected people, and support for nutritional security programs that are offered by the Department of Health, and in the relevant that'sit (Tuberculosis HIV and AIDS Treatment Support and Integrated Therapy) supported districts. Lastly, infection control activities will be pursued, specifically through training community health workers in TB symptom screening, basic infection control principles, TB/HIV care, preventing mother-to-chidl HIV transmission. This training will also ensure that mothers enroll in early antenatal care. Patient tracers will continue to visit homes to ensure a diminished defaulter rate and to ensure that HIV positive persons are kept in care. Community outreach activities will continue to increase HIV counseling and testing (HCT) uptake, to decrease stigma and to improve awareness of both HIV and TB in the community. Both HCT and outreach activities will continue with additional funding.

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	391,608	0

Narrative:

In the comprehensive integrated approach to TB and HIV services, the focus is on regular screening for all HIV-positive patients, offering counseling and testing to all TB patients (where possible provider-initiated), augmented clinical care to all patients, supplementing key personnel where indicated and providing community outreach initiatives to increase awareness of TB and HIV, utilizing community

patient tracers to identify pregnant women for PMTCT referrals and to decrease the stigmatization of the dual epidemic. Patients in this activity are those that have been counseled and tested and have received their CD4 count and thus been enrolled in a wellness program. All HIV positive and TB patients receive nutritional support through nutritional assessments and various models on nutrition interventions were explored and are currently implemented. Regular nutritional assessments are done on all patients with a low BMI (<18.5 on initial assessment). Nutrition education and the running of nutrition gardens in the various sites are a priority. A specific objective of this activity is to enrol all HIV-positive patients in wellness programs to ensure that they are educated regarding good nutrition, the disease progress, adverse drug interactions and protection against opportunistic infections as well as infection control to protect those close to them. CPT prophylaxis was endorsed in all supported sites. Human resources support will continue in identified sites. To promote integrated care taking into account infection control principles, minimal refurbishment will take place at identified sites in newly supported sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	97,902	0

Narrative:

The partner will work with Eden district and the sub-districts (Western Cape), other PEPFAR funded partners and stakeholders to ensure adherance to the DoH policies. Activities will target children and adolescents from newborn to 21 years. Partner will conduct needs assessments and work with the facilities and district health management (DHMT) team to identify gaps in care. Partner will support and strengthen integration of maternal and child health (MCH), integrated management of childhood illness (IMCI), IMAI, nutrition, growth monitoring and HIV services. Identification of HIV-exposed and -infected babies at 6 weeks will be strengthened through optimal use and the recording of the mothers HIV status on the Road-to-health card.

Partner will strengthen referral systems between maternity (labor and delivery) and primary health care clinics to improve follow up and tracking and tracing of mother infant pairs. Partner will support and strengthen the recording and reporting and improve systems to ensure that commodities for dried blood spot (DBS) PCR testing and drugs (antiretrovirals, cotrimozaxole and nevirapine syrup) are available at health facilities.

Partner will strengthen the provision of a minimum package of care for HIV infected children which includes, cotrimoxazole prophylaxis, TB screening at every visit, provision of IPT for children, growth monitoring and nutritional assessment, immunizations, and psychosocial support. Aurum will support the strengthening of adolescent services including PICT, and psychosocial support especially around issues of disclosure, prevention with positives, and adherence.

Partner will assist the district and facilities with the implementation of a quality improvement program that will include the following: improved recording and reporting, and monitoring and evaluation. Moreover,

the partner will also support the facility, district and province to develop strategies to improve uptake in PCR testing, cotrimoxazole, retesting post weaning and retesting at 18 months.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	500,000	0

Narrative:

The program objectives that this mechanism will focus on include: Strengthen the national PMTCT surveillance system and response in view of contributing towards SAG's PMTCT goal of "no child born with HIV by 2015" and improving the survival of HIV-free children; Strengthen programs for linking and retaining of individuals into HIV care and treatment services with a focus on people eligible for, but never in, care; Strengthen programs in the prevention to treatment cascade; Support the development of strategic information, strategies and policies, and stronger national program approaches towards universal access to affordable and good quality HIV prevention, diagnosis, care and treatment interventions; Strengthen the case finding, diagnosis, and treatment of TB in key groups of HIV-infected persons, including pregnant and postpartum women, and infants; Strengthen school-based health programs

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	900,000	0

Narrative:

To support the roll-out of effective prevention programs targeted at youth in the Western Cape. The programs were developed informed by the baseline assessments. The interventions were developed, piloted and post-tested for effectiveness, supporting prevention programs to expand linkages and integration with HCT

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	405,594	0

Narrative:

The partner will provide support to thepartner facilities in improving the quality and coverage of the PMTCT services in women from age 15-49 years, to achieve a mother-to-child transmission rate < 2% at 6 weeks and < 5% at 18 months by 2015 in line with National Service Delivery Agreement. The partner will support the national PMTCT program by addressing some of the inherent programmatic gaps through technical assistance, including ongoing support through on-site mentorship of NIMART trained nurses; and health care workers trained in family planning, TB/HIV/STI management, couple counseling, basic

antenatal care services (ANC), and infant feeding practices. The partner will ensure that all women seen at ANC will have access to family planning counseling services, safer pregnancy counseling, and nutritional counseling and support services. The partner will work with South African government to improve linkages and integration of services between PMTCT, maternal and child health, sexual and reproductive health, youth and family planning services. Activities will include promotion of provider-initiated counseling and testing, TB screening of all pregnant women irrespective of their HIV status, promotion of early booking and retesting at 32 weeks. The partner will develop effective strategies to follow-up mother-baby pair post delivery. Program will prioritize early infant diagnosis by strengthening the referral systems between hospitals, clinics and community outreach programs. Furthermore, activities addressing cultural attitudes to infant feeding practice, male involvement in PMTCT and ANC, and increased uptake of services will also be supported. Institute for Youth Development of South Africa (IYDSA) will also work with the laboratory department to ensure improved turnaround time for CD4 counts, polymerase chain reaction (PCR) and other laboratory results. Partner will conduct quality improvement activities in order to identify areas of and need and will work with the district to innovate solutions for better program outcomes. Partner will support the District Health Information System to enable tracking of progress by using maternal and PMTCT indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,426,570	0

Narrative:

The project will support a comprehensive best-practice approach to integrated TB/HIV care to provide comprehensive, integrated TB/HIV care services and to improve accessibility of HIV care to TB patients. The program will comply with a standard set of objectives to ensure compliance with their mission and vision, which is to provide an integrated service for TB and HIV positive patients. This approach necessitates a strong leadership team that is decentralized and that can manage the program from the rural and resource limited settings in which they operate. Technical advisors in TB supporting and training, data management and monitoring and project coordinators in the various sites, keep the project on course and in line with district strategies.

Staff will be comprised of medical practitioners, nurses, dieticians, administrative staff, data capturers, pharmacists, pharmacist-assistants, clinic-based counsellors, community counsellors, tracers (these are community workers) and regional/area managers. A continued effort will be made to transfer some of these crucial staff members to the National Department of Health (NDoH) for service delivery activities hence ensuring skills transfer and sustainability of the project. The improvement of operational systems and data collection remains one of the focus areas of the program.

TB and HIV technical support will be the main focus of activities. The following activities will be prioritized: the training and mentoring of all NDoH staff in all the requirements of recording and reporting;

nurse-initiated managerment of ART (NIMART) as well TB prophylaxis and care;other preventative care support modalities (e.g., PMTCT); and the strengthening of monitoring and evaluation, recording and reporting as well as action research activities in an effort to strengthen current health systems, patient flow and embrace quality improvement in both the TB and HIV program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	335,664	0

Narrative:

The partner will support Eden district (Western Cape) and the South African government's overarching goals to scale up the number of pediatric patients on ART to 15% of the total on ART for the sub-district or district, and increase service delivery to HIV-infected infants, children and adolescents. This will be achieved with the district and the Regional Training centers, and other stake holders. Capacity will be built in the following manner:

1. Provide continuous training to clinicians (physicians, nurses and clinical associates) on the diagnosis, treatment and management of HIV-infected infants and children.
2. Provide support to the district and facilities to ensure scale up of provider-initiated counseling and testing of HIV. Sensitize provider to offer HIV tests to infants, children and adolescents that are encountered at all levels of care with an unknown HIV status.
3. Provide ongoing support for NIMART. The partner will provide onsite mentorship and regular onsite follow up to ensure that nurses are capacitated to initiate and provide care and treatment services to HIV-infected infants and children.
4. Support and ensure linkages to programs providing nutritional support, adherence, and psychosocial support.
5. Support and ensure that pediatric ART services are integrated with maternal and child health, Expanded Programme for Immunisations, and IMCI.
6. Support the district to ensure that all HIV-infected children have access to CD4% and viral load testing. Work with the National Health Laboratory Service (NHLS) and District to ensure that results are returned to facilities at a timely manner. Work with District to ensure that staff at facility reports and records results.
7. Support the District and sites in ensuring that there is a quality improvement plan in place. Ensure that District and sites use data to affect change at the site and District levels.
8. Support District and Regional Training Centres in providing training and onsite support for improving data collection, recording and reporting.
9. Support the District to ensure that there are adolescent friendly spaces to address the unique issues and challenges that HIV-infected adolescents encounter, particularly issues related to disclosure, and sexual and reproductive health.

Implementing Mechanism Details

Mechanism ID: 17036	**Mechanism Name: Systems Strengthening for Better HIV/TB Patient Outcomes**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Foundation for Professional Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 19,193,398	
Funding Source	**Funding Amount**
GHP-State	19,193,398

Sub Partner Name(s)

Africa Health Placements	University of Cape Town Call Centre	University of KwaZulu-Natal - Centre for HIV/AIDS Networking (HIVAN) - HIV 911 Programme

Overview Narrative

The goal of the Foundation for Professional Development (FPD)'s Systems Strengthening TA model is to foster a public sector management culture that is based on effective leadership by professional managers committed to: providing integrated quality services based on SAG policy in partnership with civil society; using strategic information to guide decision making; and improving service quality and outcomes. In partnership with SAG, FPD will: i) develop and inform strategies to help Districts realize the 10 Point Plan, including NSP on HIV/AIDS, PHC Re-Engineering Strategy, NHI and the Minister of Health's NSDA in line with the PIPF; ii) support district management to draft, implement and monitor progress against District Health Plans, related plans and expenditure reviews; iii) support districts to achieve and maintain targeted levels of performance for PEPFAR's priority areas, in particular TB/HIV. Target population includes district management teams (DMT), facility managers, staff in Tshwane/Metsweding (GP), Nkangala (MP), Capricorn and Vhembe (LP)and the uninsured public (est. 5,122,683) especially PLWHA's. Primary investment will be strengthening systems related to routine management with scale-back of TA investment and energy once processes are adopted and ingrained. FPD will ensure successful transition to SAG by: involving DMT in the conceptualization, planning and implementation of SS TA within the

districts, and negotiating roles and responsibilities regarding program milestones, sustainability measures and transition timelines. Key outcomes include: increased district management capacity; improved district health expenditure in line with approved budget; increased health systems efficiency and effectiveness; and improved program performance.

Cross-Cutting Budget Attribution(s)

Gender: GBV	1,000,000
Gender: Gender Equality	1,000,000
Human Resources for Health	5,886,791
Renovation	200,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**17036**		
Mechanism Name:	**Systems Strengthening for Better HIV/TB Patient Outcomes**		
Prime Partner Name:	**Foundation for Professional Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	1,364,505	0

Narrative:

Problem statement: Deviations from guidelines, disjointed packages of care and uncertainty regarding accountability result in breaks in continuity of care and incomplete provision of health services. Key gaps in quality of services related to: underutilization of PHC services, in particular cervical cancer screening, mental health screening and treatment, gender-based violence (GBV), and psycho-social and client support groups; Goal: PHC clinics provide integrated, comprehensive health service provision focused on prevention, early diagnosis and continuum of care. Key Activities in partnership with DOH include: provide expert programmatic TA to DMT to inform strategies, evidence-based interventions and best practice and compliance with national policy; TA to DMT to ensure appropriate planning for HAST programs in district strategic and operational planning, target setting and budgeting processes; support HAST programs to formulate and implement work plans, targets and budgets in line with population needs, district priority areas and NDOH policy and clinical guidelines; TA to PHC re-engineering strategies to strengthen early access to services, referral and retention; map HIV care services and reported performance against estimated need, to identify service gaps and inform district HIV strategies and related work plans; engage district stakeholders to ensure comprehensive support linked to health services (NGO, CBO, DSD); TA referral networks to improve community to clinic to hospital referral and tracing strategies; undertake formative evaluation and baseline assessment of HIV care related activities in each district; engage community organizations in communication and behavior change strategies to address stigma and discrimination; support RTC to develop training plan; train TB/HIV/STI, GBV, cervical cancer, mental health, IACT, tier, CHW. Through roving mentor teams: provide supportive supervision to facility based staff and ensure continuity of training to mentorship to competency in HIV related programs; mentor staff to integrate (NIM)ART, TB/STI/PICT, nutrition, ANC, MCH, GBV, psychosocial, mental health; TA systems to monitor & retain high CD4 counts & fast track; increase detection of cryptococcal meningitis; improve cervical cancer screening, cotrimox, TB screening and Rx, INH in line with guidelines; support HCW soft skills, debriefing and coping skills; mentor support group facilitators to establish IACT support groups to bridge HIV+ clients from HIV testing into HIV care; TA to improve dispensing and stock control; strengthen M&E of loss to initiation and retention in care for QI; promote family/male/ gogo/youth friendly HIV services; strengthen recording, reporting and data use of HIS (Tier and DHIS) and related data management tools (e.g. clinical stationery); facilitate use of innovative SI tools to facilitate program review and decision making; undertake operational research to explore, test, document and disseminate streamlined and/or best practice care modalities; strengthen referral and patient tracing between and within health services; support CHW to support HIV care and integrate patient tracing into PHC outreach activities; Intended outputs include: # trained (500); cervical cancer screening coverage (80%); comprehensive HIV care and support strategies in place; # IACT support groups established (20 p/d); IACT retention rate (70%); Intended outcomes include: increased CD4 at

ART initiation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	2,183,208	0

Narrative:

Problem statement: SA has high incidence of TB (993/100 000), low cure rate (70%) and high TB/HIV co-infection (65%). Goal: to improve TB/HIV patient outcomes. Key activities in partnership with DOH include: provide expert programmatic TB/HIV TA to NDOH around implementation of policy and guidelines; provide TB/HIV TA to DMT to inform strategies, evidence-based interventions and best practice and compliance with national policy; TA to DMT to ensure appropriate planning for TB/HIV in DHP, target setting and budgeting processes incl. DOTS; TA to strengthen SCM for TB/HIV; support strengthening of PPP with stakeholders (incl. mines, correctional services, military and SAPS); undertake formative evaluation and baseline assessment of TB/HIV related activities in each district; map TB/HIV services and reported performance against estimated need, to identify service gaps; train on TB/HIV; support DMTs to organize campaigns, provide supportive supervision to facility based staff and ensure continuity of training to mentorship to competency in TB/HIV, improve compliance with the five “I”s at all health facilities and promoting early detection and diagnosis of TB suspects through: intensified case finding, regular TB symptom screening for all clients [especially PLWHA] during clinic visits; mentoring nurses on INH prophylaxis to ensure compliance with policy; providing targeted infrastructure and administrative TA to improve and ensure compliance with infection prevention and control standards; mentoring clinical staff on early Initiation on ART; TA to facilities and program managers to maximize TB/HIV service integration [with key focus on PICT, MCH, NIMART]; TA to integrate TB/HIV care with nutritional gardens, patient education and psychological support to both health care givers and receivers (FPD’s 2012, Co-Adherence study documented 90% adherence levels amongst patients receiving concurrent TB treatment); TA around QI and compliance with guidelines; link champions and roving mentor teams with district specialist teams to prioritize TB/HIV service integration for ANC and pediatric services; TA to improve bacteriological coverage by using standardized TB diagnostic algorithms; strengthen recording, reporting and data use of TB/HIV in HIS (DHIS and etr.net) and related data management tools through training, mentoring, supportive supervision and structured performance reviews using national TB and HIV M&E framework and targets; TA to district and program managers on data use and analysis of TB/HIV indicators to strengthen TB/HIV service integration and improve patient outcomes; TA to strengthen clinic-laboratory interface to improve turnaround times (TATs); TA to plan, cost and implement novel technology (e.g. Gene Xpert) to maximize availability of diagnostic tests and results at the point of service; undertake operational research to explore, test, document and disseminate streamlined and/or best practice TB and HIV care and treatment modalities; strengthen referral and patient tracing between and within health services; support CHW to integrate TB/HIV awareness and

mobilization, defaulter and contact tracing as part of PHC outreach activities. Intended results include: initiate TB Rx in 100% with + lab/clinical test for TB; increase INH initiation (10%); # diagnosed TB patients started ART (5000, 10 %+); train (300). Intended outcomes include: improved TB cure rate; decreased TB defaulter rate (<8%), increased TB cure rate (5% increase)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	545,802	0

Narrative:

Problem statement: Deviations from guidelines, disjointed packages of care and uncertainty regarding accountability result in breaks in continuity of care and incomplete provision of health services. With exception of PMTCT, PICT is not routine for children resulting in inadequate referral of and late presentation and low treatment uptake of HIV-infected children to ART services. Goal: Improved early diagnosis of HIV-infected children and linkages to HIV care and treatment. Key Activities in partnership with DOH include: provide expert programmatic (pediatric) HIV and NIMART TA to DMT to inform strategies, evidence-based interventions and best practice and compliance with national policy; TA to DMT to ensure appropriate planning for pediatric and adolescent HIV programs in district strategic and operational planning, target setting and budgeting processes; support HAST programs to formulate and implement work plans, targets and budgets in line with population needs, district priority areas and NDOH policy and clinical guidelines; map paed. services and reported performance against estimated need, to identify service gaps and inform district HIV strategies and related work plans; TA to strengthen planning and coordination between health facilities, DSD, DOE, schools, and OVC organizations to ensure comprehensive support to HIV positive children; engage community organizations in implementing communication and behavior change strategies to address stigma and discrimination; engage with stakeholders to undertake campaigns and mobilize around pediatric HIV testing, care and treatment; support RTC to develop pediatric (NIM)ART training plan; train IMCI, pediatric TB/HIV/STI, mental health, IACT, tier. Through roving mentor teams: provide supportive supervision to facility based staff and ensure continuity of training to mentorship to competency in pediatric HIV related programs; mentor staff to integrate (NIM)ART, adherence, TB/HIV/STI, PICT, TB, ANC, MCH, GBV and mental health services and implement according to policy; promote sibling and grandchildren testing; TA systems to trace and fast track children; mentor doctors and nurses in pediatric care; support family-friendly and youth-friendly clinics; identify and establish model child ART sites for benchmarking; TA support group formulation for children, adolescence and guardians; strengthen program monitoring using clinical stationery and tier cohort data to speed to initiation and retention in care; promote total quality assurance and compliance with guidelines; strengthen recording, reporting and data use of HIS (Tier and DHIS) and related data management tools (e.g. clinical stationery); undertake operational research to explore, test, document and disseminate streamlined and/or best practice pediatric HIV modalities; strengthen referral and patient

tracing between and within health services; support CHW to baby, child and adolescent HIV testing uptake, integrate patient tracing and adherence into PHC outreach activities.
Intended outputs include: # trained (300); # children tested (60,000); # child support groups established (1 p/d); Intended outcomes: Increased access to HIV services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,353,285	0

Narrative:

Barriers: Lack of management competencies inhibits translating good policy into strategies with associated work plans, budgets and appropriate HR allocation. Historical-based budgeting and weak HR planning/management inhibit plan implementation. Goals: DHPs and related plans are linked to strategy, budgets, HR, realistic targets and appropriate activities; Expenditure and HR align to needs and plan. Working in partnership with SAG TA will build capacity of the DMT to plan, manage, implement and finance DHS, including HIV/TB programs. Activities (by area) are: (LE) provide expert TA in line with HSS technical areas, NDOH policies, NHI preparation, TB/HIV programs, DHP priorities and district needs with aim to build capacity of district structures and persons focused on systems, evidence base, plans/budgets and organizational culture; TA aimed at strategic and ops planning, budgeting, and review processes (from provincial to facility level); train/mentor/coach managers on core management competencies, quality and QI methodologies; (co)facilitate meetings to communicate and manage policy updates, plans, related activities and performance to stakeholders & role players; (establish and) strengthen governance structures including clinic committees, hospital boards and district AIDS councils; engage with PPL and other partners to ensure district donor coordination; strengthen QI team to implement and monitor progress against the NCS; support district to systematically strengthen and improve program efficiency and quality and disseminate and lessons learned/recommendations. (FI) provide expert TA in support of budgeting, expenditure review and costing analyses; (co-) submit proposals for funding and/or leverage. (HR) strengthen and streamline HR dept.'s recruitment, retention, performance management, and HR information systems; TA workforce planning, HR strategy and training plan formulation; recruit skilled HCW into funded posts (thru AHP); strategically transition skilled FPD staff into DOH in line with vacancies and plans; train (with RTC) in line with plans, policy and district priority areas. (PR) TA systems of forecasting, timely ordering and storage of essential medicines; TA pharmaceutical management information systems, Pharmacy and Therapeutics Committees and Pharmacovigilance activities; train on dispensing, SCM and (through HSA) PBPA; TA infrastructure and equipment planning (including maintenance) and budgeting in coordination with Public Works; TA clinic-lab interface to reduce turnaround time and minimize useless expenditure. Intended outputs include: # (%) Dist. managers trained, by level (Exec. DMT, sub-district, facility) & type (course/coaching)

& dist. (10 p/d); # plans TA-ed, by level [DHP, Ops, Strat.] & pillar & dist. (2 p/d); # (%) governance structures operating accord. to std, by dist & level. (TBD); # (%) districts with costed health workforce plan in place, by dist. (1 p/d); # HCW recruited and placed, by dist. & cadre & foreign/SA (50); # FPD staff transferred into DOH staff complement, by district & cadre (0); # trained, by course & cadre & pillar & dist (310); # interventions conducted based on needs, by pillar & prog & dist (1 p/d); # (%) facilities, by accreditation rating (based on std: NCS) & by dist (TBD). Outcomes: Improved- HS efficiency; management capacity; financial management, cross functional area improvement, leverage via increased partner contribution, training tenders, funding from other donors

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,000,000	0

Narrative:

Circumcision rates in South Africa [range 20-80% according to WHO] are too low constitute a population-level HIV prevention strategy. The goal is to scale up medical male circumcision in line with NSP targets in supported districts and nationally. Key activities in partnership with National Department of Health (NDOH) include: 1) Training activities in partnership with CHAPS provided to SAG staff and CDC PEPFAR partners around clinical skills to provide high quality MMC including emergency preparedness and training of facility managers around setting up and managing a high volume MMC site. Training and on-going mentorship to DOH service providers will ensure sufficient, skilled human resources in MMC service delivery facilities to support PEPFAR-supported facilities as well as publicly funded facilities providing MMC services. Specialized training teams will also maintain contact with clinicians trained to provide TA to ensure that training translates into increased VMMC service delivery post training. Training may be updated to accommodate task shifting to nurses as well as the introduction of Prepex or other VMMC devices approved by WHO and PEPFAR. In addition, services may be provided to districts and provinces to sustain PEPFAR-supported MMC facilities through SAG support once plus up funds expire. 2)Technical assistance: TA to DMT to integrate MMC into district planning, target setting and budgeting processes; TA to community mobilization and awareness campaigns to increase community demand for MMC; TA to support facility management around infrastructure and equipment management and maintenance to establish and maintain MMC sites; TA to strengthen SCM for MMC related equipment and sundries; support to the DMT and district-based MMC partners to scale up services, referrals and demand; mentoring and TA to management and facility staff to implement and maintain MMC sites; strengthen referral networks between community structures and NGOs and facilities linked to HCT and MMC; support CHW to integrate MMC awareness and mobilization as part of PHC outreach activities. Intended outputs include: # MMC sites per district (4 p/d); # trained (800). Intended outcomes include: increased male circumcision rates and reduced adverse events

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,183,208	0

Narrative:

Problem statement: South Africa is not on target to meet MGDs relating to maternal and child mortality; HIV still contributes to about 40% of maternal and child deaths in South Africa. Goal: to eliminate pediatric HIV infections and decrease burden of HIV in pregnant and lactating women
Key activities in partnership with DOH: provide expert programmatic MCH and PMTCT TA to NDOH to input in development and implementation of new policy and guidelines, as required; provide expert programmatic MCH TA to DMT to inform strategies, evidence-based interventions and best practice and compliance with national policy; TA to DMT to ensure appropriate planning for CARMMA, MCH and PMTCT programs in district strategic and operational planning, target setting and budgeting processes; support MCH (and PMTCT) programs to formulate and implement work plans, targets and budgets in line with population needs, district priority areas and NDOH policy and clinical guidelines; map MCH services and reported performance against estimated need, to identify service gaps and inform district MCH strategies and related work plans; undertake formative evaluation and baseline assessment of MCH (and PMTCT) related activities in each district; support MCH management and coordinators to organize campaigns. Involve community organizations in implementing communication and behavior change strategies to improve maternal and child health services. Provide supportive supervision to facility based staff and ensure continuity of training to mentorship to competency in MCH programs with focus on PMTCT and TB/HIV; train on IMCI, MCH and PMTCT; through roving mentor teams and MCH champions improve: integration of TB/HIV services into EPI, ANC and SRH/FP services and other prevention services ; early booking; exclusive breast feeding; nutrition; HIV testing (couples, 1st visit, 32 wk re-test, 6 wk PCR, 18 mo test); CD4, AZT and HAART uptake in ANC, strengthening obstetric practices which reduces MTCT, scaling up and improving quality of care and Increasing couple protection rate. Increasing postnatal follow up of mother baby pair; promote total quality assurance and compliance with guidelines in line with MCH programs; link program champions and roving mentor teams with district specialist teams to support MCH; work closely with other partners to understand social determinants of health and develop interventions to reduce HIV infections, strengthen recording, reporting and data use of MCH in HIS (ANC register, ART register) and related data management tools (e.g. tally sheets); facilitate use of innovative SI tools to facilitate program review and decision making; undertake operational research to explore, test, document and disseminate streamlined and/or best practice MCH and PMTCT care modalities; strengthen referral and patient tracing between and within health services; support CHW to integrate ANC early booking, PMTCT programs, breast is best, nutrition, male involvement, and ANC and pediatric HIV testing awareness and mobilization into PHC outreach activities. Intended results include: # trained (400); # PF initiated HAART (8000); # initiated AZT (25000); HIV 1st test rate (100,000; 95%); HIV 32 week re-test rate (55%); PCR uptake rate (90%); Intended outcomes

include: PCR positivity rate (<3%).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	8,562,116	0

Narrative:

Problem statement: due to massive burden of HIV, DOH introduced Nurse Initiated and Managed ART (NIMART) ART which requires that ART be integrated into a PHC setting.
Goal: i) NIMART model is fully deployed providing integrated HIV/TA care for adults, adolescents and children; ii) model (NIM)ART sties established that meet the highest national standard. Key Activities in partnership with DOH include: provide expert programmatic HIV and NIMART TA to DMT to inform strategies, evidence-based interventions and best practice and compliance with national policy; TA to DMT to ensure appropriate planning for NIMART and ART programs in district strategic and operational planning, target setting and budgeting processes; support HAST programs to formulate and implement work plans, targets and budgets in line with population needs, district priority areas and NDOH policy and clinical guidelines; map ART services and reported performance against estimated need, to identify service gaps and inform district HIV strategies and related work plans; undertake formative evaluation and baseline assessment of (NIM)ART related activities in each district; engage community organizations in communication and behavior change strategies to address stigma and discrimination; support RTC to develop (NIM)ART training plan; train NIMART, mentorship, ART, TB/HIV/STI, tier. Through roving mentor teams: provide supportive supervision to facility based staff and ensure continuity of training to mentorship to competency in NIMART and related programs; mentor staff to integrate (NIM)ART, adherence, TB/HIV/STI, PICT, TB, ANC, MCH, GBV and mental health services and implement according to policy; TA systems to fast track low CD4 counts, pregnant females and TB patients onto ART; support NIMART certification of nurses; identify and establish model NIMART sites for benchmarking; strengthen hospital-based ART clinics for complicated case referral; increase detection of cryptococcal meningitis; improve cervical cancer screening, cotrimox, TB screening and treatment, INH in line with guidelines; improve viral load and drug resistance monitoring and appropriateness of regimens; support adherence counseling and adherence improvement initiatives; support HCW soft skills, debriefing and coping skills; TA to improve dispensing and stock control; strengthen program monitoring using clinical stationery and tier cohort data; promote total quality assurance and compliance with guidelines; promote family/male/gogo/youth friendly HIV services; link roving mentor teams with district specialist teams to support complicated HIV; strengthen recording, reporting and data use of HIS (Tier and DHIS) and related data management tools (e.g. clinical stationery); facilitate use of innovative SI tools to facilitate program review and decision making; undertake operational research to explore, test, document and disseminate streamlined and/or best practice NIMART modalities; strengthen referral and patient tracing between and within health services; support CHW to integrate patient tracing and

adherence into PHC outreach activities. Intended outputs: # trained (100); # patients (% facilities) initiating ART (45,000), by dist. & age group & TB/Preg; # total remaining on ART, by dist. & age gr (150,000). Intended outcomes: Increased ART coverage rate, by age group & district, Increased baseline CD4 at initiation, Increased viral load suppression rate, Improved ART patient retention rate

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	2,001,274	0

Narrative:

Problem statement: due to massive burden of pediatric HIV, DOH introduced Nurse Initiated and Managed ART (NIMART) ART which requires that ART be integrated into a PHC setting. Goal: i) NIMART model is fully deployed providing integrated HIV/TA care for adolescents and children; ii) model (NIM)ART sties established that meet the highest national standard. Key Activities in partnership with DOH include: provide expert programmatic (pediatric) HIV and NIMART TA to DMT to inform strategies, evidence-based interventions and best practice and compliance with national policy; TA to DMT to ensure appropriate planning for pediatric and adolescent ART programs in district strategic and operational planning, target setting and budgeting processes; support reviews using cohort data; support HAST programs to formulate and implement work plans, targets and budgets in line with population needs, district priority areas and NDOH policy and clinical guidelines; map ART services and reported performance against estimated need, to identify service gaps and inform district HIV strategies and related work plans; undertake formative evaluation and baseline assessment of pediatric ART related activities in each district; engage community organizations in implementing communication and behavior change strategies to address stigma and discrimination; engage with stakeholders to undertake campaigns and mobilize around pediatric HIV testing and treatment; support RTC to develop pediatric (NIM)ART training plan; train IMCI, NIMART, mentorship, ART, pediatric ART, PMTCT, TB/HIV/STI, tier. Through roving mentor teams: provide supportive supervision to facility based staff and ensure continuity of training to mentorship to competency in pediatric ART related programs; mentor staff to integrate (NIM)ART, adherence, TB/HIV/STI, PICT, TB, ANC, nutrition, MCH, GBV and mental health services and implement according to policy; TA systems to fast track children; mentor doctors and nurses in pediatric ART; support NIMART certification of nurses; support family-friendly and youth-friendly clinics; identify and establish model NIMART sites for benchmarking; strengthen hospital-based ART clinics for complicated case referral; support adherence counseling and adherence improvement initiatives with target for babies, children, adolescence and guardians; TA to improve dispensing and stock control of pads drugs; promote total QI linked to treatment outcomes & cohort data; link with district specialist teams to support complicated HIV and MCH; strengthen recording, reporting and data use of HIS (Tier and DHIS) and related data management tools (e.g. clinical stationery); facilitate use of innovative SI tools to facilitate program review and decision making; undertake operational research to explore, test,

document and disseminate streamlined and/or best practice pediatric ART modalities; strengthen referral and patient tracing between and within health services; support CHW to baby, child and adolescent HIV testing uptake, integrate patient tracing and adherence into PHC outreach activities. Intended outputs: # trained (100); # children (% facilities) initiating ART (4,000), by dist; # total remaining on ART, by dist. & age gr (10,000). Intended outcomes: Increased pediatric ART coverage rate, by district, Increased baseline CD4 at initiation, Increased viral load suppression rate, Improved ART patient retention rate.

Implementing Mechanism Details

Mechanism ID: 17037	**Mechanism Name: Systems Strengthening for Better HIV/TB Patient Outcomes**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Wits Reproductive Health& HIV Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 12,755,474	
Funding Source	**Funding Amount**
GHP-State	12,755,474

Sub Partner Name(s)

Africa Health Placements	Empilweni Services and Research Unit (ESRU)	

Overview Narrative

The goal of the project is to improve HIV-related population outcomes by strengthening management systems at facilities, build the capacity of facility teams & management systems in coordination with the North West & Gauteng Provinces to support & integrate TB/HIV related services with overall health system strengthening as well as supporting facilities in identifying & setting up policies & programmes to improve the district's facility response to providing HIV/TB care, treatment, laboratory & prevention services & to support transition to a sustained national comprehensive HIV/TB care & treatment programme that supports two key priorities of the government including PHC re-engineering & national health insurance. The overall strategy involves a roving team allocated

to each sub-district's PHCs & CHCs, who are managed by a sub-district manager & supported by a back-up team based in the sub-district. These teams will develop the capacity of DoH staff through targeted, on-site training & mentoring & will mentor facility staff to apply their learning from previous training interventions to improve quality of care & services. Roving teams will also provide additional training as required with follow on mentoring. To ensure that facility staff are mentored & trained effectively without disruption to services, two of the roving team will provide counselling & clinical service delivery whilst staff are trained & mentored by the rest of the WRHI team during that visit. This model will also provide additional opportunities for mentoring & training when integrated into the service delivery support. WRHI's technical specialist team & organisational management structures based at their head office will support teams based in the district.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	1,820,000
Human Resources for Health	1,650,000
Motor Vehicles: Purchased	255,570

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	17037		
Mechanism Name:	Systems Strengthening for Better HIV/TB Patient Outcomes		
Prime Partner Name:	Wits Reproductive Health& HIV Institute		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,482,796	0

Narrative:

WRHI HBHC activity will focus on technical assistance (TA) at the national, provincial, district, facility and community levels. TA includes training, mentoring, monitoring, evaluation, quality improvement (QI), problem identification with formulation of solutions and ensuring systems are implemented to provide routine quality clinical service. HIV infected adults in rural, semi-urban and urban districts of DKK, RSM and Region F are targeted. WRHI has aligned to the SAG and PEPFAR strategies focusing on quality of care in services, combating HIV/ AIDS and decreasing the burden of disease from TB in order to ensure "A healthy Life for All South Africans". Vulnerable groups including those with TB, pregnant women, adolescents, men, sex workers, migrants, refugees, farm workers and MSM will be targeted.

WRHI district based teams will collaborate with the district on the key outcomes of the program: effective retention in quality care and efficient referral. This will be supported using the PHC re-engineering model to ensure: tracing and follow-up after HIV diagnosis and ART initiation; efficient referral of complex HIV cases; loss to pre-ART and ART programs is minimized. PHC level staging and rapid nurse initiation of ART for eligible patients will be promoted. TB patients will be referred immediately into TB treatment programs, while actively encouraging HIV screening. Within the care and referral system, non-adherent patients will be identified. WRHI will develop a model of support for patients failing ART and TB treatment, who require specialized support. IHI-supported processes focusing on the quality of care will be employed across all facilities by district teams. District Referral and Training Centers will be supported to become high quality referral network support, and training site for the development of clinical expertise. This program will advise on integration and linkages of HIV care into maternal and child health, family planning, reproductive health services including cervical cancer screening, GBV centers, mental health services, PLHIV support groups and services, and nutrition as well as facilitate transition into chronic care and vice versa. Through the PHC re-engineering model, strong referral linkages will be made between communities, schools and health facilities.
WRHI's Monitoring and Evaluation team's support is cross cutting and provided for program monitoring, reporting, data quality, operations research, evaluations, data use, Health Management Information Systems, and other areas. Program outputs and outcomes will be reported quarterly for the indicators listed in the M&E plan. Data will be obtained from the DHIS and ETR.net. Patient level outcomes will be

used as outcome indicators for the WRHI TA effort. These include: HIV positive adult (15 years and older) patients eligible for ART starting on ART; ART patients still on treatment at 12 months rate. Support will be provided to districts to set and achieve their targets. Together with the DMT, indicators will be reviewed and measured against targets. Where gaps are identified, strategies to improve outputs will be optimised and WRHI will provide technical assistance to address these. Reports, lessons learned, publications, presentations and other documents will be developed and disseminated to funder and stakeholders through the life of the grant.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,528,628	0

Narrative:

WRHI will assist DoH in providing comprehensive integrated HIV/TB care which is cost effective and evidence-based. The operational plan aims to address gaps at the poorest performing facilities initially, but the overall goal is to improve the standard of care at all levels.

The model used to achieve this goal is a district based roving team that provides facility and district level support to the DoH. In addition, a specialist technical team offers supportive supervision to the district team as well as providing technical contributions to National and provincial guideline and policy committees. Technical team members are represented on SANAC who are the custodians of the NSP. The positioning of WRHI at all levels allows for the rapid dissemination of new policies and training on guidelines.

Attendance at district, provincial and National quarterly HIV/TB meetings allows for feedback, interpretation of data and identification of gaps in services together with the DoH and other partners, which allows a coordinated response.

Health service delivery models to improve HIV/TB integration and patient referral systems are being developed, implemented and assessed.

Capacitation of DoH staff and skill transfer is through supportive mentoring of facility clinical staff by the district teams. Technical team members provide on site supportive mentorship at special sites where complicated HIV/TB and drug resistant patients are treated. Teaching occurs at pre-service, undergraduate and post graduate level. The training at all levels and across all cadres of health care workers will establish a sustainable core of expertise within the DoH and allow for transition.

WRHI's district teams have dedicated data quality assurance members who support the collection and capturing of data at facility and district levels, this data is continuously monitored by the Technical teams and any trends or irregularities interrogated and acted on as they are identified.

Over the past year a large operational research and regional support project using GeneXpert as a point of care diagnostic was completed, the results will determine the use of Xpert in Region F. Interventions using Xpert are planned for the more rural areas of the North West province where laboratory cover is

poor. WRHI is currently evaluating GeneXpert for paediatric diagnostics.
A specialist TB referral centre was developed and a supply of second line drugs obtained, lessons learned in the scale up of this service will be used to develop other OPD facilities to provide MDR services. DRAT assessments were conducted in WRHI supported districts and gaps identified are being addressed by the District teams. Various contact tracing methods were assessed in Region F and the paper slip method will be rolled out at all Region F facilities. The implementation of a revised TB register has allowed for more complete data collection and National DoH will be approached to adopt the register Nationally. Infection control assessments and training conducted in all facilities in WRHI-supported districts will be followed up with an assessment of the resulting interventions implemented.
The IPT guidelines are being reviewed and once finalized district teams will re-train all district facility staff on the new guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	269,599	0

Narrative:

WRHI HSS support for PMTCT will focus on technical assistance at the national, provincial, district, facility and community level. Technical assistance includes training, mentoring, monitoring, evaluation, quality improvement (QI), problem identification and formulation of solutions and systematising interventions. In Region F, DKK and RSM 11 sub-districts are supported by mobile support teams assisted by specialist teams.

WRHI has and continues to support the NDoH in writing and implementing PMTCT guidelines and has supported districts to achieved MTCT rates of < 4. In the next 2 years we expect all facilities to be providing the new PMTCT regimen, transmission rates to be <3% at 6weeks and <5% at 18 months. However targets will be finalised jointly with the districts. WRHI and the DMT hold joint quarterly meetings where DHIS indicators are reviewed and measured against targets. Where gaps are identified, strategies to improve outputs will be optimised and technical support to address these provided with ongoing review of indicators to measure progress. Poorest performing facilities will be identified and prioritized, in time all district facilities will be reached. WRHI mobile outreach teams will rotate through facilities and provide onsite QI initiatives to improve PMTCT outcomes. One staff member will provide clinical services (simultaneously mentoring and auditing) to release key/clinical DoH staff from duties, while the other team members will provides onsite technical assistance.

Teams will: provide QI interventions to implement routine opt out testing for pregnant women including repeat testing for negatives at 32 weeks, in labour and post-delivery; improve systems to ensure all HIV infected pregnant/postnatal women receive CD4 cell count results timeously; train and mentor HCWs and

trainers to provide the new regimens during pregnancy, delivery and post-partum with effective initiation and management of women on ART; train and mentor HCWs on benefits of exclusive breast feeding and safe feeding practices; and train and mentor HCWs to increase testing of HIV-exposed infants by PCR at 6-weeks and post breast feeding cessation and by ELISA at 18-months. Through QI interventions, WRHI will assist facilities to improve integration of routine HIV testing into EPI and well-baby clinics; train PHC re-engineering team leaders on referral of HIV exposed infants for testing and on how to support exclusive breast feeding. Health and tracking systems for mother-infant pairs will be developed to ensure continuity of care. WRHI will train and mentor team leaders and facility staff to increase the number of pregnant women booking before 20 weeks and to provide risk reduction counselling for HIV negative women including provision of condoms to reduce sero-conversion during pregnancy and to increase early access to ANC in order to reduce morbidity, mortality and support elimination of MTCT. WRHI will support: improving integrated care including of contraceptive services; implementing the new contraceptive policy; systems to engage the HIV affected couple intending to conceive to maximize health outcomes and limit transmission. WRHI will: provide technical assistance to procurement systems to ensure no stock outs; work with regional training centres to ensure trainers are trained on comprehensive PMTCT interventions to ensure sustainability of the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	929,678	0

Narrative:

HR capacity development is strongly supported via comprehensive training & mentoring activities delivered by WRHI teams & addresses all levels of health care workers (HCWs) including new tiers of staffing. Collaborating with Regional Training Centers (RTCs), WRHI will ensure sustainability & institutionalization of training programs including capacity building for RTCs following the NDoH lead evaluation. Training & mentoring programs will be evaluated for on-going improvement, skills transfer & improved services.

Working through the National Leadership & Management forum, & with the RTCs, district, sub-district & facility-based leadership, governance & management will be addressed through needs assessments, appropriate learning programs & support for the development of district management plans utilizing routinely available data to set appropriate district, sub-district & facility targets & priorities.WRHIs District team includes an Human Resource (HR) practitioner provided by WRHI's sub partner, AHP. AHP will work with the DMT to conduct baseline assessments in districts to effectively analyse & prioritise critical requirements, plan for future HRH workforce needs & provide management information on HR issues including recruitment & placement priorities; skills available & required per district & facility; availability, compliance & alignment to job descriptions; management capacity to conduct performance reviews &

retention programmes intended to retain critical positions. It is anticipated that the need for NIMART & PHC re-engineering support will continue, including training & support for DoH NIMART mentors, & facility managers to strengthen supportive supervision. In addition, the following training for facility based HCWs is still required: PICT & HCT; TB/HIV; PMTCT; adherence; mental health; & appropriate integration of services such as contraception. To strengthen facility level health & patient management systems, WRHI will train & mentor DoH staff in quality improvement (QI); National Core Standards; data management & other HSS learning needs. Emphasis is on practical application & progress towards achieving facility QI plans. Training is planned with the DoH & aligned with district health plans & priorities. Where possible, modular training will be conducted on-site, to reduce costs & ensure effective, targeted learning with strong links to improved practice. As initiations increase at primary level, referrals to hospital level will increase, shifting the role of clinicians, including expert nurses, from initiation to the management of complex cases. WRHI has developed an advanced HIV/TB training for these clinicians. WRHI will collaborate with & train district doctors to improve communication & referral processes with down-referral sites; identify weaknesses in the ART program to direct their targeted, responsive, mentoring support; & provide specialist care & training at up-referral sites. The quality of pre-service training in HIV/TB management is inconsistent, with little understanding of QI. WRHI will continue to provide HIV/TB training to University of the Witwatersrand medical students & provide TA in curriculum review & faculty to the Clinical Associate program. To improve the quality of HIV/TB & QI training for nursing students, their tutors will be offered a tailored program using the DoH high quality & specialist facilities as training sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,752,395	0

Narrative:

WRHI HSS support for PMTCT will focus on technical assistance at the national, provincial, district, facility and community level. Technical assistance includes training, mentoring, monitoring, evaluation, quality improvement (QI), problem identification and formulation of solutions and systematising interventions. In Region F, DKK and RSM 11 sub-districts are supported by mobile support teams assisted by specialist teams.

WRHI has and continues to support the NDoH in writing and implementing PMTCT guidelines and has supported districts to achieved MTCT rates of < 4. In the next 2 years we expect all facilities to be providing the new PMTCT regimen, transmission rates to be <3% at 6weeks and <5% at 18 months. However targets will be finalised jointly with the districts. WRHI and the DMT hold joint quarterly meetings where DHIS indicators are reviewed and measured against targets. Where gaps are identified, strategies to improve outputs will be optimised and technical support to address these provided with

ongoing review of indicators to measure progress. Poorest performing facilities will be identified and prioritized, in time all district facilities will be reached. WRHI mobile outreach teams will rotate through facilities and provide onsite QI initiatives to improve PMTCT outcomes. One staff member will provide clinical services (simultaneously mentoring and auditing) to release key/clinical DoH staff from duties, while the other team members will provides onsite technical assistance.

Teams will: provide QI interventions to implement routine opt out testing for pregnant women including repeat testing for negatives at 32 weeks, in labour and post-delivery; improve systems to ensure all HIV infected pregnant/postnatal women receive CD4 cell count results timeously; train and mentor HCWs and trainers to provide the new regimens during pregnancy, delivery and post-partum with effective initiation and management of women on ART; train and mentor HCWs on benefits of exclusive breast feeding and safe feeding practices; and train and mentor HCWs to increase testing of HIV-exposed infants by PCR at 6-weeks and post breast feeding cessation and by ELISA at 18-months. Through QI interventions, WRHI will assist facilities to improve integration of routine HIV testing into EPI and well-baby clinics; train PHC re-engineering team leaders on referral of HIV exposed infants for testing and on how to support exclusive breast feeding. Health and tracking systems for mother-infant pairs will be developed to ensure continuity of care. WRHI will train and mentor team leaders and facility staff to increase the number of pregnant women booking before 20 weeks and to provide risk reduction counselling for HIV negative women including provision of condoms to reduce sero-conversion during pregnancy and to increase early access to ANC in order to reduce morbidity, mortality and support elimination of MTCT. WRHI will support: improving integrated care including of contraceptive services; implementing the new contraceptive policy; systems to engage the HIV affected couple intending to conceive to maximize health outcomes and limit transmission. WRHI will: provide technical assistance to procurement systems to ensure no stock outs; work with regional training centres to ensure trainers are trained on comprehensive PMTCT interventions to ensure sustainability of the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	6,522,779	0

Narrative:

WRHI HSS support for adult treatment will focus on technical assistance at the national, provincial, district, facility and community level of care. Technical assistance includes training, mentoring, monitoring, evaluation, quality improvement (QI), problem identification with formulation of solutions and ensuring systems are implemented to provide routine quality clinical service. HIV infected adults in DKK, RSM and Region F including those with TB, pregnant women, adolescents, men, sex workers, migrants, refugees, farm workers and men who have sex with men will be targeted in this program.
Support is offered to all cadres of health care workers. WRHI district team members work together, with

one clinician providing clinical support to release DoH clinical staff, whilst colleagues provide onsite supportive training, mentorship and facilitation of NIMART accreditation, and “supermentorship” for DoH NIMART mentors together with QI support. Quality of care with a focus on retention in care and referral systems is strengthened through institutionalizing continuous QI methodologies, process mapping and the use of National Core Standards. Use of routine available data will identify the facility and sub-district-specific priority areas where targets are not being met. Poorest performing facilities will be prioritized but with time, all facilities will be reached. QI interventions will target these specific issues with measurable outcomes, and empower facility managers to implement improvements.

Retention in care and adequate referral will be supported using PHC re-engineering staff to ensure tracing and follow-up occurs. WRHI will ensure referral of complex HIV cases occurs efficiently, and that loss to pre-ART and ART programs is minimized. District Referral and Training Centers will be supported and will provide both a high quality referral network support and a training site for the development of clinician expertise in HIV, TB and Opportunistic infections. Novel mechanisms to improve retention in care will be developed and implemented, including the use of mHealth technologies.

Adolescent support groups have been established to encourage retention and adherence in this group of patients. WRHI is collaborating with DoH to establish ART adherence clubs. Experience gained will be used to offer further adherence support in supported districts.

WRHI will further address adherence and decrease loss to follow up through the PHC re-engineering processes, ensuring screening for mental illness and substance abuse, with linkages to care systems and support; and through specialized clinics for HIV, TB and OIs. Within the referral service, non-adherent patients will be identified. WRHI will develop a model of support for patients failing ART and TB treatment, who require specialized support, to prevent unnecessary morbidity. Training of facility managers as supervisors, through RTC, will be conducted.

Through close collaboration with DoH facility managers and training of DoH staff WRHI has been able to transfer all ART provision in the districts we support to the DoH, and currently provides the previously described support for these services. WRHI still provides pharmacists where the lack of DoH pharmacists are a barrier to services.

Continued training and skills transfer will enable the system to become self-sustaining in the future.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	269,599	0

Narrative:

WRHI support for pediatric treatment will focus on technical assistance (TA) at the national, provincial, district, facility and community level. TA includes training, mentoring, monitoring, evaluation, quality improvement (QI), problem identification and formulation of solutions and systematizing interventions. In Region F, DKK and RSM 11 sub-districts will be supported by WRHI district teams. They will collaborate

with DoH District Specialist Teams (DST) to achieve reductions in maternal and child mortality and improved HIV/TB outcomes. TA to guideline committees will continue.

QI methodologies will facilitate increased testing for HIV-exposed infants at 6-weeks, post breastfeeding and at 18-months with early referral into ART care for infected infants. Mechanisms for increasing PICT for children/adolescents at facilities will be developed, recognizing that a number of children are undiagnosed despite living with HIV infection. Review of DoH dashboard indicators for pediatric HIV testing and ART initiation will guide the teams towards targeted training and mentoring for HCWs by increasing capacity and skills in pediatric HIV/TB care. The team will identify HCWs who require IMCI training and pediatric NIMART certification and will assist with mentoring and facilitating training for these individuals. On-site mentoring and training, together with the WRHI district teams and DST will be conducted, appropriate to the HCW level and will range from clinic-based mentoring for the initiation of uncomplicated patients onto ART and appropriate monitoring with CD4 cell counts and HIV RNA, to the management of complicated pediatric and adolescent patients with virological failure, opportunistic infections, drug interactions and side effects. WRHI will assist the DoH district teams in establishing referral networks for HIV infected children and adolescents to district level hospitals to manage HIV-associated complications. Training and mentoring on management of children with ART failure, adherence and ART switching will be provided. For those requiring third line ART, TA to access and interpret resistance tests and on provision of third line ART regimens will be provided.

Retention in care for infants, children and adolescents is measured by clinic attendance and by HIV RNA suppression, and this will be monitored through file audits. Pediatric ART adherence is complex. In younger children, the need for caregivers to administer ART can add complexity. In older children, adherence issues are complicated by the challenges of adolescence. TA will be provided to: develop appropriate counseling skills for the various pediatric age groups; establish support groups; develop systems to appropriately up-refer to specialist psychological/psychiatric services. Linkages with community based organizations and PHC re-engineering teams to trace children/adolescents back into care will be established. Disclosure by caregivers to children needs to be stepwise and age-appropriate culminating in full disclosure by about 10 years of age. WRHI will supervise and mentor counseling staff in these disclosure processes. Disclosure support to friends and sexual partners for adolescents requires capacitation that the team will facilitate. TA for improved adolescent services including supporting the development and refinement of tools, facilitating the provision of family planning services, reproductive health services and transition to adult care will be provided.

Implementing Mechanism Details

Mechanism ID: 17038	**Mechanism Name: Strengthening District**

	Responses for Better HIV/TB Patient Outcomes in eThekwini & Umkhanyakude Districts in KwaZulu-Natal, South Africa
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Maternal, Adolscent and Child Health (MatCH)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 10,289,365	
Funding Source	**Funding Amount**
GHP-State	10,289,365

Sub Partner Name(s)

(No data provided.)

Overview Narrative

MaTCH's goal is to build an effective and sustainable health system in SA by 2016 that is capable of responding to multiple disease burdens through coordinated use of resources and capacity building for successful implementation of national, provincial and district strategies, policies, standards, guidelines and implementation plans. MatCH staff work in 'roving support teams' providing intensive technical support, management training, on-site mentoring and coaching to QA and oversight to ensure that health systems are strengthened and sustained and to provide mentoring in comprehensive HIV-related clinical care, management, M&E and QA on a rotational basis with the objective of improving TB and HIV patient outcomes. MatCH provides capacity development and training, including on technical and managerial skills for provincial, district, sub-district and facility management teams to develop and implement costed workplans and to enhance facilities management, financial and HR planning, commodity and pharmaceutical supply, procurement, forecasting, and infrastructure. Rapid scale-up of successful practices and tools across all facilities will be facilitated through MatCH roving teams. Data flow from facility level to district will be improved to ensure that PHC clinic data is reported to hospitals and that all sites are reporting and to improve utilization of district level data. MatCH's support through human resources, infrastructure and renovations, technical assistance, capacity building and health systems strengthening will allow more people to access care and improve health outcomes of patients through capacitating district and sub district management teams to sustain service delivery and quality of care.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	15,000
Gender: GBV	308,681
Gender: Gender Equality	514,468
Human Resources for Health	127,000
Motor Vehicles: Purchased	120,514

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Child Survival Activities

Safe Motherhood

TB

End-of-Program Evaluation

Family Planning

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**17038** **Strengthening District Responses for Better HIV/TB Patient Outcomes in eThekwini & Umkhanyakude Districts in KwaZulu-Natal, South Africa** **Maternal, Adolscent and Child Health (MatCH)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	745,718	0

Narrative:

MatCH provides support for adult care and support programs in eThekwini and Umkhanyakude districts in KwaZulu-Natal (KZN). KZN is the epicenter of the South African HIV epidemic with an antenatal (ANC) prevalence rate of 37. 4% in 2011. KZN has an estimated population of 10.5 million people, 42% of whom reside in eThekwini Metro district (urban) and uMkhanyakude district (rural). Potential beneficiaries of the proposed program of activities include approximately 4.1 million people (42% of KZN's population) resident in eThekwini and uMkhanyakude who experience a disproportionately high incidence of HIV and TB, especially amongst young women of reproductive age (15-24 years).

MatCH will support the KZN DOH with technical skills development for adult care and support through in-service, on-site training and mentoring for health care workers including doctors, nurses, pharmacy assistants, counselors, data entry staff, managers, CCGs. Training programs will include PICT, HIV-related diseases, adolescent, nutrition, GBV, and HIV prevention topics. MatCH will also work with KZN DOH to pilot and roll out task shifting and task sharing interventions. MatCH mobile and on-site multidisciplinary roving teams will support program implementation and facilitate the transition from service delivery to technical support.

MatCH roving doctor advisors, pharmacy advisors and pharmacy assistants will mentor DOH staff in supply chain management for C&S services at PHC facilities in accordance with DOH rules and regulations. In addition, pre-and in-service training for pharmacist assistants will be conducted. HIV positive clients not eligible for ART will be referred into wellness services, and repeat CD4 testing will ensure clients are not lost from the system. Across all sites, prevention for positives will be emphasized with intensive counseling provided to discordant couples in conjunction with a strengthened condom distribution network. Male and female condoms will be provided at all sites and MatCH roving teams will provide training to DOH nurses and counselors around the demonstration and use of female condoms. In addition, referral for couple counseling, FP and secondary prevention will be strengthened.

MatCH will strengthen data collection on adult treatment and care at sites using standardized tools and reporting via the District Health Information System (DHIS). DOH Health care workers and data entry staff will be trained on M&E tools and indicators. Strengthening district capacity to conduct monitoring and capacity–building activities will be a key focus. Monthly and quarterly meetings of the DHMTs will be held to review DHIS data and monitor progress towards achievement of targets. In addition, an annual review of the KZN PSP 2012-2016 will be conducted.

MatCH will assist DHMTs with target setting and verifying data reported to the DHIS. MatCH will also support tracking of 'Reach against Targets', entry into care and retention in care and implement

interventions to improve retention such as telephonic follow-up of clients, home visits, SMS reminders. Findings will be used to inform program improvement, and provide baseline information to initiate defaulter tracing programs; to improve data systems and quality of care at various sites; and to address loss to initiation and delays in accessing care.

Support for human resource development, financial management and governance will improve adult C&S service delivery and outcomes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,193,148	0

Narrative:

MatCH provides support for adult care and support programs in eThekwini and Umkhanyakude districts in KwaZulu-Natal (KZN),where the antenatal HIV prevalence rate was 37.4% in 2011.Potential beneficiaries of the proposed activities include approx. 4.1 million people resident in these districts who experience a disproportionately high incidence of HIV & TB, especially amongst young women of reproductive age (15-24 years). In FY12 MatCH provided > 26,000 TB patients with HIV screening and 29,000 HIV+ patients were screened for TB. Targets for FY13-14 are to screen 90% of HIV positive patients and to ensure 90% of TB patients are offered HIV screening.

MatCH will support KZN DOH with TB/HIV technical skills development through in-service, on-site training and mentoring for health providers (doctors, nurses, pharmacy assistants, counselors, data entry staff, managers, community care-givers (CCGs). Training will include ‘core’ topics such as PICT, HIV-related diseases, adolescent and pediatric care and counseling, sexual & reproductive health, nutrition, GBV, TB, and HIV prevention. MatCH will also work with KZN DOH to pilot and roll out task shifting and task sharing interventions focusing on TB/HIV. MatCH roving and on-site multidisciplinary teams will support program implementation. MatCH will work with DOH district, sub-district and facility teams to implement models for task-shifting including increasing skills and capacity of pharmacist assistants through pre-and in-service training, training of radiographers in TB diagnosis, and utilization of CCGs for HIV & TB defaulter tracing and case finding. The implementation of SOPs and guidelines for decentralizing and integrating HIV/TB care and related training of health providers and health management is key to successful, comprehensive task-shifting programs and MatCH will provide training and dissemination of good practice and lessons learned.

MatCH roving doctor advisors, pharmacy advisors and pharmacy assistants will mentor DOH staff in Supply Chain management for HIV/TB at PHC facilities in accordance with DOH regulations; In addition, pre-and in-service training for pharmacist assistants will be conducted.

MatCH will support TB monitoring via the ETR.net system. MatCH will also support the integration of adult and pediatric TB and HIV care, including TB screening at every visit, referral for services, fast tracking transition into care; and providing PHC clinics with mobile X-ray TB screening,' including for screening of DOH staff. All TB positive patients will be offered PICT and all HIV positive patients will be screened for TB.

MatCH will support infection control at DOH sites including risk assessments and audits at 6 monthly intervals, provision of masks for patients and health workers. Training will be provided to health workers on adherence to infection control plans, triaging of patients, proper procedures for collection and handling of sputum samples and the importance of testing household contacts. MatCH will also assist KZN DOH to roll out IPT. Active TB case finding in children will be a focus area in FY13 through monitoring of growth faltering and screening of contacts of TB positive adults.

Support for human resource development, financial management and governance will improve TB/HIV service delivery and outcomes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	298,287	0

Narrative:

MatCH provides support for pediatric care and support programs in eThekwini and uMkhanyakude districts in KZN. KZN is the epicenter of the South African HIV epidemic with an antenatal (ANC) prevalence rate of 37.4% in 2011. KZN has an estimated population of 10.5 million people. Potential beneficiaries of the proposed program of activities include approximately 4.1 million people (42% of KZN's population) resident in eThekwini and uMkhanyakude who experience a disproportionately high incidence of HIV and TB.

MatCH will support the KZN DOH with technical skills development for pediatric care and support through in-service, on-site training and mentoring for health care workers including doctors, nurses, pharmacy assistants, counselors, data entry staff, managers, CCGs. Training programs will include PICT, HIV-related diseases, adolescent, nutrition, GBV, and HIV prevention topics.

MatCH roving doctor advisors, pharmacy advisors and pharmacy assistants will mentor DOH staff in supply chain management for pediatric C&S services at PHC facilities in accordance with DOH rules and regulations. In addition, pre-and in-service training for pharmacist assistants will be conducted. HIV positive pediatric clients not eligible for ART will be referred into wellness services, and repeat CD4

testing will ensure clients are not lost from the system.

MatCH will support data collection on pediatric treatment and care at sites using standardized tools and reporting via the District Health Information System (DHIS). DOH Health care workers and data entry staff will be trained on M&E tools and indicators. Strengthening district capacity to conduct monitoring and capacity–building activities will be a key focus. Monthly and quarterly meetings of the DHMTs will be held to review DHIS data and monitor progress towards achievement of targets. In addition, an annual review of the KZN PSP 2012-2016 will be conducted.

MatCH will assist DHMTs with target setting and verifying data reported to the DHIS. MatCH will also support tracking of 'Reach against Targets', entry into care and retention in care and implement interventions to improve retention such as telephonic follow-up of clients, home visits, SMS reminders. Findings will be used to inform program improvement, and provide baseline information to initiate defaulter tracing programs; to improve data systems and quality of care at various sites; and to address loss to initiation and delays in accessing care.

Support for human resource development, financial management and governance will improve service delivery and outcomes for pediatric care & support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	746,462	0

Narrative:

MatCH provides support for health systems strengthening in eThekwini and Umkhanyakude districts in KwaZulu-Natal at district, sub-district and facility level to address key gaps and challenges identified. Support is provided in line with the annual district health planning cycle which includes planning, costing, implementation and regular reviews. Support is provided via training, followed up with workshops and mentoring and coaching with regular progress assessments to ensure implementation and progress towards targets. MatCH supports districts with technical assistance (TA) to strengthen leadership skills to coordinate, manage, implement, monitor, and scale-up HIV programs. MatCH also works with district management to strengthen their role in the multi-sectoral response focusing on developing the coordination, leadership, and management skills among role players. MatCH also supports evidence-based planning, identifying key populations and high-risk areas, and developing targeted programs to improve the response to HIV/TB. MatCH builds the capacity of district health management teams (DHMT) to coordinate with community structures and leadership and to link community-level services and support to DOH programs. This improves synergy between donors and partners and

maximizes the use of government, private and public funds. MatCH provides TA for human resource management to support the scale up of HIV & TB prevention, treatment, care, and support services. TA is provided to strengthen health care worker's capacity through mentorship and coaching, as well as didactic in-service and certified training programs. MatCH supports integration and strengthening of TB & HIV services to reduce morbidity and mortality as well as supporting the re-engineering of PHC services including the use of multi-disciplinary teams, community outreach teams, and moving to a chronic care model to maximize opportunities for intervention, improve early identification of disease and strengthen retention in care. All training and supervision is in line with SAG guidelines and policies, via accredited programs and uses standardized tools such as National Core Standards (NCS). MatCH supports strengthening financial management capacity at district level to increase efficiency and effectiveness of resources through targeted training of DHMT in financial management and mentoring managers, improving facility level financial management and supporting DHMT to conduct regular expenditure reviews. This is through a tailored program of trainings, workshops and ongoing mentoring and supervision, assessed periodically. HR strengthening activities include: Workforce Planning; Human Resource Information Systems (HRIS); In-Service Training; Task shifting; Performance Assessment/Quality Improvement; Retention Management and Leadership Development.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,193,148	0

Narrative:

MatCH provides support for scaling up PMTCT programs in eThekwini and Umkhanyakude districts in KZN province, the epicenter of the South African HIV epidemic with an antenatal (ANC) prevalence rate of 37% and 41% respectively in 2011. KZN has an estimated population of 10.5 million people, 42% of whom reside in eThekwini Metro district (urban) and uMkhanyakude district (rural). Potential beneficiaries of the proposed program of activities include approximately 4.1 million people (42% of KZN's population) in eThekwini and uMkhanyakude who experience a disproportionately high incidence of HIV and TB, especially amongst young women of reproductive age (15-24 years). In FY12 MatCH reached over 25,000 women with counseling and testing and provided over 5,800 women with PMTCT services. Technical support will be provided to district level PMTCT services including training, coaching, quality assurance, assisting with complicated referrals and management of pregnant women, and post-delivery interventions to follow-up mother-infant pairs until 18 months to ensure early infant diagnosis and sustain feeding choices. Uptake of these specialized services will be monitored on a monthly basis.

MatCH will support the KZN DOH with technical skills development through in-service, on-site training and mentoring for health care workers including doctors, nurses, pharmacy assistants, counsellors, data entry staff, managers, community care givers (CCGs). Training programs will include PICT, PMTCT,

adolescent care and counselling, SRH, nutrition, GBV, TB, and HIV prevention topics and will be based on nationally accredited curricula, national policies and guidelines, and standardized tools. MatCH will work with DOH district, sub-district and facility teams to implement models for task-shifting including NIMART for midwives at PHC sites and supporting PHC nurses to complete dispensing courses; increasing skills and capacity of pharmacist assistants through pre-and in-service training, and utilization of CCGs for increasing early access to ANC care. MatCH roving doctor advisors, pharmacy advisors and pharmacy assistants will mentor DOH staff in supply chain management for PMTCT at PHC facilities in accordance with DOH rules and regulations. Roving Teams will provide training around safe infant and young child feeding practices, including antenatal, peri- and post-partum counseling and support to HIV-infected mothers on infant feeding options and vertical transmission. Gender concerns will be addressed through training, provision of prevention, treatment and care that meets the needs of women and girls, such as linking HIV testing and treatment to antenatal care and building the capacity to implement national PMTCT and MNCWH programs at district and sub-district level. MatCH will support the District Health Management Teams (DHMT) to increase couple counselling, partner testing and male support to improve uptake of PMTCT interventions by women. MatCH will support PMTCT data collection at sites using standardized tools and reporting via the District Health Information System (DHIS). DOH Health care workers and data entry staff will be trained on M&E tools and indicators. Monthly and quarterly and annual meetings of the DHMTs will be held to review PMTCT DHIS data and monitor progress towards achievement of targets. Support for human resource development, financial management and governance will improve PMTCT service delivery and outcomes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	5,018,883	0

Narrative:

MatCH provides support for adult treatment programs in eThekwini and Umkhanyakude districts in KZN which have a combined population of approximately 4,2 million; an antenatal prevalence rate of 37.4% in 2011; and a disproportionately high incidence of HIV & TB, especially amongst young women of reproductive age (15-24 years). In FY12 MatCH had initiated nearly 96,500 adults on ART. District targets for FY13-14 are150,000 adults on ART. Retention in care is currently > 85%.Technical support for adult treatment will be provided to district level services including training, coaching, quality assurance, assisting with complicated referrals and management of adult cases. Uptake of these specialized services will be monitored on a monthly basis. This will facilitate the transition from service delivery to technical support at facilities.

MatCH will support KZN DOH with technical skills development through in-service, on-site training and mentoring for health workers (doctors, nurses, pharmacy assistants, counselors, data entry staff, managers, community care-givers (CCGs)). Training will include ‘core’ topics such as PICT, ART,

PMTCT, HIV-related diseases, adolescent and pediatric care & counseling, SRH, nutrition, GBV, TB, HIV prevention. MatCH will also work with KZN DOH to pilot and roll out task shifting and task sharing interventions. MatCH roving and on-site multidisciplinary teams will support program implementation. MatCH will work with DOH district, sub-district and facility teams to implement models for task-shifting including mentoring in nurse initiated management of ART (NIMART) at PHC sites and supporting PHC nurses to complete dispensing courses; increasing skills and capacity of pharmacist assistants through pre-and in-service training, and utilization of CCGs for HIV defaulter tracing. The implementation of SOPs and guidelines for decentralizing and integrating HIV care and related training of health providers and health management is key to successful, comprehensive task-shifting programs and MatCH will provide training and dissemination of good practice and lessons learned. MatCH roving doctor advisors, pharmacy advisors and pharmacy assistants will mentor DOH staff in Supply Chain management at PHC facilities in accordance with DOH regulations.

MatCH will support data collection at sites using standardized tools and reporting via the DHIS. DOH Health and data entry staff will be trained on M&E tools and indicators. Strengthening district capacity to conduct monitoring and capacity –building activities will be a key focus. Monthly and quarterly DHMT meetings will be held to review DHIS data and monitor progress towards achievement of targets. In addition, an annual review of the KZN PSP 2012-2016 will be conducted.

MatCH will assist DHMTs with target setting and verifying Adult ART data reported to the DHIS. MatCH will also support tracking of 'Reach against Targets', entry into care and retention in care and implement interventions to improve retention e.g. telephonic follow-up of clients, home visits, SMS reminders. Findings will be used to inform program improvement, and provide baseline information to initiate defaulter tracing programs; to improve data systems and quality of care at facilities; and to address loss to initiation and delays in accessing treatment.

Support for human resource development, financial management and governance will improve adult treatment service delivery and outcomes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,093,719	0

Narrative:

MatCH provides support for adult treatment programs in eThekwini and Umkhanyakude districts in KZN which have a combined population of approximately 4,2 million; an antenatal prevalence rate of 37.4% in 2011; and a disproportionately high incidence of HIV & TB, especially amongst young women of reproductive age (15-24 years). In FY12 MatCH had initiated nearly 96,500 adults on ART. District

targets for FY13-14 are150,000 adults on ART. Retention in care is currently > 85%.Technical support for adult treatment will be provided to district level services including training, coaching, quality assurance, assisting with complicated referrals and management of adult cases. Uptake of these specialized services will be monitored on a monthly basis. This will facilitate the transition from service delivery to technical support at facilities.
MatCH will support KZN DOH with technical skills development through in-service, on-site training and mentoring for health workers (doctors, nurses, pharmacy assistants, counselors, data entry staff, managers, community care-givers (CCGs)). Training will include 'core' topics such as PICT, ART, PMTCT, HIV-related diseases, adolescent and pediatric care & counseling, SRH, nutrition, GBV, TB, HIV prevention. MatCH will also work with KZN DOH to pilot and roll out task shifting and task sharing interventions. MatCH roving and on-site multidisciplinary teams will support program implementation. MatCH will work with DOH district, sub-district and facility teams to implement models for task-shifting including mentoring in nurse initiated management of ART (NIMART) at PHC sites and supporting PHC nurses to complete dispensing courses; increasing skills and capacity of pharmacist assistants through pre-and in-service training, and utilization of CCGs for HIV defaulter tracing. The implementation of SOPs and guidelines for decentralizing and integrating HIV care and related training of health providers and health management is key to successful, comprehensive task-shifting programs and MatCH will provide training and dissemination of good practice and lessons learned. MatCH roving doctor advisors, pharmacy advisors and pharmacy assistants will mentor DOH staff in Supply Chain management at PHC facilities in accordance with DOH regulations.

MatCH will support data collection at sites using standardized tools and reporting via the DHIS. DOH Health and data entry staff will be trained on M&E tools and indicators. Strengthening district capacity to conduct monitoring and capacity –building activities will be a key focus. Monthly and quarterly DHMT meetings will be held to review DHIS data and monitor progress towards achievement of targets. In addition, an annual review of the KZN PSP 2012-2016 will be conducted.

MatCH will assist DHMTs with target setting and verifying Adult ART data reported to the DHIS. MatCH will also support tracking of 'Reach against Targets', entry into care and retention in care and implement interventions to improve retention e.g. telephonic follow-up of clients, home visits, SMS reminders. Findings will be used to inform program improvement, and provide baseline information to initiate defaulter tracing programs; to improve data systems and quality of care at facilities; and to address loss to initiation and delays in accessing treatment.

Support for human resource development, financial management and governance will improve adult treatment service delivery and outcomes.

Implementing Mechanism Details

Mechanism ID: 17039	**Mechanism Name: Comprehensive Clinic-Based District Services (Hybrid)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Broadreach	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 7,592,321	
Funding Source	**Funding Amount**
GHP-State	7,592,321

Sub Partner Name(s)

Positive Women Network		

Overview Narrative

The BroadReach Healthcare (BRHC) program supports the following objectives in support of SAG: 1) improve HIV-related population outcomes by strengthening health and patient management systems at district level; 2) build capacity of District Health Management Teams (DHMT)in coordination with provinces to support HIV/TB services and HSS; 3) support development and implementation of SAG policies for HIV-related interventions; and 4) support transition to a sustainable national comprehensive HIV/TB program. The objectives and TA delivered will be aligned to the USG-SAG PFIP, NSP, NSDA, PHC Reengineering program, NCS and NHI objectives. The BRHC Team supports the following districts: Ekurhuleni (GP), Sisonke (KZN), West Coast (WC), Bojanala (NW), and Ngaka Modiri Molema (NW) covering a total population of over 6,000,000. BRHC support will focus on the DHMT, while a CDC partner will focus on HSS at sub-district and facility levels.

BRHC's capacity building and TA approach empowers SAG to assume leadership in the delivery of HIV/TB services, thus reducing costs over the life of the project. The mentorship and supervision provided by the BRHC Team will transition to SAG staff, and be monitored through the use of implementation and M&E plans. The approach leverages the BRHC Team's technical expertise to deliver scalable and sustainable solutions while ensuring cost efficiencies.

BRHC's M&E strategy will track results achieved, providing the basis for monitoring patient and client outcomes;

monitoring performance and program quality; data quality management, reporting, dissemination and use; strengthening M&E capacity; and measuring program effects in the achievement of program, USAID and SAG objectives. Project outcomes will be monitored through mid-term and final evaluations

Cross-Cutting Budget Attribution(s)

Economic Strengthening	150,000
Gender: Gender Equality	750,000
Human Resources for Health	2,000,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**17039**		
Mechanism Name:	**Comprehensive Clinic-Based District Services (Hybrid)**		
Prime Partner Name:	**Broadreach**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	567,575	0
Narrative:			
BroadReach Healthcare (BRHC) will deliver TA to SAG in 5 designated districts in Adult Care and Support (AC&S) using an approach that supports foundational principles of scalability, sustainability and comprehensive, integrated solutions to ensure a strengthened health system and improved patient outcomes. BRHC will support districts with TA and skills to operationalize policies and guidelines aimed at improving AC&S services. By strengthening of DHMT management and leadership skills through problem solving, consulting services and workshopping solutions, BRHC will support districts in			

improving program planning and target setting, the formation and coordination of key multisectoral partnerships, and performance monitoring to achieve measureable AC&S results. BRHC will work in each district with a designated CDC facility-based support partner. Interventions to strengthen the HR information system, address issues of recruitment/retention and equitable distribution of staff, performance management, and alignment to national staffing norms will result in appropriate staffing for the effective delivery of AC&S Services. Similarly, health financing TA and supportive supervision at district level to increase capacity in financial management and budgeting will benefit AC&S services as a component of overall health services.

The BRHC team will support districts in the identification, development, implementation and measurement of health service delivery innovations to address challenges in AC&S service delivery such as lack of referral networks, tracking systems to address LTFs and loss to initiation, TB and cervical cancer screening, treatment of OIs and other HIV/AIDS-related complications like diarrhea and cryptococcal diseases, STI diagnosis and treatment as well as condom provision. Clinical quality of AC&S services will be addressed by equipping districts to improve the reach and sustainability of clinical mentorship programs. Through TA, mentorship and advisory support to district managers key national initiatives to improve service quality, such as PHC reengineering and (NCS) will be strengthened. TA for supply chain management will address issues around quantification and forecasting, stock inventory and management, and procurement systems for drugs and commodities. Lab strengthening of AC&S will be addressed by supporting the operationalization of policies and guidelines aimed at minimizing the delays in receiving/actioning patient results which lead to missed opportunities for ensuring the continuum of patient care and providing early access to services.

TA for CSS will focus on supporting DoH develop a curriculum and a formal qualification for CHWs, promotion of partnerships with traditional healers to enable effective referral and tracking of clients between traditional and allopathic sector and support for referral/tracking systems between clinical and community-based social services. Underlying all TA in AC&S will be a focus on improving availability and use of SI at all levels. BRHC will support activities aimed at improving the quality of HIV/TB data and reporting as part of the overall DHIS. TA will be provided on capturing, reporting and analyzing data for decision making. BRHC will further capacitate DHMTs to improve use of data for program strengthening by supporting them generate timely and accurate reports, use these in making decisions; and also report results to various stakeholders.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	908,120	0

Narrative:

BroadReach Healthcare (BRHC) will deliver TA to SAG in their 5 designated districts to support TB/HIV services using an evidence-based sustainable approach to HIV/TB prevention, care & impact mitigation.

Comprehensive integrated solutions will be employed to support SAG in addressing challenges of the current structural separation of TB & HIV programs. TA will focus on strengthening the DHMT's management & leadership (ML) capacity to successfully implement national HIV/TB programs aligned to budget & national targets through problem solving, consulting services and workshopping solutions. BRHC will work in coordination with a designated CDC facility-support partner to achieve overall district goals and targets. Activities will include delivery of ML training coupled with mentorship to address key HIV/TB service delivery challenges & to lay the groundwork for HIV/TB programs in the context of the imminent implementation of NHI. HR development will be achieved through district-wide interventions to strengthen task shifting & build capacity of health workers through pre-service & in-service clinical training, with mentoring & provision of supportive supervision (SS) to ensure delivery of quality HIV/TB clinical care. Similarly, health financing TA & SS at all levels will increase capacity in planning, budgeting & financing ensuring better integration of TB/HIV programs as a component of overall health services. BRHC will support districts in identification, development, implementation & measurement of health service delivery innovations to improve HIV/TB service delivery such as: integration of PICT within other services; early initiation of care interventions for TB; new diagnostic technologies like GeneXpert; and management of MDR/XDR TB. Clinical quality of TB services will be addressed by equipping districts to improve the reach & sustainability of clinical mentorship programs. Training & mentorship will strengthen PICT skills & competencies and management of HIV/TB care & treatment. TA to help strengthen referral, tracking & tracing systems and intensified TB case finding will improve TB cure rates and defaulter rates. TA for supply chain management & mentorship to pharmacy staff will address issues around quantification, forecasting, stock inventory & management, & procurement of PICT essential commodities & drugs including ARVs & TB drugs. Similarly, district-wide lab strengthening TA will include mentorship in QA/QI & logistics, which will benefit all HIV/TB services in terms of improved linkage of lab results to patients & efficiency solutions to address key bottlenecks. TA for community systems strengthening will focus on improved TB screening and referral, including development & implementation of task-shifting models to health extender cadres; supporting implementation of effective & efficient referral systems; & comprehensive HIV/TB care training.

TA for HIV/TB will focus on improving availability & use of SI at district, subdistrict, facility & patient levels to improve HIV/TB related pro-active disease management. The BRHC team will support SAG in the measurement of key patient outcomes & in driving demand for improved data quality through increased data use for performance management & planning. This will include improved collection, analysis, distribution & use of TB data, support for ETR.net, patient tracking, & recording of all TB patient results in the TB register.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	227,030	0

Narrative:

BroadReach Healthcare (BRHC) will deliver TA to SAG in 5 designated districts in Pediatric Care and Support (PC&S) using an approach that supports foundational principles of scalability, sustainability and comprehensive, integrated solutions to ensure a strengthened health system and improved pediatric outcomes. BRHC support will be aimed at extending and optimizing the quality of life for HIV+ children. BRHC will provide TA to SAG in delivering services along the continuum of care, including: early infant diagnosis, prevention and treatment of OIs and other HIV/AIDS related complications in children, addressing the needs of adolescents with HIV, nutritional evaluation, and appropriate use of CTX and INH prophylaxis. By strengthening management and leadership skills for DHMTs through problem solving, consulting services, and workshopping solutions, BRHC will support districts in improving program planning and target setting, the formation and coordination of key multisectoral partnerships, and performance monitoring to achieve measureable PC&S results. BRHC will work with a designated CDC facility-based support partner in each district. Interventions to strengthen the HRIS, address issues of recruitment/retention and equitable distribution of staff, performance management, and alignment to national staffing norms will result in appropriate staffing for the effective delivery of PC&S Services. Similarly, health financing TA and supportive supervision at district level to increase capacity in financial management and budgeting will benefit PC&S as a component of overall health services.

BRHC will support districts in the identification, development, implementation and measurement of health service delivery innovations to address challenges in PC&S service delivery such as early infant diagnosis, early initiation for ART and TB treatment, effective mechanisms to track children and monitor adherence, as well as integration of PC&S services with other routine pediatric care services and maternal health. Clinical quality of PC&S services will be addressed by equipping districts to improve the reach and sustainability of clinical mentorship programs. Through mentorship and advisory support to DHMTs key national initiatives to improve service quality, such as PHC reengineering and NCS, will be strengthened. TA for supply chain management will address issues around quantification and forecasting, stock inventory and management, and procurement systems for drugs, food and other commodities for pediatrics. Lab strengthening of PC&S will include mentorship in quality management and improved logistics which will benefit paeds in terms of improved TATs and efficiency solutions to address key bottlenecks.

TA for community systems strengthening will focus on addressing psychosocial support of children as well as services that will increase direct linkages to the community to improve communication between facilities and community services for HIV+ children. Underlying all TA in PC&S will be a focus on improving availability and use of SI. BRHC will support activities aimed at improving the quality of HIV/TB data and reporting as part of the overall DHIS. BRHC will further capacitate DHMTs to improve use of data for program strengthening by supporting them generate timely and accurate reports, use these in making decisions; and also report results to various stakeholders.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	OHSS	424,656	0

Narrative:

BroadReach Healthcare and its sub-partners (The BRHC Team) will deliver TA to SAG in 5 districts to improve HIV-related population outcomes by 1) strengthening health and patient management systems at district level, 2) building capacity of district management teams and district management systems in coordination with provinces to support HIV/TB related services and overall HSS, 3) supporting development and implementation of SAG policies for HIV-related interventions, and 4) supporting transition to a sustainable national comprehensive HIV/TB care and treatment program.

BRHC's technical assistance will focus on strengthening DHMTs management and leadership capacity through problem solving, consulting services and workshopping solutions. We will work in coordination in each district with a CDC facility-based partner to achieve overall district goals and targets. While strengthening leadership and governance, BRHC will provide TA in planning processes, target setting, supporting formation of relationships/coordination, and supporting and building capacity around performance monitoring. The aim over the life of the project is to transition responsibility for delivery of TA and supportive supervision in management, leadership and governance to DHMTs and other district managers. District-wide interventions to improve the availability and use of strategic information by rolling out Tier.Net and strengthening data quality. This will be achieved through the provision of strategic information and program evaluation capacity building support, provision of data quality improvement training and mentoring, and support in the roll out of Tier.Net. BRHC will develop, conduct and institutionalize research and assessments to identify best practices and improve systems and interventions to promote health service delivery innovations. BRHC will provide TA in supply chain management by capacitating provincial, district and facility staff to address challenges around quantification and forecasting, stock inventory and management, and procurement systems to support the improved efficiency of national, provincial, district and facility procurement systems. Likewise, health financing TA and supportive supervision at provincial, district and facility level for financial management supports improved efficiency and efficacy of national, provincial, district and facility health system budgeting and financial monitoring. Further, BRHC will undertake district-wide activities to provide staff retention, performance management and HRH planning TA to establish efficient and effective HR development. BRHC supports the development and implementation of SAG policies through collaboration with SAG ministries, donors and technical groups. Activities will include identifying implementation gaps, modifying training modules on areas such as gender mainstreaming, policy, planning, and financial analysis, training SAG officials to improve engagement with policy progress, and participating in technical working groups at all DOH levels. Similarly, BRHC will support HIV&TB policy development based on new evidence-based research.

BRHC's HSS approach is also described under several other technical areas, including Care and Support, Treatment, TB/HIV and PMTCT. The activities will contribute to the strengthening of health

districts by supporting finance, leadership and governance, institutional capacity building, and supply chain systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	908,120	0

Narrative:

BroadReach Healthcare (BRHC) will deliver TA to SAG in 5 designated districts in MTCT using an approach that supports foundational principles of scalability, sustainability and comprehensive, integrated solutions to ensure a strengthened health system and improved patient outcomes. TA will focus on strengthening the DHMT's management and leadership capacity to successfully implement the national MTCT program aligned to budget and national targets. BRHC will work in coordination with a designated CDC facility-based partner to support districts in achieving their targets and strengthening the overall health system. Activities will include delivery of management and leadership training coupled with continued mentorship to address key MTCT service delivery challenges. By strengthening management and leadership skills, BRHC will provide support to districts in improving program planning and target setting, formation and coordination of key multisectoral partnerships, and performance monitoring to achieve measureable results. District-level interventions to strengthen the HR information system, address issues of recruitment/retention and performance management, and alignment to national staffing norms will result in appropriate staffing for effective delivery of MTCT services. Similarly, health financing TA and supportive supervision (SS) for the DHMT and key financial staff will increase capacity in financial management and budgeting benefitting MTCT services as a component of overall health services.
BRHC will support districts in identification, development, implementation and measurement of health service delivery innovations to address challenges in PMTCT service delivery such as rapid ART initiation for pregnant women, integration of MTCT services with SRH/FP and IMCI services, early booking, and increasing infant testing at 18 mos. Clinical quality of MTCT services will be addressed by equipping districts to improve the reach and sustainability of clinical mentorship programs. Through mentorship and SS to DHMT, key national initiatives to improve service quality, such as PHC reengineering and NCS, and implementation of national MTCT guidelines and protocols, will be strengthened. TA for supply chain management will address issues around quantification and forecasting, stock inventory and management, and procurement systems for key MTCT supplies, drugs and commodities. Similarly, lab strengthening TA will include mentorship in quality management and improved logistics for the DHMT which will benefit MTCT services in terms of improved TATs, linkage of lab results to patients, and efficiency solutions to address key bottlenecks.
TA for community systems strengthening will focus on demand creation for MTCT services, strengthening referral mechanisms for mother-infant pairs between community- and facility-based services, and improved tracking of mother-infant pairs to ensure continuity of service and better health

outcomes for families. Underlying all TA in MTCT will be a focus on improving availability and use of SI BRHC will support SAG in the measurement of key patient outcomes, and in driving demand for improved data quality through increased data use for performance management. In addition to intensive support for operationalization of Tier.net and overall strengthening of DHIS at the district level, TA will be provided in development of M&E plans, research & evaluation design, surveillance, and application of research findings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	3,724,377	0

Narrative:

BRHC's past and future work in adult treatment is driven by evidence, experience and a deep understanding of the SA health system. TA in Adult Treatment will focus on strengthening DHMT's management and leadership capacity to successfully implement the national treatment program aligned to budget and national targets through problem solving, consulting services, and workshopping solutions. BRHC will work in coordination with a CDC partner focused on facility and sub-district level support. Activities will include delivery of management and leadership training coupled with continued mentorship to address key treatment service delivery challenges. We will support districts to ensure that health workers effectively test and then refer all persons testing HIV positive for related HIV and TB treatment services, including IPT, CTX and PMTCT, without losing individuals along the health service chain. BRHC will also deliver district-level TA improve the availability and use of strategic information, ensuring collection, analysis and distribution of treatment data in a timely manner to inform the precision and efficiency of treatment interventions. We will facilitate the development of functional linkages between the community and health services for early identification and treatment initiation through community systems strengthening, including adherence support and tracking of defaulters, as well as facilitate the development of integrated patient management systems and referral networks for holistic treatment. BRHC will support existing health service delivery innovations such as NIMART and PHC reengineering, as well as support districts in identification, development, implementation and measurement of new innovations to address challenges in HIV treatment service delivery such as early diagnosis and rapid referral to treatment and care. For optimum treatment outcomes BRHC will support identification and introduction of new diagnostic technologies to facilitate faster, simpler and more accurate screening and diagnosis.

District-level TA to strengthen the HR information system, address issues of recruitment/retention and performance management, and alignment to national staffing norms will result in appropriate staffing for the effective delivery of treatment services. BRHC will provide TA to districts to facilitate better integration of HIV & TB programmes at structural, organisational and management levels (including the promotion of joint planning, budgeting and financing). BRHC will facilitate the availability treatment by providing TA

to pharmacy staff in forecasting, quantifying, ordering and procuring drugs, and the introduction/installation of DoH mandated automated pharmacy systems. Health financing TA and supportive supervision at the district level to increase capacity in financial management and budgeting will benefit treatment services as a component of overall health services in the district. Clinical quality of treatment services will be maintained through expansion of effective mentorship programs, use of replicable quality improvement models, and support for implementation of the National Core Standards district-wide. In addition to intensive support for operationalization of Tier.net and overall strengthening of DHIS, TA will be provided in development of M&E plans, research & evaluation design, surveillance, and application of research findings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	832,443	0

Narrative:

TA in Pediatric Treatment will focus on strengthening DHMT's management and leadership capacity to successfully implement the national treatment program aligned to budget and national targets through problem solving, consulting services, and workshopping solutions. BRHC will work in coordination with a CDC partner focused on facility and sub-district level support. Activities will include delivery of management and leadership training coupled with continued mentorship to address key treatment service delivery challenges. We will support DHMTs to ensure that health workers effectively test and refer all persons testing HIV+ for related HIV and TB treatment services, including IPT, CTX and PMTCT, without losing individuals along the health service chain.

BRHC will also deliver district-level TA improve the availability and use of strategic information, ensuring collection, analysis and distribution of treatment data in a timely manner to inform the precision and efficiency of treatment interventions. We will facilitate the development of functional linkages between the community and health services for early identification and treatment initiation through community systems strengthening, including adherence support and tracking of defaulters, as well as facilitate the development of integrated patient management systems and referral networks. BRHC will support existing health service delivery innovations such as NIMART and PHC reengineering, as well as support districts in identification, development, implementation and measurement of new innovations. BRHC will support DHMT's to develop district capacity to provide training and mentorship to clinicians to gain skill & confidence in pediatric HIV treatment. Pediatric treatment is anchored on prevention and will track/improve PCR rates of exposed infants at 6 weeks, HIV rapid testing at 18 months and early testing in all children with signs and symptoms suggestive of HIV infection. This will involve support for onsite mentorship in diagnosis and management of pediatric HIV care and treatment including how to identify and deal with treatment failure.

District-level TA to strengthen the HR information system, address issues of recruitment/retention and

performance management, and alignment to national staffing norms will result in appropriate staffing for the effective delivery of treatment services. BRHC will provide TA to districts to facilitate better integration of HIV & TB programmes at structural, organisational and management levels (including the promotion of joint planning, budgeting and financing). BRHC will facilitate the availability treatment by providing TA to pharmacy staff in forecasting, quantifying, ordering and procuring drugs, and the introduction of DoH mandated automated pharmacy systems. Health financing TA and supportive supervision at the district level to increase capacity in financial management and budgeting will benefit treatment services as a component of overall health services in the district. Clinical quality of treatment services will be maintained through expansion of effective mentorship programs, use of replicable quality improvement models, and support for implementation of the National Core Standards district-wide. In addition to intensive support for operationalization of Tier.net and overall strengthening of DHIS, TA will be provided in development of M&E plans, research & evaluation design, surveillance, and application of research findings.

Implementing Mechanism Details

Mechanism ID: 17043	**Mechanism Name: Ikhwezi MAMA - Monitoring & Evaluation & Vodacom Ikhwezi mHealth Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Wits Reproductive Health& HIV Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

Cell Life	GeoMed	Praekelt Foundation

Overview Narrative

This program uses mobile technology to address the challenges that HIV and AIDS pose in South Africa. It is a collaborative partnership between the Vodacom Foundation, and partners who have experience in developing and implementing mHealth interventions.
The aim of the programme is to implement at national scale a small number of mHealth applications to make a significant impact in HIV prevention, testing, treatment support and in general health systems strengthening. The development of the programme will be evidence based – only applications that have been shown to be effective will be taken to scale. The new field of mHealth is only just discovering what is and is not effective. Despite dozens of mHealth projects around the world,and a great deal of enthusiasm and hype, only a handful of interventions had demonstrated medical benefit, and almost no systems were being run at national scale, let alone with a comprehensive cost-benefit analysis.
The programme directly responds to the health priorities of the national Department of Health (NDOH), as well as the South African National AIDS Council (SANAC), both of which have been consulted. Over the course of the programme, it will be reviewed; we will assess the experience learnt, and determine which interventions should be taken to scale. It is these meetings that will make the decisions on which interventions to take to scale, continue testing, or finish.
Evaluations will be key to this programme, with interventions examined for:
Medical impact: are patient outcomes improved;
Operational appropriateness: does the health system have the capacity for this intervention;
Cost-benefit: do the benefits in medical outcomes, operational efficiency or savings justify the expense.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Child Survival Activities
Safe Motherhood

Budget Code Information

Mechanism ID:	**17043**
Mechanism Name:	**Ikhwezi MAMA - Monitoring & Evaluation & Vodacom Ikhwezi mHealth Program**
Prime Partner Name:	**Wits Reproductive Health& HIV Institute**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

Leveraging support and funding from Vodacom Foundation, WRHI is providing text message-based services to HIV-positive individuals receiving care in public health care facilities. Three related services are offered; CD4 count by SMS, clinic appointment, and adherence/support messages. The CD4 count messages are offered to newly diagnosed HIV-positive individuals who provide their phone number. Clinic appointment reminders are offered to stable HIV-positive patients who are on ARV medication. The reminders come as a batch of three text messages; one two weeks before the appointment, one the day before the appointment, and a final message the day after the appointment. The final message is either a 'thank you' message if the person has attended the appointment, while, if they did not attend the message reminds them that they should return to the clinic as soon as possible. The adherence/support messages are sent once a week, also to stable HIV-positive patients on ARV's and contains psycho-social and healthy living support content, such as healthy eating, where to find community support, etc. The goal of the project is increase retention in care for those who are HIV-positive.
WRHI is also conducting detailed M&E on the systems described above. We will be sharing our research outputs with our partners as soon as they are made public.

This project utilizes FY 2009, 2010 and 2011 funds.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

Leveraging support and funding from MAMA South Africa, which is indirectly funded by Johnson & Johnson, the mHealth Alliance, UN Foundation and USAID, WRHI is providing text message-based to pregnant women in public health care facilities. The messages are free to receive (after a R1 signup fee), can start as soon as the woman has found out she is pregnant and continue twice a week for a year after the birth of the baby. At signup the woman enters her expected due date which allows the message content to be customised to her pregnancy stage, providing her with relevant and timely information

about her pregnancy and infant care. Women who are HIV-positive have the option of receiving additional information relating to being pregnant while HIV-positive. These messages are geared towards supporting the woman in following healthy behaviours which minimise maternal to child transmission of HIV, such as ARV adherence reminders, PCR testing information, and recommendations around exclusive breastfeeding. WRHI is also conducting monitoring and evaluation duties on other communication channels of the MAMA South Africa project. These M&E activities include analysing the SMS, MXit, mobi, USSD and voice channels to gauge usage and uptake of the services. Additionally, health and behaviour outcomes will be tracked and measured as much as possible. This includes a research trial to measure the effect of the SMS's on HIV-positive pregnant women from signup to 18 months post-delivery, as well as tracking knowledge acquisition in registered users of the MAMA mobi web site. This project utilizes FY 2009, 2010 and 2011 funds.

Implementing Mechanism Details

Mechanism ID: 17046	**Mechanism Name: Systems Strengthening for Better HIV/TB Patient Outcomes**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Kheth'Impilo	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 8,923,304	
Funding Source	**Funding Amount**
GHP-State	8,923,304

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Improving patient outcomes through health systems strengthening is the goal in line with the NSP, PHC and NHI strategies. The 4 objectives have cross linkages with the SAG's 10 Point Plan for overhauling the health system to

achieve zero transmission, initiation of 80% of eligible patients, retention of 70% in care at 5 years, reducing new TB infections and deaths by 50%.These will be achieved through strengthening the SAG's health systems in the areas of service delivery through a process of assessing the quality gaps as per the National core and clinical safety standards through supporting District Health Management Teams. Staff transitioning, appropriate staff levels, and retention are critical enablers to achieving these objectives .The use of strategic Information will be strengthened through capacity development of District M&E officers. Governance will be strengthened through leadership and management skills development, district planning and target setting processes, and mentoring on supervision using SAG mentoring guidelines. Human resource capacity will be strengthened through in-service training and new skills development. Supply chain processes will be strengthened by supporting the quantification and forecasting procedures, stock inventory, and medicine management processes. Community systems will be strengthened by the formation of networks, coordination, and partnerships between community organizations in the districts as well as training and mentoring of CCG's and ward AIDS councils. Districts supported are: Amajuba, ILembe, Umsunduzi and the Cape Metro. Communities are disadvantaged due to poverty, unemployment and high HIV/TB prevalence and are mainly women, pregnant young women and children who live in poor rural or informal peri-urban areas.

Cross-Cutting Budget Attribution(s)

Gender: GBV	500,000
Gender: Gender Equality	300,000
Human Resources for Health	3,000,000

TBD Details

(No data provided.)

Key Issues

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	17046		
Mechanism Name:	Systems Strengthening for Better HIV/TB Patient Outcomes		
Prime Partner Name:	Kheth'Impilo		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,364,505	0

Narrative:

The KI program will continue to strengthen governance and leadership capacity of SAG District Health Management Teams (DHMT) and District Clinical Specialist Teams (DCST) to improve quality of care and support of adults in poor previously disadvantaged communities, with the special focus on young women. All government facilities and services across the districts of Amajuba, ILembe, the Cape Metropole and the Umsunduzi sub-district are supported from district hospitals to PHCs. Service strengthening will build on the previous year's review of services to ensure the National Core and Patient Safety standards meet the Council of Health Services Accreditation criteria. Data from these reviews will assist with more accurate budget construction improving health financing. District managers will be trained to better mentor and support the PHC nurses and NIMART nursesto initiate and improve care for adult HIV and TB patients, tp ensure that turnaround time for lab speciments is acceptable and to ensure efficient supply chain for drugs and commodities. KI's district teams will continue to strengthen the capacity of DCSTs to supervise the nurses providing services. The DCSTs will be supported in scaling up basic care packages through regular meetings and reviews of district services and data outputs, ensuring that all facility staff adhere to and implement the latest treatment guidelines. The DHMTs will be capacitated to support and strengthen the district health model of service delivery from testing, staging, care and treatment. Referral linkages to other services will be systematized and applicable services will be integrated, such as MCH, FP/RH, nutrition, counselling, PICT, palliative care and pain management. The chosen centres of excellence will be further developed as demonstration sites for these services. Pre-ART services which include psychological and social support; diagnosis; risk reduction including positive prevention, counselling, family planning and condom distribution; management of OIs; pain and symptom assessment and management; and nutritional and preventive care to ensure improved clinical quality. The capacity of the DHMT will be increased to ensure that patient retention is strengthened through the expansion of adherence clubs and the community care giver (CCG) adherence programme. Patients will be linked to CCGs and defaulters will be followed up and provided with ongoing counselling and support. Expansion of community HCT with adherence support and PMTCT will be implemented. Psychosocial home assessments will continue to be implemented by CCGs to ensure that domestic

challenges to adherence are addressed and households are screened for HIV and TB. Where required, CCGs will refer patients to other SAG departments and NGOs for food security, domestic violence, substance abuse, and to facilitate social grants.
Ongoing patient monitoring as per the DHIS and Tier.net roll out will ensure availability and use of strategic information. Regular updates will ensure that this national data system functions optimally. Operations will be regularly evaluated to extract new learnings to inform the SAG of trends in disease demographics that need to be monitored or where interventions need to be made. The POPART treatment as prevention study in the Western Cape will be conducted in 9 sites as part of an international trial to assess innovative strategies for HIV prevention.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,063,051	0

Narrative:

The KI program will continue to support the NDOH with the development and finalization of policies and guidelines to strengthen the TB/HIV program in an integrated manner. Working with COHSASA, KI will build capacity of the DHMT in performing facility assessments around TB/HIV services pertaining to the implementation of the 5 I's (intensive case finding (ICF), Isoniazid prophylactic therapy (IPT), Infection control (IC), integration of HIV/TB services, and initiation of ART in TB patients) using the data driven approach for regular programmatic assessment and review. Capacity of the program managers, DCST and operations managers to mentor and coach staff on the operationalization of the 5 I's will continue.
The KI training teams will build the capacity of the DHMT to train, mentor, and supervise key staff and the District Clinical Specialist Teams (DCST) to increase awareness, diagnosis, and treatment of TB and HIV co-infection.
The KI district teams will build the technical skills of the District TB managers to ensure that they support the facility staff with sputum review at 2 and 5 months to improve clinical quality and thus improve TB cure and treatment completion rates. The capacity of the DCST to engage with the NHLS around ensuring timely delivery of results and proper feedback to facilities will be strengthened. The District Health Management Team (DHMT) capacity to stock control, thereby ensuring no stock out of TB medication using tracer medicines will be enhanced through KI training of district pharmacy managers.
The KI community support component will work with the PHC community component and community care givers (CCGs) to continue to provide adherence supporters for dually infected patients. The district CCGs will be trained in the provision of adherence support, defaulter tracing, and ICF. Innovative interventions like CCGs screening the household members of index patients on ART for TB/HIV and advising on infection prevention and control will lead to an increase in case finding to reduce the incidence of TB and HIV.
The KI teams will build the technical skills of the DCST and operations managers to strengthen their

support of clinical teams on TB prevention and infection control measures in the clinics, TB screening of HIV adult and pediatric patients, provision of INH preventive therapy as well as time to HIV treatment.
KI will build the capacity of the sub-districts and DHMTs to improve the availability and use of strategic TB information and regular data review and to report high quality data using standardized tools and indicators.
TB and HIV integration is complex and challenging, particularly in larger facilities with large case loads. There are varying levels of integration and each facility will be able to determine their level of integration to ensures better patient outcomes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	265,763	0

Narrative:

The KI program will continue to strengthen governance and leadership capacity of SAG District Health Management Teams (DHMT) and District Clinical Specialist Teams (DCST) to improve quality of care and support of HIV infected children in poor previously disadvantaged communities, with special focus on adolescents. All government facilities and services across the districts of Amajuba, ILembe, the Cape Metropole and the Umsunduzi sub-district are supported from district hospitals to PHCs. Service strengthening will build on the previous year's review of services to ensure the National Core Standards and patient safety standards are met with the assistance of COHSASA's tools. Data from these reviews will assist with budget construction improving health financing. District managers will be capacitated to better mentor and support the PHC nurses and NIMART nurses initiate and improve care for pediatric and adolescent HIV and TB patients, ensure turnaround time for lab specimens is acceptable, and ensure efficient supply chain for paediatric drugs and commodities to reduce the barriers to paediatric and adolescent treatment access at the PHCs. Centres of excellence will form the hub for service excellence delivery. The KI Paediatric specialist mentors will provide mentorship and training to DCSTs, DHMTs, and facility managers on paediatric and adolescent continuum of care and support. The KI Nurse Quality Mentors (NQMs) will capacitate the paediatric nurses in PHC teams to increase early infant diagnosis of HIV, 6 week and post weaning PCR testing for all exposed infants under 12 months, and paediatric TB diagnosis by training of facility staff in the district and providing mentorship on IMCI. The paediatric nurses will ensure that regular ELISA testing of exposed infants during vaccination visits is encouraged to ensure increased HIV free survival. The KI NQMs will capacitate sub-district management teams through coaching to increase provision of ELISA testing for all babies at 18 months with unknown status at immunization and baby clinic visits. The KI district teams will continue supporting the DCST to arrange quarterly meetings with all medical officers rendering paediatric ART care for quality improvement and sharing best practices as well as improving protocols for referral or care of children with viral load (VL) failure. KI will assist the DHMT improve VL suppression and retention in care by providing

counselling and psychosocial support, including food security through community caregivers (CCGs) with ongoing training of CCGs in tracing and follow up of HIV/TB paediatric treatment defaulters. All children born in these districts will be systematically registered and birth certificates obtained to facilitate access to child care support grants.

The KI quality improvement team will attend district and sub district meetings to provide input, guidance, and support on using strategic information to improve perinatal outcomes. Ongoing paediatric patient outcome monitoring as per the DHIS and Tier.net roll out will ensure availability and use of strategic information. Regular updates will ensure that this national data system functions optimally. Operations will be regularly evaluated to inform the SAG of trends in disease demographics that need to be monitored or where interventions need to be made.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	664,545	0

Narrative:

The KI QI team with COHSASA will capacitate the leadership and governance of District Health Management Team (DHMT) in the performance of facility baseline assessments for all services to ensure compliance with National Core and patient safety standards. KI will continue to capacitate the DHMT, sub district and facility managers in the implementation and review of standards. This review will identify gaps in all focus areas of HSS. Following the analysis and gap identification, the KI District Teams (DTs) will support the DHMT to facilitate management, training, and mentoring of selected DOH managers as required and facilitate workshops/ courses at facility and district level, including operational managers. KI will build the capacity of the DHMTs in achieving and sustaining clinical and managerial quality through training of clinic supervisors and coaching and mentoring of the PHC supervisors and the DCST on effective implementation of the clinical supervision manual. Determining staff to patient ratios and human resource training needs will assist with budget constructs for ongoing health financing. KI DTs will continue to build the capacity of the district training managers in the provision and/or coordination of HIV technical content training, and training on the integration of HIV with other services and will continue to provide in-service training and treatment updates for all staff on changes in HIV and TB related guidelines. The capacity of the DHMT to scale up and implement TIER.NET as per the DOH schedule in line with the district implementation plans will be strengthened. The district information officers will be skilled and supported to ensure compliance with the standards of proper patient health record maintenance, district management data analysis, information planning, and usage to inform clinical care and to design quality improvement processes and facility management strategies. The increased capacity will embed quality processes across all sub-districts and support the identified centres of patient care excellence in line with the district NHI rollout planning. KI DTs will continue to build the

capacity of the DHMT and District Clinical Specialist Team (DCST) to support and mentor facilities on the continuous quality improvement process based on self-evaluation and validation/progress monitoring processes. KI will build the capacity of the DHMT to ensure quality laboratory services and management of specimens and results; strengthen the management of services, prevention and control of infection; and institute a quality management system and risk management system pertaining to lab specimens. The pharmaceutical services capacity will be improved through the training of DHMT on resource allocation and strategic operational planning on procurement of supplies and forecasting drug needs to ensure proper management of the service, ensuring the proper control and storage of medication, SOP availability, and patient access to appropriate and safe medication. KI will support the districts by attending and contributing to the DOH district program meetings on CCMT, TB, PMTCT, MNH, as well as community support meetings within the district to address challenges and explore opportunities for supporting health needs of communities through community systems strengthening.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,063,051	0

Narrative:

KI's district teams (DTs) will continue to capacitate DHMTs scale up PMTCT services in Ilembe and Amajuba and working with HST in Umsunduzi. The DTs will capacitate the DOH MCH managers to improve the quality of services provided by the antenatal nurses, ensuring adherence to current PMTCT guidelines and implementation cascade towards eMTCT. Increased management skills will result in improved early attendance of pregnant women, scale up PICT for early diagnosis of HIV, increased access to CD4/VL testing, (supporting POC testing in line with the Provincial/District priorities), adherence to the new breast and infant feeding guidelines, increase retention in care and treatment adherence of mother-baby pairs, ensuring increased 6 week, post weaning HIV DNA PCR testing under 12 months and 18 month HIV antibody testing. The DTs will capacitate the DHMT to support operations managers in strengthening linkages and referrals to MCH and RH services; adult and paediatric/adolescent treatment, care and support services; linking of community-based partners at PHCs and their CCGs for community mobilization and demand creation for PMTCT services. The capacity of the DOH training managers to up skill, mentor and coach facility based DOH staff in ensuring adherence to ART initiation guidelines for eligible HIV+ pregnant women will be increased. The program management capacity, using the data driven approach and PDSA cycles, of the DHMT will be increased. Regular data quality and program review and evaluation capacity will be increased at facility, sub district and district levels in an effort to institutionalise program management and quality improvement processes. This will further strengthen the district in the review of district and national dash board PMTCT indicators. The targets of the program will ensure that all pregnant women are tested at their first ANC visit, that 100% of those tested receive their results, that 98% of women receive ART prophylaxis, and

that all women eligible for ART are treated. The activity plan for achieving these targets will range from: the provision of current guidelines to all facilities; DOH staff skills building on IMCI and PMTCT; ensuring adherence to guidelines; and strengthening the governance capacity of the DOH DHMT and PMTCT managers. This will enhance their technical and supply chain management skills to prevent drug and test kit stockouts; ensure lab services adhere to agreed blood result turnaround timelines; and mentor and coach staff on the PMTCT cascade. Staff mentoring and coaching capacity of the DOH district information officers will be increased to improve data collection, availability, and use of strategic Information guiding the regular review of data. Regular program review meetings will support quality improvement processes. Currently 24700 pregnant women have been managed in these districts with 31.95% HIV positivity until Sep 2012. 8800 positive women are projected in FY 2012 and 9600 in FY 2013.The innovative follow up of all pregnant women by CCGs, positive and negative, at their homes for HIV/TB screening will ensure testing of households further reducing HIV and TB.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	3,527,926	0

Narrative:

The KI program will continue to strengthen governance and leadership capacity of SAG District Health Management Teams (DHMT) and District Clinical Specialist Teams (DCST) to improve quality of adult treatment in poor, disadvantaged communities. The program will strengthen capacity of the DCST and DHMT to offer onsite training, support and supervision for clinical staff on adult ART and TB treatment, including treatment updates, adverse event management, appropriate referral, detection and management of treatment failure and appropriate treatment options to increase treatment access and support the delivery of quality care.

Pre-service training of learner basic and post basic pharmacist assistants and phlebotomy technicians will continue to fill critical gaps. Training of all available nursing staff (post service) at facility level on the various aspects of ART will continue. The DCST will also be trained to support the practice of roving teams on treatment service provision. All PHC professional nurses will be trained and mentored to ensure a well-integrated family centred PHC based treatment service with functioning referral networks. Quality assurance is a key health system element of KI with virologic suppression for patients on ART being the focus of treatment success. This involves ongoing DHMT health systems review and strengthening with the use innovative interventions, utilizing tools and training from COHSASA.

The KI nurse quality mentors (NQMs) will capacitate the DCST to strengthen the integration of HIV/TB, HIV/PMTCT/MNCH, and FP/RH by continually assessing and making recommendations to service improvement at regular District Team meetings. Adequate supply chain of critical commodities, ART, and laboratory strengthening are aspects of governance that will be supported by KI. Adherence is critical for ongoing viral suppression and is critical to ensure the continuum of quality care, including strengthening

of community networks. Patients will continue to be offered adherence support through community caregivers (CCGs) trained on adherence and management of viral suppression. The DCST and DHMT will review the implementation of the National Core Standards and patient safety standards to address challenges in service delivery across the district. KI teams are currently working with COHSASA , the International Health Institute, and South to South to transfer improvement skills and tools for adult quality improvement (QI) to district QI team leaders who will cascade the continuous quality assurance processes to all staff. Strategies such as Plan-Do-Study-Act (PDSA) cycles will be used to strengthen leadership, construct improvement goals, test proposed changes, and implement adjustments to increase quality of operations, service delivery and care. Critical to the sustainability of QI will be the institutionalization of routine and consistent use of tested systems like medical records, laboratory and pharmacy audits, health facility inspection and peer review of systems designed to improve efficiencies. Ongoing patient monitoring as per the DHIS and Tier.net roll out will ensure availability and use of strategic information. Operations will be regularly evaluated to inform the SAG of trends in disease demographics and interventions needed. The innovative POPART treatment as prevention study in the Western Cape will be critical in paving the way for newer treatment guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	974,463	0

Narrative:

Currently KI supported sites support 8560 children under 15 years remaining in care as of the end of FY 2012. Predicted numbers for the next 2 years for the current supported sites will total over 4000 if levels continue as is given that KI has moved out of 4 districts.

The KI program will continue to strengthen governance and leadership capacity of SAG District Health Management Teams (DHMT) and District Clinical Specialist Teams (DCST) to improve quality of child and adolescent treatment in poor, disadvantaged communities. The program will strengthen capacity of the DCST and DHMT to offer onsite training, support and supervision for clinical staff on pediatric ART and TB treatment, including treatment updates, adverse event management, appropriate referral, detection and management of treatment failure and appropriate treatment options to increase treatment access and support the delivery of quality care. This will occur through the ongoing links with South to South and other trainers in support of the DCST training programs for health care workers in the diagnosis of HIV/TB in children, early infant diagnosis, and treatment of HIV infected children and adolescents.

Program activities include ensuring the latest paediatric treatment and breastfeeding guidelines and policies are available at all supported sites and staff are trained and supported in the implementation of these guidelines to ensure the ongoing scale up of provider-initiated counselling and testing at IMCI and immunization clinics, scale up of PCR testing at 6 weeks and post weaning; 18 months ELIZA HIV

antibody and CD4 testing availability, and scale up of viral load monitoring; improved transition from testing to treatment; reduced loss to follow up through active support of carers with follow-up of early defaulters; improved adherence and overall treatment retention; and improved capacity at the district and sub-district level to supervise the program by routine collection and analysis of strategic data. This patient care model will focus on greater integration of services where possible to improve clinical outcomes based on clinic headcount, the nature of the intervention and population characteristics including key populations and the prevalence of health problems, and the overall support from the District as well as human resources available to provide these services. The focus has been on a family centred approach which facilitates the transition of services from child to adolescent to adult. Where child clinics are large, support groups or adherence clubs for adolescents are being constructed to address these issues of disclosure, acceptance, and transition into adulthood. Links to adherence community caregivers (CCGs) will continue to be strengthened to reduce defaulting and poor viral suppression. Failing patients will be managed by the DCST paediatrician who will either ensure management at services of excellence or refer to specialist units better able to manage these patients. Data collection parallel that of adults as they are all seen at the same clinics and usually followed up by the same adherence workers or CCGs. Pharmacy services staff will continue to be trained by KI or partners in paediatric pharmacy needs and forecasting within the accepted SOPs.

Implementing Mechanism Details

Mechanism ID: 17047	**Mechanism Name: Nutrition Assessment, Counseling and Support Capacity Building (NACSCAP)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 5,148,096	
Funding Source	**Funding Amount**
GHP-State	5,148,096

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID/South Africa's portfolio of nutrition projects and activities is intended to improve the nutritional status of vulnerable groups throughout South Africa using nutrition assessment, counseling, and support (NACS) as a standard of care approach. Primary target groups include:

• Children less than 2 years old
• HIV-positive pregnant and lactating women in prevention of mother-to-child transmission of HIV (PMTCT) programs
• Orphans and vulnerable children (OVC) more than 2 years old with evidence of growth faltering
• People living with HIV (PLHIV) in care and treatment programs

The Capable Partners (CAP) Capacity Building Project (NACS) now known as NACSCAP uses three key strategies—advocacy, capacity strengthening, and provision of essential nutrition supplies—to contribute to reduced malnutrition and to create an integrated and self-sustaining community health, nutrition, and HIV care system for target populations.

NACSCAP is intended to strengthen the capacity of the South African Government (SAG) to deliver a comprehensive set of nutrition interventions. It will support the country's primary health care (PHC) reengineering by building the capacity of cadres working on PHC teams to deliver elements of the NACS approach through relevant training. It builds on and expands FHI 360's CAP South Africa Program, which integrates PMTCT, maternal health, and infant and young child feeding (IYCF) into existing health facility and community services. Adding NACS as a major thrust under NACSCAP will ensure integration of nutrition interventions into existing service provision at facility and community levels.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	3,200,000
Water	20,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Safe Motherhood

Workplace Programs

Budget Code Information

Mechanism ID:	**17047**		
Mechanism Name:	**Nutrition Assessment, Counseling and Support Capacity Building (NACSCAP)**		
Prime Partner Name:	**FHI 360**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	3,200,000	0

Narrative:

The goal of NACSCAP is to strengthen the SAG's capacity to deliver a comprehensive set of nutrition interventions to improve health outcomes of people living with and affected by HIV and TB as well as OVC. The objectives of which are 1) To assist the NDOH to improve a multi-sectorial approach to reducing malnutrition among PLHIV, people with TB, and OVC in selected health district's 2) To build the capacity of health facility and community health workers as well as NGOs and CBOs to successfully deliver nutrition assessment, counseling, and support (NACS) for target populations 3) To assist target districts to improve the availability of essential supplies and equipment to effectively deliver NACS services.

Experience has shown that advocacy for the importance of integrating nutrition into care and treatment is needed throughout the entire system from the community to national level. The project will work to establish a multi-sectorial nutrition working group, improve coordination of nutrition programming and services, and mainstream NACS guidelines into relevant policies. In this regard conducting decision makers one day courses will be critical in support of the initiative so that management can fully support and include NACS supervisory lists into their regular supervisors check lists. Advocacy meetings will include integration of NACS into existing strategies such as Integration of Management of Illnesses in

Children (IMIC), and Management of Severe Malnutrition (SAM).

Key success of CAP SA was the focus on district-level support through on-site mentoring and coaching using a curriculum that includes NACS in an eight-step process in the context of PHC re-engineering. NACSCAP will use lessons learned and will build on their experience, relationships, and structures. FHI 360 understood fully that training alone does not translate into appropriate implementation of services and identified the following best practices: In collaboration with provincial DOH and PEPFAR partners identification of selected(primary and secondary) sites, where intensive implementation will be demonstrated has been initiated, this will include:

• Training of health facility staff and community health workers followed by joint learning and planning in during on-site mentoring and coaching led to mobilizing the community in health promotion activities. This led to improved access to health services and strengthened links between the health structure and the surrounding community services

• Training of health workers in basic understanding of M&E concepts, processes, and application led to identification of gaps in the health system and provided opportunities to improve program performance.

• Mapping of HIV, PMTCT, nutrition and related services and resources led to establishing linkages and improved follow-up of clients in the community.

• Well-coordinated, structured, and representational clinic committees assisted in providing essential community health services and increased coverage.

FHI 360 will provide technical assistance to the treatment care and support partners to develop action plans and build their capacity to integrate NACS into their existing services. CAP is contributing to developing National NACS curriculum, (training manual) for health workers, community health workers and decision makers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0

Narrative:

Not Provided

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	648,096	0

Narrative:

CAP SA is a specialized partner providing technical assistance to train and build capacity of health care workers and community caregivers to integrate PMTCT, maternal healthand nutrition and Infant and Young Child Feeding into health facilities and community services in all nine provinces. The conceptual framework builds on the successful implementation of the CAP SA integrated PMTCT program. The

Nutrition Assessment Counselling Support Capacity Project (NACSCAP) will work at all levels of the health system within SAG's PHC reengineering focusing on target sites at the health facility and community levels. Selection of sites is being done in consultationwith SAG Provincial, District DOH as well as xomprehensive HIV services PEPFAR Partners. FHI 360 CAP program developed, tested, refined and effectively used in South Africa a model of capacity strengthening that adheres to the WHO building blocks for health-systems strengthening and fully integrates PMTCT, maternal health and nutrition and IYCF of HIV service delivery at health care facilities and community service delivery points.

The model is in line with all relevant DOH policies, guidelines, declarations and strategies such as NSP 2012 – 2016, Maternal Neonatal Health and Nutrition, and Tshwane Declaration 2011(promotion of exclusive breastfeeding for all mothers). The declaration also requires that all health facilities that are providing prenatal and maternity services must be awarded the BFHI status by 2015, the national regulation to regulate marketing and promotion of breastmilk substitutes has been legislated in SA, therefore there is need to create awareness on the regulation, implementation and monitoring. BFHI is also quality assurance strategy to improve service delivery.

In collaboration with national and provincial DOH, FHI360 is the Agency that trains health workers in the integrated program. In preparation to be an assessor participants must have an in depth knowledge on maternal child health and nutrition related issues, including HIV and AIDS. To attain this knowledge and skills health workers must be trained in the 10 day integrated PMTCT, maternal health /nutrition and infant and young child feeding and skills developed. The BFHI assessors undergo an intensive 5 day training based on the WHO/UNICEF BFHI assessor's course, followed by practicum to ensure that they are skilled. The Step Ten of the BFHI is strengthening the community component; FHI 360 trains and builds the capacity of Community Health Workers in selected sites to strengthen linkages and referrals from health facility to community support including NGOs using Social Behavior Change Communication (SBCC) approaches. In addition CAP trains and builds capacity of clinic committees in defining their roles and responsibilities and provides necessary support and follow –up on PMTCT maternal health and infant and young child interventions.

Training in international Code on Marketing Breastmilk Substitutes and its subsequent relevant World Health Assembly Resolutions (in South Africa referred to as Regulation). Training includes creating awareness, implementation and monitoring.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,300,000	0

Narrative:

Childhood under nutrition is an underlying cause of 35 per cent of deaths among children under 5 in the developing world. According to the 2008 Lancet Series on Maternal and Child Under nutrition, severe acute malnutrition (SAM) is one of the most important contributing causes of childhood mortality. Breastfeeding has shown to be one of the effective strategies to reduce child mortality. In South Africa Underweight prevalence among young children (12-71 months), suggesting both acute and chronic malnutrition was at 11.1 per cent in 1999 compare to 12.8 in 2005. The 2005 National Food Consumption Survey (NFCS) shows that 18% of children are stunted compared to the 21.6% in the 1999 survey. About 9.3% of children are underweight which reflects a decrease from 11% in children aged 1-3 years

Paediatric HIV Technical working group led by National DOH Child Directorate developed a paediatric frame work based on the following: NACSCAP is a member of this working group focussing on nutrition.

1. Preventive strategies to prevent primary HIV infection in children and adolescents
2. Treatment access for all HIV positive children and adolescents including early infant diagnosis
3. Nutritional care for infants, children and adolescents infected with HIV or TB
4. Care and psychosocial support for children infected and affected by HIV and AIDS

NACSCAP will support SAG and PEPFAR partners to build the capacity in the implementation of safe infant feeding practices. In terms of the Tshwane Declaration, South Africa promotes exclusive breastfeeding for six months for all mothers. This applies also to those living with HIV and AIDS as a strategy to reduce mother-to-child transmission (MTCT), with antiretroviral prophylaxis for children whose mothers are not on HAART. Older children and adolescents should be assured of healthy diets. Moderately and severely malnourished children should be appropriately managed.

NACSCAP will continue providing technical assistance and building capacity on this area and will continue to build capacity of health professionals and community health workers in effective counselling and support for infant feeding. The community and family support is critical in the promotion of optimal infant feeding, therefore conducting community dialogue to engage them for the support using social behavior change communication approaches. CAP will be guided by suggested areas of implementation e.g. program and clinical management, training and mentorship, partner coordination and support for counselling.

USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		256,410		256,410
ICASS		328,500		328,500
Institutional Contractors		900,000		900,000
Management Meetings/Professional Developement		313,500		313,500
Non-ICASS Administrative Costs		1,410,075		1,410,075
Staff Program Travel		427,000		427,000
USG Staff Salaries and Benefits		7,764,515		7,764,515
Total	**0**	**11,400,000**	**0**	**11,400,000**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State	Based on IT tax paid through field support ($6,600 per person); includes 4 PSCs; 1 new PSC; 1 TCN; 24 FSNs; and 3 Institutional	256,410

			Contractors; DOes not include 3 DH or 3 DLI)	
ICASS		GHP-State	9 Direct Hires (not including 3 DLIs; does include 3 DH, 4 PSC, and 1 new PSC, 1 TCN); 24 FSNs;3 Institutional Contractors not included; $20,000 for DH; $1,375 for FSN	328,500
Management Meetings/Professional Developement		GHP-State	Based on IDP/Training Plan (Health Office only); 2 GHFP staff not included	313,500
Non-ICASS Administrative Costs		GHP-State	includes meetings/conferences ($250,000); Technical Assistance ($600,000); and Supplies and Equipment ($500,000) + $100,000 pre award audits + $120,000 RHAP	1,410,075

U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total

ICASS		45,000		45,000
Staff Program Travel		55,000		55,000
USG Staff Salaries and Benefits		200,000		200,000
Total	**0**	**300,000**	**0**	**300,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State		45,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		1,078,763		1,078,763
Computers/IT Services		882,671		882,671
ICASS	917,222	161,541		1,078,763
Institutional Contractors		365,351		365,351
Management Meetings/Professional Developement		542,645		542,645
Non-ICASS Administrative Costs		2,424,183		2,424,183
Staff Program Travel		1,420,032		1,420,032
USG Staff Salaries and Benefits	5,747,579	875,000		6,622,579
Total	**6,664,801**	**7,750,186**	**0**	**14,414,987**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount

Capital Security Cost Sharing		GHP-State		1,078,763
Computers/IT Services	Business Support: 705750; Computers/IT Services: 176921	GHP-State		882,671
ICASS		GAP		917,222
ICASS		GHP-State		161,541
Management Meetings/Professional Developement		GHP-State		542,645
Non-ICASS Administrative Costs	USDH Res$432,670;USDH Relocation $235,000;Office Rental$ 553,766,73;Electricity$112,681;	GHP-State		2,424,183

U.S. Department of State

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		375,000		375,000
Computers/IT Services		33,091		33,091
ICASS		604,745		604,745
Institutional Contractors		7,900		7,900
Management Meetings/Professional Developement		669,060		669,060
Non-ICASS Administrative Costs		283,199		283,199

Staff Program Travel		274,992		274,992
USG Staff Salaries and Benefits		1,593,027		1,593,027
Total	**0**	**3,841,014**	**0**	**3,841,014**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHP-State		375,000
Computers/IT Services		GHP-State		33,091
ICASS		GHP-State	PEPFAR Secretariat	604,745
Management Meetings/Professional Developement	Technical and Provincial Coordination	GHP-State		669,060
Non-ICASS Administrative Costs		GHP-State	Telephone 25305; Printing 30000; PAS Communication Activities 200000; Other 27894	283,199

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Non-ICASS Administrative Costs		33,900		33,900
Peace Corps Volunteer Costs		1,449,400		1,449,400
Staff Program Travel		42,800		42,800
USG Staff Salaries and Benefits		423,900		423,900
Total	**0**	**1,950,000**	**0**	**1,950,000**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs	Direct Office Costs	GHP-State		33,900