



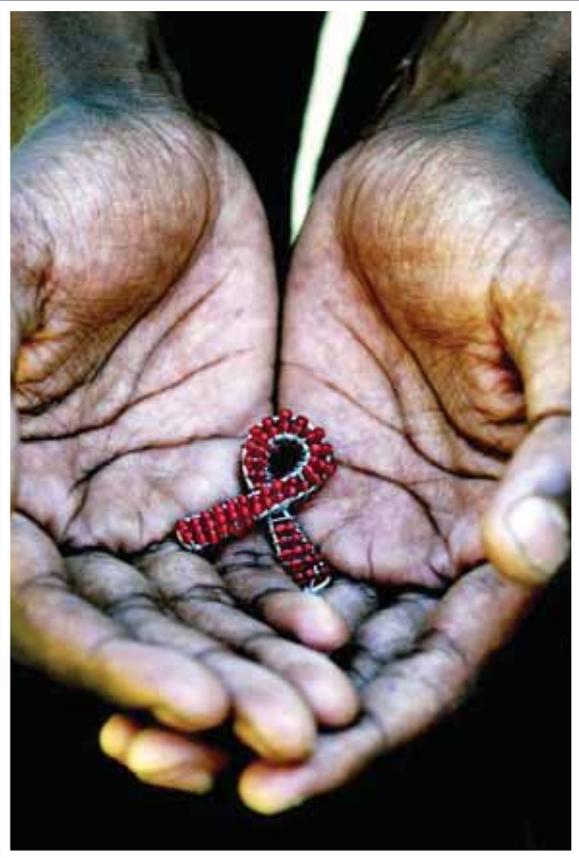
United States President's Emergency Plan for AIDS Relief

# Annual Report 2009



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# Contents

Ambassador's word	i
Overview	1
Live and let live	2
The power of men as partners	3
The power of partnerships	4
HIV-free South Africa	5
Strengthening health-care	6
Training	7
Community grants	8
Appendices	9



Ambassador Donald H. Gips

“...we will work strategically... to strengthen sustainable and comprehensive HIV prevention, care, and treatment services in South Africa that will save the lives of thousands of South Africans.”

# Ambassador's word

On behalf of the U.S. Mission in South Africa, I am pleased to share with you the progress made in the response to HIV and AIDS in South Africa with the support of PEPFAR in 2009 (October 1, 2008 through September 30, 2009). We are proud to report that we achieved and exceeded almost all of the targets of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) South Africa's Country Operational Plan. These substantial achievements are a tribute to the dedication and commitment of the U.S. Mission, the PEPFAR Implementing Partners and our partnership with the South African Government.

## Prevention

During this reporting period, we exceeded our target (by eight percent) for preventing mother-to-child transmission of HIV (PMTCT) - a total of 666,088 pregnant women received counseling and testing for HIV and received their test results. The number of HIV-positive pregnant women who received treatment also rose this year by 62 percent, to 172,111. Furthermore, PEPFAR is supporting a study to measure the effectiveness of South Africa's PMTCT program through early infant diagnosis at six weeks.

In 2009 the South African National Department of Health, supported by PEPFAR launched the national HIV testing week campaign with the theme, "A Man Knows", to address the fact that only 25 percent of South African men know their status. The campaign sought to encourage more South African men to get HIV tests; to normalize HIV testing; and to increase the total number of people who learn their HIV status at an early stage. During the reporting period, a total of 3,541,821 individuals received HIV testing, exceeding our target by 42 percent for this reporting period.

## Care and Support

Our effort to provide care and support to orphaned and vulnerable children increased by a dramatic 74 percent

from 2008, with 921,506 children benefitting from the support. Services that have been provided to these children include, but are not limited to, nutrition, education, psycho-social support, and economic strengthening of vulnerable households.

Through its implementing partners, PEPFAR provided HIV-related care and support (including TB care) for 2,857,033 people in 2009. We have also been able to provide TB support, including training of health-care workers and the development of policies and guidelines.

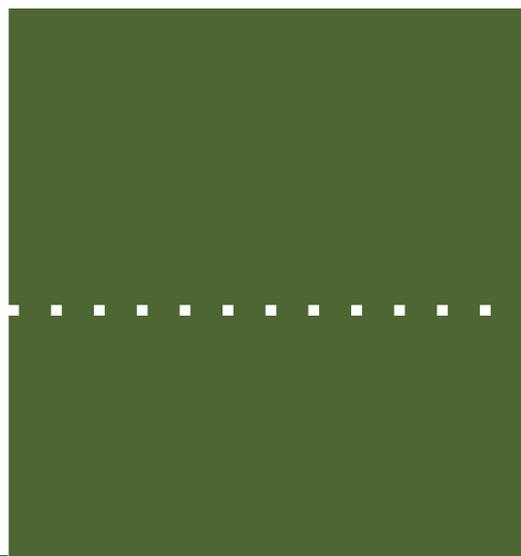
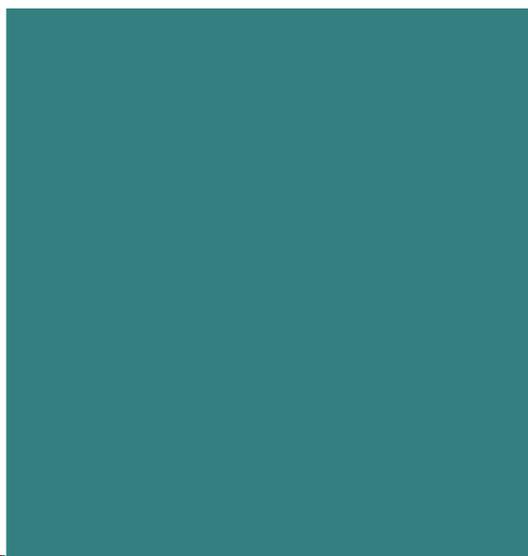
## Preventing future infections

The U.S. Mission to South Africa continues to work in collaboration with the South African Government and our implementing partners to build upon the successes of prior years. An estimated 810,880 people have received Anti-Retroviral therapy through PEPFAR, and this number will continue to rise. In 2010, we will work strategically with the South African Government and our partners to strengthen sustainable and comprehensive HIV prevention, care and treatment services in South Africa that will improve the lives of thousands of South Africans.

In the first five years of PEPFAR, we are proud to have surpassed our targets for care and treatment and we will rise to the challenge of preventing future infections. In the next five years we will work in conjunction with our partners to strengthen the South African health system so that prevention efforts will succeed in cutting the number of new infections and treatment can reach those who need it. Our goal is to help South Africa build a health system that can cost-effectively meet the needs of its people.

Sincerely

Donald H. Gips  
U.S. Ambassador to South Africa



# Overview

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has three primary program areas in South Africa: Prevention, Treatment and Care. Other support provided by PEPFAR includes strengthening health systems, training health-care workers and providing strategic information to partners about HIV and AIDS management.

Prevention of HIV is an area that PEPFAR vigorously supports and in 2009, PEPFAR provided direct support for HIV Counseling and Testing to 2.5 million people and provided additional assistance for these services that reached a further one million people.

We also exceeded our target for preventing mother-to-child transmission of HIV with 666,088 pregnant women receiving counseling and testing and a total of 172,111 HIV-positive women receiving treatment.

Through its implementing partners, PEPFAR provided HIV-related care and support (including TB care) for 2,857,033 people in 2009. We have provided TB support, including the development of policies and guidelines. The effort to provide care and support to orphaned and vulnerable children increased by a dramatic 74 percent from 2008, with 921,506 children benefitting. Services that have been provided to these children include nutrition, education, psycho-social support, and economic strengthening of vulnerable households.

In 2009, HIV treatment was allocated 38 percent of the PEPFAR budget. Through this funding, the number of people who received antiretroviral (ARV) therapy through PEPFAR projects amounted to 810,880. This number is expected to increase in future because on World AIDS Day 2009 the U.S. Mission to South Africa pledged an additional one-time grant over two years of \$120 million to fund shortfalls in South Africa's ARV supply.

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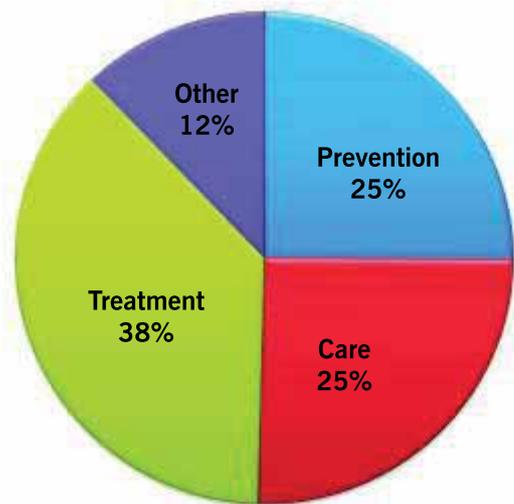
# PEPFAR South Africa

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 as a response to the fast-spreading HIV and AIDS pandemic in some of the world's poorest countries, particularly in Sub-Saharan Africa. With an initial allocation of \$2.3 billion, PEPFAR responded to the HIV epidemic with funding and technical expertise to support countries in improving their response to HIV and AIDS and to improve their own health systems. Through PEPFAR, the U.S. government also contributes to the Global Fund for AIDS, TB and Malaria.

## Global outreach

Since inception, PEPFAR has helped more than 2.4 million people living with HIV and AIDS in 32 countries receive life-saving antiretroviral drugs. They represent half of the estimated four million individuals in low and middle-income countries on treatment. In 2009, the U.S. government provided an additional \$6.6 billion for PEPFAR to continue its intervention. PEPFAR is now moving from its initial emergency focus to an emphasis on developing sustainability of its programs, and it seeks to build a platform for an integrated response to a broad range of global health needs. The focus will be on maternal, newborn, and child health.

Allocation of funds per program area



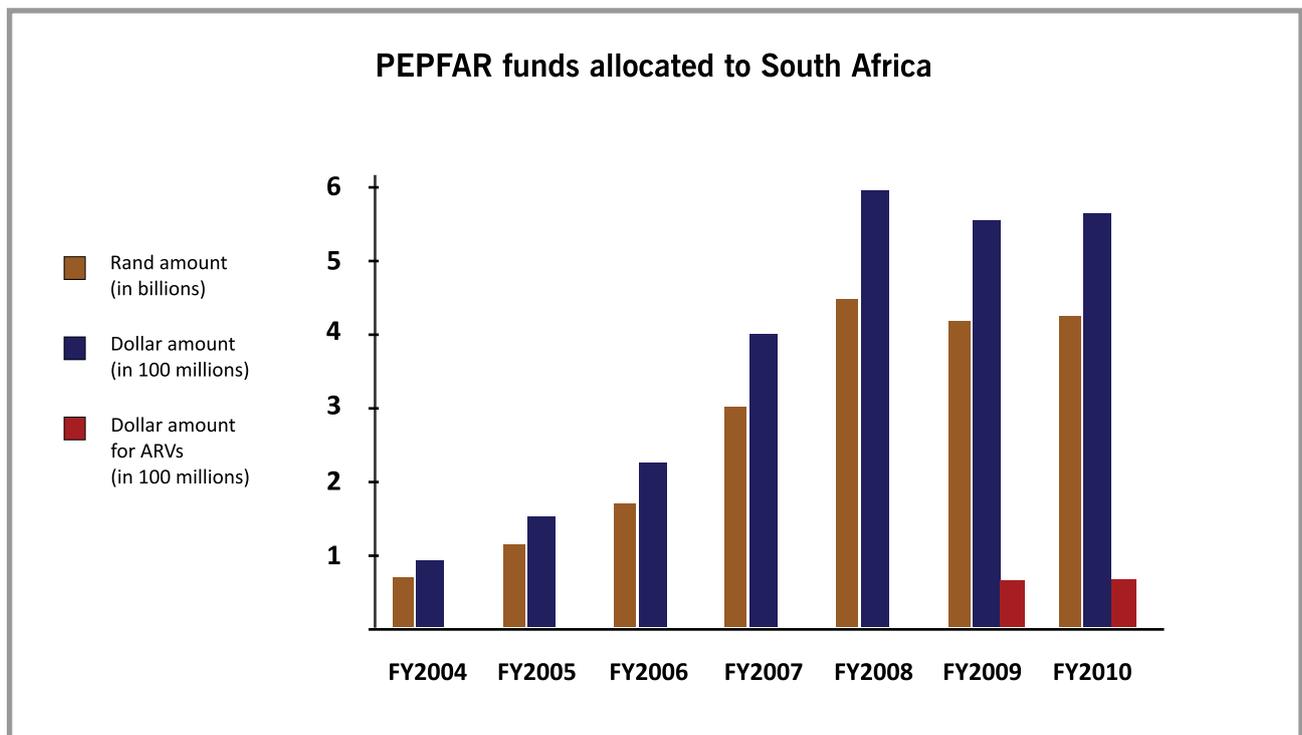
Since inception PEPFAR has helped more than 2.4 million people living with HIV and AIDS in 32 countries receive life-saving antiretroviral drugs.



## PEPFAR in South Africa

As one of the countries most affected by HIV and AIDS, South Africa receives more PEPFAR resources than any other nation. With approximately 5.7 million South Africans believed to be living with HIV and AIDS, South Africa has benefitted from PEPFAR support since 2004 through partnerships among the South African government, and non-governmental and private organizations. By 2010, South Africa had received approximately R19 billion (nearly \$6.2 billion) through PEPFAR. On World AIDS Day 2009, Ambassador Donald H. Gips announced that the U.S. would provide an additional one-time donation of R900 million (\$120 million) over two years for

antiretroviral drugs. PEPFAR works through several of the U.S. government agencies including the Centers for Disease Control and Prevention (CDC), U.S. Agency for International Development (USAID), Peace Corps, Department of State (DOS), and Department of Defense (DOD) to implement PEPFAR's objectives of improving the health of HIV-infected and affected South Africans. Through PEPFAR, the U.S. government works with more than 500 implementing partners, mostly South African organizations in the broad areas of HIV and AIDS Prevention, Treatment and Care. PEPFAR provides partial or full support for more than 20,000 jobs in South Africa.



## PEPFAR South Africa Prevention, Care and Treatment figures

<b>PREVENTION</b>	<b>2008</b>	<b>2009</b>	<b>% INCREASE</b>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their results	407,679	666,088	<b>63%</b>
Number of HIV-positive women who received ARV prophylaxis	106,112	172,111	<b>62%</b>
<b>CARE</b>			
Total number of people who received counseling and testing for HIV and received their results (including TB)	1,286,073	2,766,157	<b>115%</b>
Number of HIV-positive people attending HIV care/treatment services and receiving treatment for TB	81,179	206,543	<b>154%</b>
<b>TREATMENT</b>			
Number of individuals who received ARV therapy	415,969	810,880	<b>95%</b>

In 2009, HIV treatment was allocated 38 percent of the PEPFAR budget. Through this funding, the number of people who received antiretroviral (ARV) therapy through PEPFAR projects amounted to 810,880. This number is expected to increase in future because, on World AIDS Day 2009, the U.S. Mission to South Africa pledged an additional one-time grant over two years of \$120 million to fund shortfalls in South Africa's ARV supply.

# PEPFAR moves to sustainability

**Starting in 2010, globally PEPFAR will be shifting from its initial emergency focus to a heightened emphasis on sustainability with a core emphasis on HIV prevention over the next five years.**

This next phase of PEPFAR will focus on supporting countries in reassessing prevention portfolios to ensure they make maximum impact and by strengthening health systems to reduce illness and death, particularly maternal mortality and childhood infectious diseases.

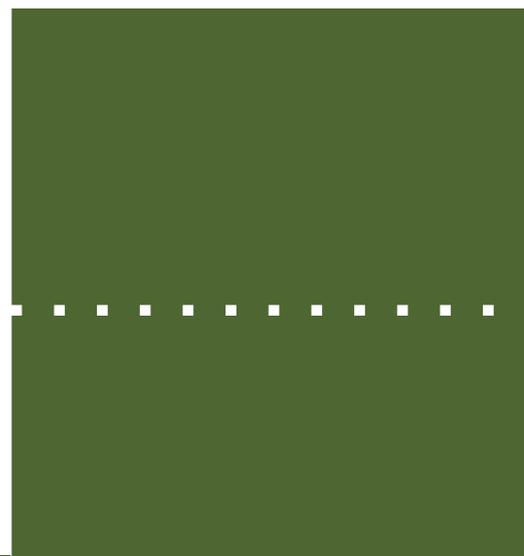
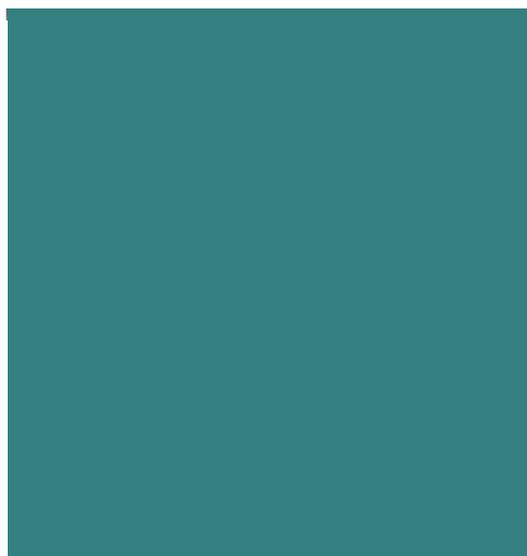
PEPFAR is expanding investments into high-impact prevention interventions, such as prevention of mother-to-child transmission, and medical male circumcision. Finally, the program is working to identify, implement, and evaluate promising and innovative prevention methods, to expand our existing toolkit of interventions and advance the science around HIV prevention.

## **PEPFAR's five-year goals**

Over the next five years, PEPFAR will work to achieve the following overarching goals:

1. Transition from an emergency response to promotion of sustainable country programs.
2. Strengthen partner government capacity to lead the response to this epidemic and other health issues.
3. Expand prevention, care, and treatment in concentrated and generalized epidemics.
4. Integrate and coordinate HIV and AIDS programs with broader global health and development programs to maximize impact on health systems.
5. Invest in innovation and operations research to evaluate impact, improve service delivery, achieve cost-efficiencies and maximize outcomes.

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# Live and let live

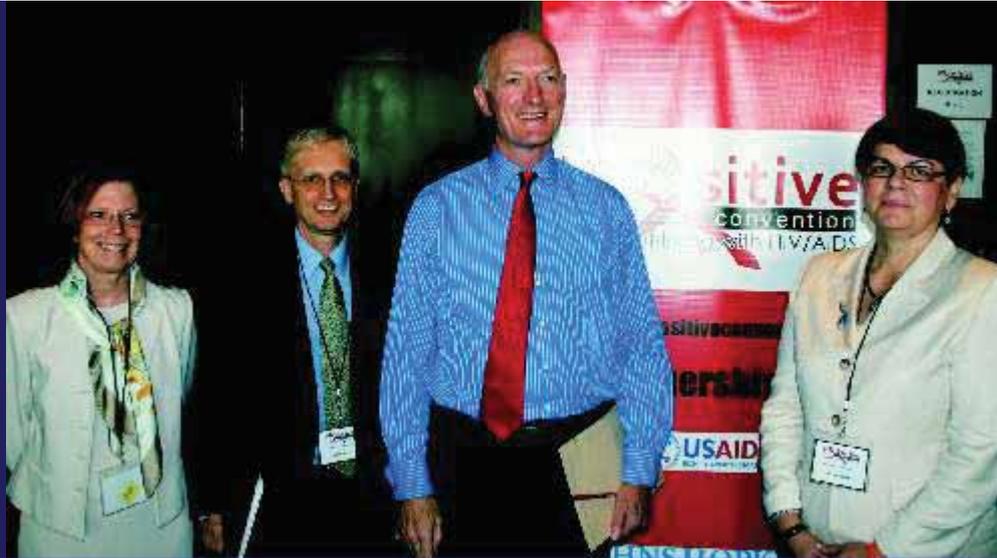
In 2009, the PEPFAR team and its partners continued to make significant strides to ensure that those living with HIV as well as those bearing the effects of the pandemic, live fruitful lives in the true spirit of “live and let live.”

Through the power of partnerships, those who needed treatment were provided with such, with 810,880 people receiving antiretroviral therapy. On World AIDS Day 2009, PEPFAR announced a once-off figure of \$120 million to add to the funds already received by South Africa for ARV treatment.

In addition, through our Community Grants program, which works with 137 small community-based grassroots organizations across all nine South African provinces, we have been able to provide funding of \$300,000 for income-generating projects which support hospice activities, the needs of orphans and vulnerable children and prevention efforts.

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## Living positively



From left to right: Dr Mary Fanning, US Embassy South Africa Health Attaché; Dr Ken Clark, Associate Director of Science for CDC South Africa; South African constitutional court judge Justice Edwin Cameron; and Monica Dea, Prevention Advisor with CDC South Africa, during the Positive Convention for people living with HIV and AIDS in November 2009 in Johannesburg.

**On November 6, 2009, South Africans attended the first-ever convention for people living with HIV and AIDS. The Positive Convention was initiated by Pholokgolo Ramothwala, a young professional who has lived openly with HIV for over 11 years. Ramothwala says the idea to bring together people living with HIV was sparked by comments he received to his online column, “The Diary of Pholokgolo” ([www.positiveconvention.co.za](http://www.positiveconvention.co.za)).**

Many of the comments he says, were requests for a meeting for people living with HIV so that they could network and share information. Ramothwala says he was quick to note the urgency and the importance of creating such a platform as numerous studies had shown that without the necessary support, dozens of people who test positive feel hopeless and become depressed.

An event such as the Positive Convention allowed people living with HIV and AIDS to share personal tales of overcoming discrimination and stigma at home and in the workplace, and about maintaining healthy lifestyles.

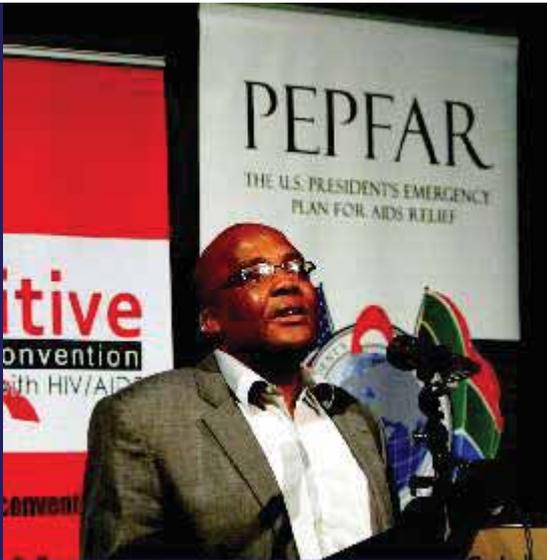
### **Challenges of living with HIV**

The PEPFAR-supported Positive Convention was attended by more than 350 people including those living with the virus, health-care workers, civil society, policy makers, and donors. The aim was to highlight the multiple challenges of living with HIV.

The topic ‘Young professionals living with HIV and AIDS’ was given a special focus, with contributions from one of South Africa's prominent professionals living with HIV, Constitutional Court Judge Edwin Cameron. In his speech, Cameron, who has lived with HIV for nearly two decades, highlighted the issues of treatment, prevention and testing for HIV. “Without testing, we cannot make progress against this epidemic. There must be no shame. No discrimination. No recrimination. And we must end stigma,” Cameron said to enthusiastic applause.

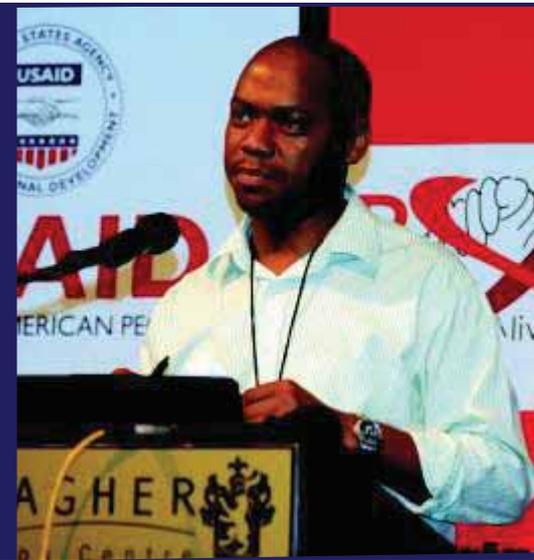
### **South Africa carries 17 percent of the HIV and AIDS burden**

“We are definitely going to win this war. I can feel it in my blood, I can see it in your eyes, I can feel it in this place,” said keynote speaker, South African Health Minister



Health Minister Dr Aaron Motsoaledi (left), keynote speaker at the Positive Convention.

Hosting the Positive Convention, Pholokgolo Ramothwala (right) sought to highlight the realities of living with HIV and to reduce stigma about the disease.



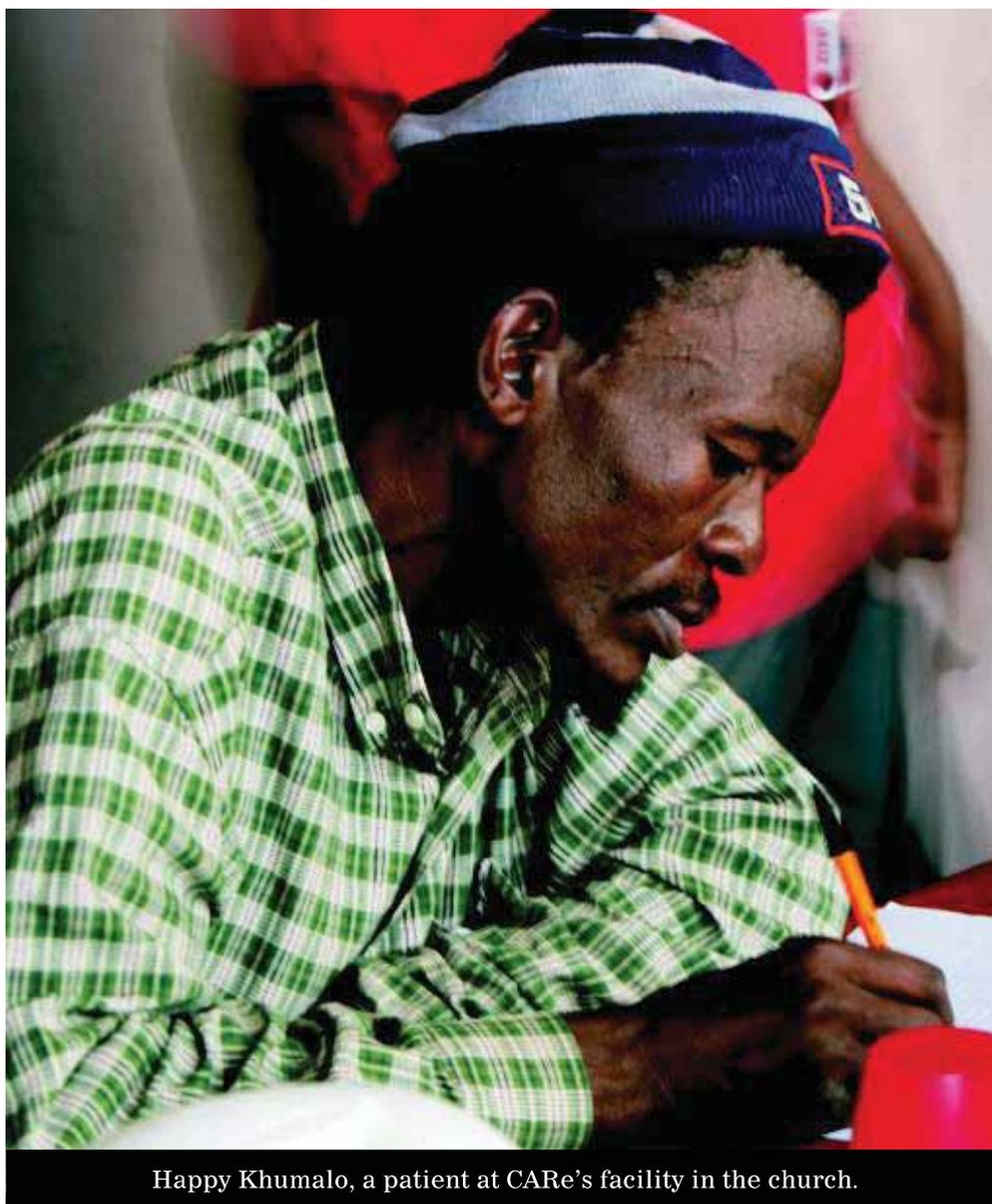
**“We are definitely going to win this war. I can feel it in my blood, I can see it in your eyes, I can feel it in this place,” said Health Minister Dr Aaron Motsoaledi, keynote speaker at the Positive Convention, South Africa’s first-ever conference for people living with HIV and AIDS in November 2009.**

Dr. Aaron Motsoaledi. Motsoaledi pointed out that South Africa makes up 0.7 percent of the world’s population but carries 17 percent of the HIV and AIDS burden. He conceded that government was “embarrassed” that people living with HIV had to go to court to force the previous administration into providing them with treatment. However, he said, “I want to assure you that it’s the beginning of a new era ... in the fight against HIV and AIDS.”

Dr. Mary Fanning, the U.S. Embassy’s Health Attaché and

PEPFAR Coordinator, saluted the audience for “reaching out to the theme of this conference, which is positive living. In March 2009, more than 1.6 million people had received help from PEPFAR, but it was sobering to know that for every one person treated, two more contracted HIV,” she said.

Fanning added that although “... more money must be spent, we must also change hearts and minds, cultures and attitudes.”



Happy Khumalo, a patient at CARE's facility in the church.

“We regard them as a community and encourage them to be a community,” said Fengu of his patients. “We are trying to take care of all of their individual needs as sick people.”

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# A lifeline for migrants

**The Johannesburg Central Methodist Church sits amid thriving businesses and skyscrapers in the city's bustling downtown. The church is both a place of refuge and a place of controversy. Bishop Paul Verryn has used the building to provide housing for foreign migrants, mostly Zimbabwean refugees, in the face of opposition from neighbors and sometimes local authorities. The church has been raided by police; there is little food; the facilities are inadequate for the number of people; and, every evening, some 3,500 people return from seeking work and food on the surrounding streets to sleep on the floors and in the stairwells. For sick migrants, the situation is even tougher but some have found help from Community AIDS Response (CARE), a South African organization funded in part by PEPFAR.**

## **The care room**

A small room known as "the care room" sits at the top of a narrow stairway on the fourth floor. Two women and five men, all from Zimbabwe, sit around a wood table and quietly share a meal of rice and beans, tea and bread. A washing machine hums in the corner and mattresses are piled against the walls. For now, they sleep, eat and live in this room which functions as their care and treatment center. The food is especially important because all of them take medication: antiretrovirals for HIV and a combination of drugs for TB. They are cared for by Daniel Fengu, Kundai Gumbu and Machivei Muzenda of CARE.

This CARE program focuses on locating and providing medical care for migrant populations, both domestic and foreign, who live in inner-city Johannesburg and who lack access to consistent medical care and treatment. Particularly for TB, adherence to medication is crucial to avoid the development of drug resistance.

## **The pills are working**

Some of the visiting CARE staff rejoice when they realize that the young woman wearing a bright red hat and sitting at the table is the same woman who was immobile and crumpled on a mattress three weeks ago. "The pills that we are using are working," said Izito Mhlanga, a tall man in a white shirt. "I am feeling better." The rest of the group nods in agreement. "I used to cough every 15 minutes and now I can go more than an hour without coughing," said Frank Nasho.

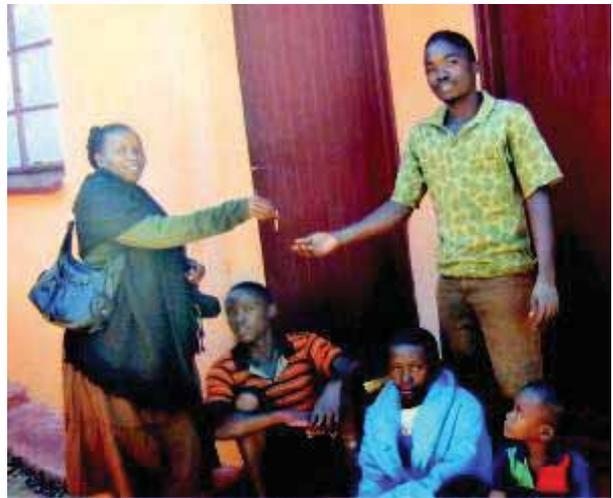
Approximately 480 patients have passed through the program and their treatment adherence is monitored even after they are discharged. Every morning, Fengu and Gumbu work on the difficult task of tracking down former patients, whom local clinics and hospitals have flagged, to try and ensure they are staying on their medication. While patients are in the program, they receive lessons about pain management and hygiene. They also receive psychological counseling in addition to food and shelter. Outside, the streets of Johannesburg can be tough but the CARE room provides a lifeline to medical care and treatment.

## A place to call home

**I'm Jabulani Lubisi (not his real name) and I am fifteen years old. When we first met the ladies who work in the project at Tiyimiseleni Home Based Care, I and three other siblings were living in a dilapidated mud hut. We cooked, slept and bathed in there. During rainy days it was disastrous because we could not sleep or do anything in the house because the hut would be flooded because the roof was leaking. Both our parents are deceased due to HIV-related illnesses. We were left with no source of income. It was practically impossible for us to repair the house. We had no hope and we did not know where to turn to for help.**

During one hot afternoon these ladies came to our house. They told us that they were doing a door-to-door campaign and that is how they got to find out about us and the situation we were in. They mobilized resources and they were able to reconstruct the two-room house and Community AIDS Response (CARE) workers lent a hand in the reconstruction of our home.

The chief of the area was invited by the Community CARE workers when we were given a key to our new home. The ward councilor was also present and on that day he pledged to build us a government-funded low-cost house and also to apply for us to get free electricity from the power utility ESKOM. We are currently awaiting the approval of our foster care grant. We are registered at the project as recipients of services that they provide to orphans and vulnerable children. We would like to thank PEPFAR for its intervention in addressing the needs of orphans and vulnerable children in South Africa. It is through such interventions that children like us are able to have places they can call home.



**“We would like to thank PEPFAR for its intervention in addressing the needs of orphans and vulnerable children in South Africa. It is through such interventions that children like us are able to have places they can call home.”**

## Olive Leaf restores dignity



Thanks to the Olive Leaf Foundation, a Diepsloot family can now live with dignity

**Priscilla Ngubani (not her real name), a 25-year-old woman lives in a shack at Diepsloot Extension 1 squatter camp, with her four biological children and six other children. All 10 children that Priscilla looks after are between four and 18 years old. She is terminally ill, unemployed and on ARV treatment. Hardly any of the children attend school; some had dropped out due to financial problems and others did not have birth certificates or identity documents.**

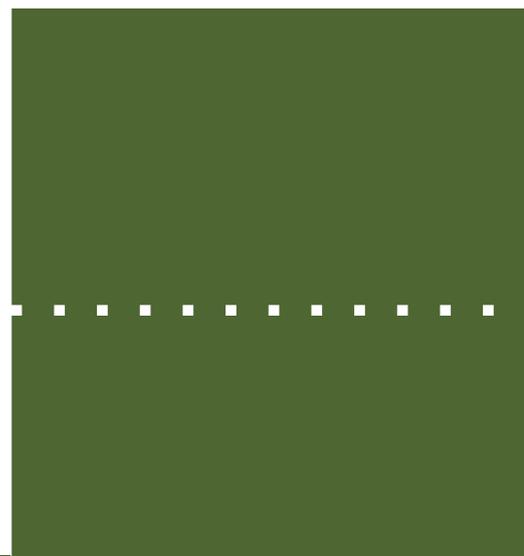
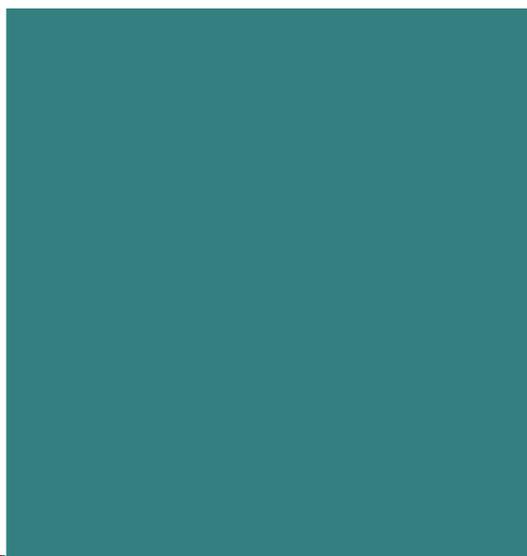
Priscilla and her family now receive support. Without any source of income to provide for the family, they were entirely dependent on food parcels from neighbors and the Olive Leaf Foundation, whose objective is to enable sustainable community development across Africa. The Olive Leaf Foundation decided to get more involved. On January 13, 2009 the Olive Leaf Foundation approached the local South African Police Service (SAPS) where they

assisted with compiling a sworn affidavit. The Foundation then assisted the children in acquiring birth certificates through the Department of Home Affairs and in obtaining transfer letters from their previous schools and confirmation of their grades.

### **Enrolled in schools**

On January 19, 2009 Maki, one of Priscilla's children was enrolled with the Diepsloot West primary school and the other four were enrolled with the Muzumuhle Combined School. The other two children, aged four, have secured a space at the local crèche that is in partnership with the Olive Leaf Foundation. The family also received a donation of a grocery hamper from the Malaak Rock Foundation worth approximately R1,700.00.

Due to the efforts of the Orphans and Vulnerable Children's team and the above-mentioned donor, Priscilla's and her family's dignity were restored.



# The power of men as partners

According to Johns Hopkins Health and Education in South Africa, in 2009 there was a dramatic increase in the number of people who tested for HIV particularly men (from 17 percent in 2006 to 31.8 percent in 2009). PEPFAR and its partners have contributed to this dramatic increase in testing through campaigns like “A Man Knows” which encouraged men to test for HIV.

Men as partners, fathers, sons, brothers, judges, magistrates, police officers and heads of state, make a significant difference in addressing HIV and AIDS.

Interventions are increasingly designed to engage men and boys to address male norms, to educate men on the role they play in sexual and reproductive health and in fighting the spread of HIV and AIDS.

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# Reaching out to South African men



The groundbreaking A Man Knows campaign was the first time in South Africa that such a significant collaboration has united NGOs, provincial government departments and private companies across the country.

**In 2008, more than 20,000 men stepped forward to learn their HIV status during South Africa's first provincial testing week. The campaign was organized and implemented by PEPFAR-funded partners, Right to Care, Leonie Selvan Communications and the Society for Family Health's social marketing franchise, New Start, with the support of the South African government.**

According to the Human Sciences Research Council's *National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey*, South African men are well-informed about HIV and AIDS and understand that testing early can lead to a longer and healthier life. In spite of this, only a third of South Africans – and a quarter of all South African men – have ever been tested for HIV. Men are particularly hard to reach, because of social and cultural roles that prevent them from accessing public health facilities and other areas where HIV counseling and testing services are freely available. It is usually the primary care-givers, women, who have ready access to such services.

## **Knowing your status is empowering**

“Only a quarter of South African men have ever taken an HIV test. This is cause for great concern as it indicates that millions of men are living with HIV and spreading the virus simply because they are not aware that they have it. What we are saying to all South Africans with this campaign is that knowing your status is empowering. It allows you to plan for a bright future with or without the virus,” said Miriam Mhazo, senior program officer, New Start.

The main reason for men not testing is emotional: fear of stigma, denial, and fear of losing jobs or relationships. To counteract this fear, the campaign took an emotionally charged angle, using a hard hitting theme – A Man Knows. The theme called on men to be brave, to get tested, and to know their status. South African celebrities supported the campaign, including the popular South African musician Johnny Clegg, legendary cricketer Makhaya Ntini, swimming superstar Natalie du Toit, and football hero Lucas Radebe.



**South African men are well aware of HIV and AIDS but scared of testing.**

“The men within our communities play a vital role in halting the spread of this disease. Research shows that South African men are well aware of HIV and AIDS, but are scared of testing. Yes, getting tested can be a bit scary, but a real man protects those he loves by testing regularly and always knowing his status. A real man ensures the well-being of not only his own family, but also his entire community,” said Clegg.

The groundbreaking campaign was a phenomenal success. Nearly 35,000 people were tested and, of those, 60 percent were men. This was also the first time in South Africa that such a significant collaboration has united NGOs, provincial government departments and private companies across the country. The National Department of Health is leading the way to conduct the next testing week in 2010 – this time, a national event.

**The men within our communities play a vital role in halting the spread of this disease... a real man protects those he loves by testing regularly and always knowing his status. A real man ensures the well-being of not only his own family, but also his entire community.**

# Soul City tackles multiple sexual partnerships

**“Prevention of new HIV infections is a huge challenge in the fight against HIV, and we must look at more effective and innovative ways of promoting this effort,” said Deputy Chief of U.S. Mission, Helen La Lime at the launch of Soul City’s HIV prevention campaign, OneLove.**

South Africans have the highest rate of HIV infection in the world. Not because South Africans have more sex than other people, but because South Africans are having sex with more than one sexual partner in the same time period. Studies show that even a small increase in the average number of concurrent sexual partners has profound effects. One could imagine it as dots on a map; the more dots that are added, the more that are connected. In this case, a network of connected dots often means the spread of HIV.

## **Challenging and daring to be different**

Soul City has recognized the dangers of having more than one sexual partner at the same time, a behavior known as “multiple concurrent sexual partnerships”, and in response, launched the OneLove campaign in January 2009 to change these risky sexual behaviors.

The campaign is bold and sexy, while at the same time challenging and daring to be different. OneLove aims to shift social norms and reinforces positive behaviors without blaming people who are behaving in risky ways. It role models safer sexual behavior, and challenges men and women to change their behavior to live a safer and happier life. OneLove also challenges gender stereotypes and cultural norms that reinforce having more than one partner and that fuel the AIDS epidemic. Using the Soul City TV series, a popular soap opera, radio and community outreach, OneLove also highlights the social issues that

contribute to the devastating HIV epidemic in South Africa, including sexual abuse of young girls, and inter-generational, or “sugar-daddy” relationships.

Ms La Lime praised energetic prevention campaigns like OneLove: this campaign will play a critical role in helping South Africa achieve its goal of halving the rate of new infections in the next two years. “Just like President Obama’s election as the U.S.’s new president, the success of this campaign will depend on South Africa’s ability to show faith, to change behavior patterns and to act together as a united force for a better life,” she said.



**Committing to faithfulness: Some of the youth who took part in the One Love campaign.**

# Now I respect women – Mbongeni's story



“When there was a girl that I liked and I thought she'd give me a tough time I would buy her lots of alcohol and get her drunk so that I'd have it easy... but now I will not do that.”  
Mbongeni Sdumo, 29, married, eCala, Eastern Cape.

**Mbongeni has been working at the local community radio station Vukani since 2006; his favorite music genre is Maskhande and old tunes, 'Amanguda'. He attended the Men as Partners® program. “As a man I had been authoritative and very argumentative. I was not keen on listening but now I am able to negotiate, listen and understand people and their views.**

My personal transformation was beneficial for my family: when I first attended the workshops I was single and have since married, and I treat my wife well. I assist her at home and even when we go to the village I assist her with chores for her in-laws. This is not easy in our communities; parents and neighbors scrutinize and pity you, saying you're bewitched – how can you do chores when your wife is there?”

## **Dominance in relationships**

“I was extremely arrogant in my relationships and I believed in myself... my word was final... I wanted things done my way. For example if I needed my girlfriend to come visit me, I insisted... if she couldn't I'd assume she was probably having an affair... I would get jealous, abusive and dismiss her. I battled with this behavior and early last year I ended up manhandling a lady that I had a relationship with because we had some fights. I don't like beating anyone anymore so I try to persuade people.

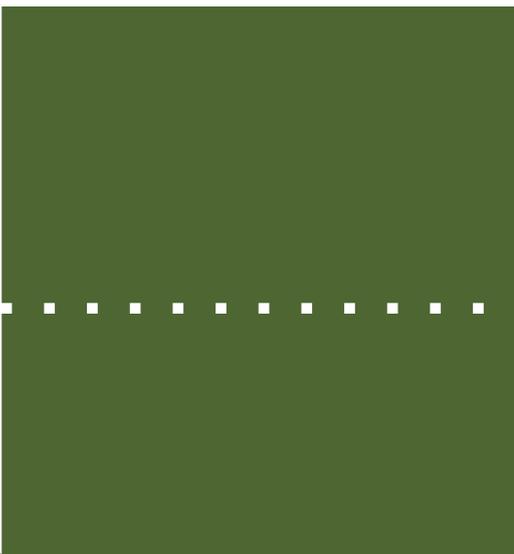
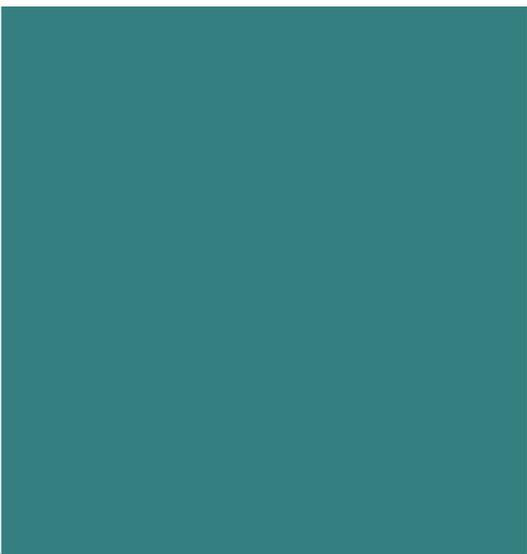
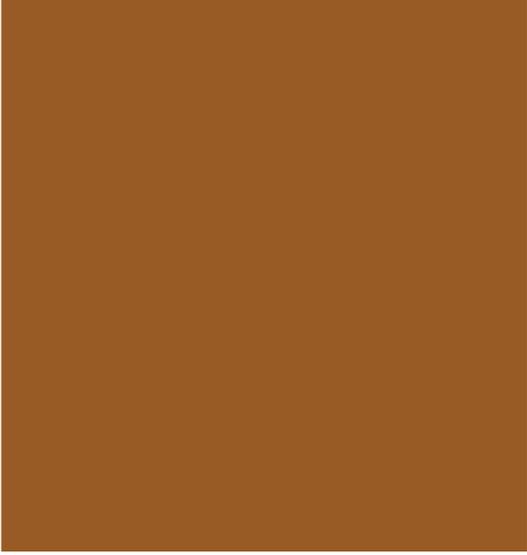
Before I was a person who held grudges, if I had a fight with a person I would vow that even if I met them on the street corner and they were mugged I would not help out, but now not anymore. I used to threaten a girl, if she didn't listen then I'd manhandle her until she'd apologize then I would let her go at the relief that I had taken out my anger.”

## **Getting tested**

“What was top of mind then was that my voice should be heard by my partner. Interestingly also on the issue of going for VCT, I had never tested before; I didn't want to and wouldn't even entertain the discussion with my partner but now I do it regularly. I respected my wife and listened when she suggested that I should take the HIV test. But before I attended the MAP program, I wouldn't. Today I'm able to encourage others. I'm now committed to applying honesty and taking cognizance of things that are related to my family. If I got married before these interventions I wouldn't have taken things seriously. For example, when a new girl arrived in town, boys felt that she was to be propositioned and initiated into the town. In the past, I too participated in those silly schemes but not anymore. I now respect and see women not as sexual beings but as people to be social with, with no sexual intentions. This needs to change in our society, more value needs to be given to women; it's also risky for one's health because people don't know each other's past behavior.”

## **Alcohol and sexual relationships**

Life in the taverns was difficult. Women pick on men who have money. The same goes for men when they see a drunken woman they take advantage of her. I too did that at times. When there was a girl that I liked and I thought she'd give me a tough time I would buy her lots of alcohol and get her drunk so that I'd have it easy. Then I would approach her and get what I want, but now I will not do that, I believe it is not right.



# The power of partnerships

Over the years the challenges presented by HIV and AIDS have continued to demonstrate that the pandemic can only be managed through a collective effort; PEPFAR continues to adopt this attitude in its work.

In 2009 we engaged more than 500 implementing partners to respond to the effects of HIV and AIDS. Through the driving force of such partnerships we were able to creatively penetrate the workplace environment with workers' unions mainstreaming HIV and AIDS into all their activities which resulted in increased numbers of workers testing for HIV.

4

# Aurum launches Lutando psychiatric unit

**Approximately one hundred people from various institutions attended the launch of the psychiatric unit in Chris Hani Baragwanath Hospital in Johannesburg on March 27, 2009. The clinic, named 'Luthando' meaning 'love', provides HIV care to mentally ill patients at the hospital.**

Established in 2008 by the hospital and the University of Witwatersrand, the clinic also provides occupational therapy as part of treatment. The unit includes a research unit, whose mission is to enhance the quality of life of people with HIV infection through furthering understanding of how the HIV virus causes neuropsychiatric complications, and by developing better treatment strategies.

## **First in South Africa**

The unit is the first in South Africa to utilise a multi-disciplinary approach in the care of mentally ill HIV-positive people.

It has adopted a nationally recognised model and its vision is to become a leader in creating standards of care for mentally ill people with HIV infection and neuropsychiatric disorders.

Through PEPFAR funding, Aurum has supported the Chris Hani Baragwanath Comprehensive Care, Management and Treatment clinic since 2006 and the support was extended to the Luthando clinic in 2008 in terms of human resources, infrastructural renovation, equipment and furniture as well as data management.



Vegetable garden planted by psychiatric patients at the Luthando Clinic at the Chris Hani Baragwanath Hospital in Johannesburg.



Occupational therapy is an important part of therapy. Here patients make goods to sell at the Christmas craft market.

# Dramatic increase in VCT uptake at workplace

The South African Democratic Teachers Union (SADTU) has seen a dramatic increase in the uptake of and demand for Voluntary Counseling and Testing (VCT) by both men and women alike in “Know your status” workplace campaigns. VCT reports began with numbers as low as eight per event, but now report numbers as high as 142 per event. During the 2008/9 funding period, SADTU exceeded its target of 3,000 members for VCT. A total of 3,198 members and 406 learners were tested through mobile VCT services in 129 SADTU workplace events countrywide.

SADTU has mainstreamed HIV and AIDS into all union activities by allowing on-site access to mobile VCT, through awareness messages and by using AIDS ambassadors who talk about the benefits of knowing your status and living positively.

## Incentives for testing

Members are encouraged to access VCT on site provided by the Department of Health and/or by reputable service providers. They receive a T-shirt as an incentive with the writing ‘I have just tested’ in front and ‘take control of your life, test for HIV’ on the back. This direct message was a result of the PEPFAR workshop on prevention messages for VCT held earlier in 2009. A display table is maintained throughout each event to allow members to access information from trained leaders and staff. Information,



Leading by example: Ambassador Donald H. Gips takes advantage of the HIV counseling and testing facilities made available on-site at the Embassy on World AIDS Day 2009.

Education and Communication materials are distributed with specific prevention messages to reach all members attending the event. Male and female condoms are also distributed following a condom demonstration, or are distributed with an instruction pamphlet in the vernacular.

Most leaders lead by example, have tested for HIV and are publicly encouraging members to do the same. Their HIV status remains confidential and is not published to either the project team or the any other person. The service provider is required to provide statistical information only on the total number and gender of people who accessed VCT, as well as the number of people who tested positive and negative.

# Young designers keep condoms in fashion



Condom Couture. One of the winning items designed from condoms



**The South African Clothing and Textile Workers Union (SACTWU) is more than a strong union protecting the rights of its members. The organization is also doing everything in its power to address the HIV epidemic as it affects all workers and their world in South Africa. From rural factories to the Cape Town Fashion Festival, the union works to promote awareness of HIV and then encourages its members to take the next steps toward counseling and testing, and prevention. Started in 1998, the SACTWU Worker Health Program began to focus on the epidemic's repercussions among members by initiating a comprehensive policy.**

“As a trade union, we recognize that HIV and AIDS is a major challenge in our society. The challenge is to launch an education program to contribute to reducing and preventing the spread of HIV and AIDS; to provide counseling to assist members who are HIV positive, so that HIV-positive members adapt their lives and live positively; and to educate workers and the rest of society to ensure

that those who are HIV-positive are not stigmatized. We must create a caring supportive environment for HIV-positive people, at the workplace, in the union and in the wider society.”

In 2009, the program has expanded significantly and now offers free voluntary counseling and testing services (also for tuberculosis) via a mobile clinic that reaches factories in rural areas. Members also have access to home-based care services and recently, in response to retrenchments from the global recession, SACTWU began training unemployed members so that they can acquire the skills they need to provide HIV care services and therefore find additional work.

The health program's national director, Nikki Soboil, said the decision to train ex-SACTWU members in lay counseling and home-based care has produced 105 counselors and 61 caregivers of which the union employs 20 counselors and 18 caregivers (on a full-time and stipend bases). Soboil said the testing at rural factories revealed high prevalence rates compounded by low CD4 counts since most of the workers were testing for the first time.



Across Africa young fashion designers have infused HIV prevention and fashion to promote condom use and, in some parts of the continent, to lessen the stigma attached to condom use.



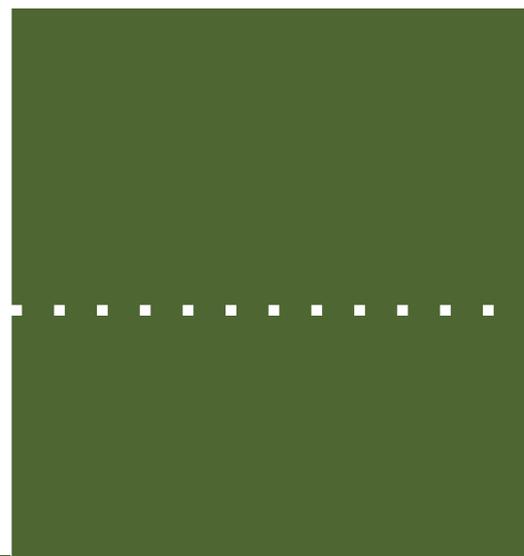
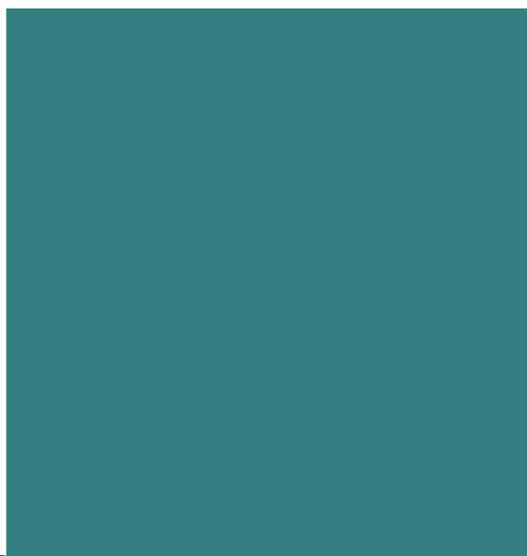
### **Workers open own wellness clinic**

After negotiating with members to make small contributions to the health program, SACTWU opened a “Wellness Clinic” in Cape Town in September. The clinic offers HIV services and hopes to become a down-referral site for patients who start at Department of Health clinics. The clinic also features a specially ventilated area for TB screening and testing. The future plan is for the site to become a DOT (directly observed therapy) distribution facility after additional training.

### **Keeping condoms in fashion**

Moving from rural factories and clinics into the world of high fashion, SACTWU’s “Keep Condoms in Fashion” campaign encourages young fashion designers to address the HIV campaign in the way they know best: submit a design for clothing made of condoms. To up the stakes, the contest also required designers to develop a business plan. The 2009 winner, Lara Klawikowski, a final-year student at the Cape Town College of Fashion Design, received R30,000 (approximately \$3,800) to help her get started in her new fashion design business.

**SACTWU’s “Keep Condoms in Fashion” campaign encourages young fashion designers to address the HIV campaign in the way they know best.**



# HIV-free South Africa

One of the key focus areas of PEPFAR going forward is to intensify HIV prevention messages and strategies, including peer education among youth and life-skills training.

In collaboration with our partners, substantial work has been done in this area and some of the successes recorded in 2009 include increased HIV counseling and testing among the younger generation. This took place through mobile Voluntary Counseling and Testing (VCT) in schools and tertiary institutions. Learners were not only educated about HIV and AIDS but were also

provided with the necessary life skills to share that information with their peers in order to steer them towards making healthy life choices, particularly around sexual matters.

In terms of preventing HIV transmission from pregnant mothers to their children, PEPFAR, together with our partners, was able to increase the number of pregnant women who received HIV counseling and testing from 407,679 in 2008 to 666,088 in 2009. Of those who tested positive, 172,111 received antiretroviral prophylaxis, making headway towards an HIV-free South Africa.

## Making life choices that work



“A stick is straightened while still young” – African proverb. Life Choices helps instill healthy habits and practices in children and the youth.

**Life Choices is a youth development project aimed at equipping youth with the ability to make informed and healthy life choices. The project, based in primary and high schools, works with children from Grades 4 to 12. Children are taught life skills to help them become aware of risky behavior and how to avoid it. Other developmental issues – self-value, vision, respect, responsibility, problem solving, human rights and more – are also emphasized. The program consists of seven curriculum-based interactive sessions held during school hours and run by young adults.**

### **Enabling healthful behavior**

Life Choices uses peer education to support and guide young people in developing new skills, positive group

norms and in making healthy decisions. Young people are trained to educate their peers both formally and informally, through debates, one-on-one conversations, lessons, workshops and community projects, with the hope of enabling positive behavior.

Life Choices believes that Voluntary Counseling and Testing (VCT) is an effective way to prevent new HIV infections. During each school term the Life Choices Youth-Friendly Mobile VCT Unit visits high schools. Youth are invited to small group information sessions and offered pre-counseling, HIV testing and post-counseling sessions. Screening is also done for TB and sexually-transmitted infections and clients are referred to the relevant services where necessary.

# How Life Choices helped me – the key to success

**My name is Piwe Ncetezo. I am 21. When Life Choices came to my school in 2006, I told myself that I should try this. I doubted myself because I failed grade 10 the previous year, but I thought I would try.**

Ever since I was a student in primary school I never felt important because I was undermined; nobody took me seriously. I remember the day Life Choices facilitators stood in front of our class asking us to write our names down. I did not want to write mine.

I remember the facilitator saying, “Everyone can join.” Still I did not write my name down. As the list travelled around the class it reached a certain girl who asked me why my name was not on the list. To cut the story short, I wrote my name and I was called for an interview. When I was told that I was a peer educator I was so surprised, and so were those who saw me as nothing.

## **Overcoming low self-esteem**

Being a peer educator made me feel important. My confidence and self-esteem grew. As time went on I began to be noticed by other students. If Life Choices had not appointed me as a peer educator I would have not been here today. I made Level 1 in cricket coaching and I have got a cricket club in Delft.

Life Choices played a big role in my life. Today I can go anywhere without hesitation because I was a peer educator. Today I'm not a bad statistic, I have finished my matric and I got a job. Life Choices gave me a key. It is up to me which door I want to open.

**My name is Sandisiwe Zibi and I am 18. Working with Life Choices has been of great help to me. Being a young woman and living in a disadvantaged community has led me to make a lot of unhealthy choices. I engaged in many negative activities before being exposed to the program. The program equipped me with skills that enable me to understand that you can't blame the world for being messed up. You need to wake up and be the change you want to see around you.**

By being a facilitator I have come across a lot of learners who have problems and I have been part of helping them to overcome those challenges and live positive lives. Not so long ago I was part of an issue at my school; two boys were bullying a new learner and I was asked by a teacher to speak to those bullies to find out what the problem was. I did that and found that all the learners wanted was to feel respected and listened to. From there we spoke of ways of getting that respect in a positive way rather than by bullying.

After talking with them and listening to their feelings, they were able to find a solution to their problems. I started to see the change and so did the teachers. The learners decided to come to me out of their own will and thanked me for helping them. To me that is exactly why I continue doing what I am doing.

**“Today I’m not a bad statistic... Life Choices gave me a key.”**

# Students grow up and get tested



Students and staff from Stellenbosch University march in support of the annual “Know your status” campaign.

**The annual “Know your status” campaign earned new significance on the Stellenbosch University campus, when a record number of 1,756 students tested for HIV during March 2009.**

With the “Grow up and Get tested” brand, Peer2Peer Educators from the University’s Office for Institutional HIV Co-ordination (OIHC) set out to encourage individuals from all walks of life to find out their HIV status. “It was everywhere” one student commented. “I wouldn’t have been tested if the campaign was not this big.”

## **It actually educates**

To accompany this drive, an information stall operated in the Student Centre where the public could find out more about the campaign and available testing sites. The test itself was free, took no more than 45 minutes, and only required a pinprick of blood. Candidates received pre-and-post test counseling from a qualified counselor and the results were immediate and completely confidential. One student remarked, “I think above all else the campaign has one strength, namely, it actually educates students about HIV and AIDS”.

Peer educators also distributed the very popular ABC bracelets that were such a prominent feature of previous

campaigns. Participants collected an “A” bracelet at the Information Stall, and then collected the others, including the new “D” bracelet, as they progressed through the HIV testing process. The branding seemed to hit home and as one student commented, “I really didn’t want to get tested, but the ‘Grow up’ idea really made me feel silly because I knew I should do it.”

## **March in solidarity**

Students and staff marched in solidarity with the institutional vision of “no new HIV infections on campus by 2012”. The success of approaching peers to join the campaign was evident. “Once you hear others are doing it you feel more comfortable going yourself,” said a student while another remarked that, “people should really go and get tested just to make sure they don’t have HIV. My friends made me go and I’m happy they did.”

“We are finally at the place where HIV testing has been normalized at the Stellenbosch University,” said program co-ordinator, Jaco Brink. The success of the campaign is not just visible in the numbers that tested but the fact that every participant was encouraged to discuss the testing experience with someone else. The Stellenbosch campus buzzed with conversations that should take place in every household in South Africa.

# Youth Club: A comfortable place to discuss HIV and AIDS

**When the Aurum Emthonjeni Schools Outreach Project, based at the Bree Street taxi rank in Johannesburg found that there was insufficient time to answer all the questions that arose from the “Abstinence and Be Faithful” presentations, learners got creative. They decided to establish a youth club to encourage young learners to engage with each other so as to learn more about and discuss HIV and AIDS.**

The Imibala Youth Club (Imibala means ‘colors’ and was chosen as the club includes learners across all races) seeks to educate children about HIV and AIDS in an environment that is open, free and comfortable to ask burning questions that they would not normally ask their parents or teachers. It has created a safe environment and a trusting relationship between the learners and the counselors.

Although HIV and AIDS is part of the life orientation curriculum at schools, both teachers and pupils alike are



Members of the Imibala Youth Club, part of the Aurum Emthonjeni Schools Outreach Project get together weekly to learn about HIV and AIDS.

not always comfortable talking about sex, which forms a large part of HIV and AIDS education. As a result, HIV education becomes superficial.

## **Empower learners**

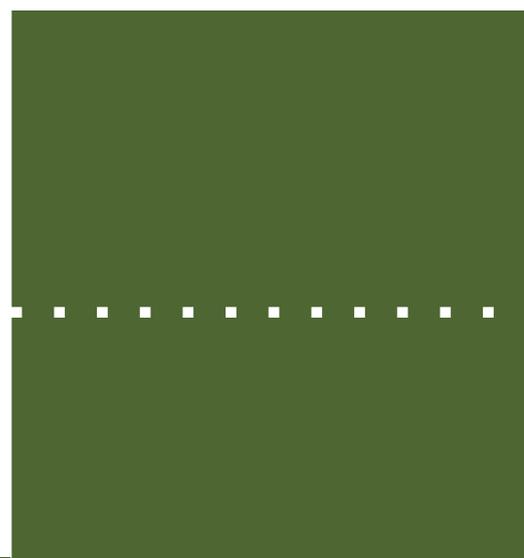
The youth club is facilitated by trained counselors and learners attend meetings on Friday afternoons. Learners soon opened up to the extent that a social worker was employed to ensure professional counseling and therapy. The club has transformed over time and the focus has changed from HIV prevention to youth wellness, although the objective is still to encourage delaying sex. Issues such as rape, teenage pregnancy, child abuse, child prostitution and so on are also discussed. The objective being to empower learners with skills should they find themselves in such situations.

As the counselors started going to different schools more and more learners became interested in the youth club and the need for a second club became evident. The second club is facilitated by members of the first club.

Some members of Imibala have introduced peer education in their own schools and parents have met with the Aurum Institute’s outreach counselors to gain insight into their children’s activities. “The club and the counselors have had a great impact on the way we view the world,” said one learner.

## **Stepping stone to confident youth**

The Aurum Emthonjeni Schools Outreach Project has the potential to become a powerful intervention for youth and a stepping stone to creating confident young people who are informed and eager to start their own life journeys. The program can be adopted by either the schools themselves or can be duplicated by the Department of Education.



# Strengthening health-care

The lack of properly equipped laboratories, especially in hard-to-reach remote rural areas that are usually inaccessible due to poor roads, compels healthcare workers to use services in the larger laboratories located in cities. This often results in delays in sending samples and receiving lab results. This picture is now changing through PEPFAR partnerships with, for instance, the refurbishment of shipping containers into molecular self-contained laboratories named Togatainers.

Improved communications technology has also made it easier for health-care workers to produce reliable diagnosis and other information. In 2009, most health-care workers who used the Electronic Drug-resistant TB Register (EDR) praised the data website as a powerful tool for enabling efficient information management.

Another aspect of improving health-care systems involves equipping health-care workers with the relevant skills to carry out their duties. PEPFAR has been able to do this through initiatives such as the PEPFAR Fellowship Program.

# ACILT: Improving African laboratory capabilities

**In resource-limited countries with high burdens of infectious disease, the need for laboratory diagnostic services has outpaced capacity. This has impeded TB, HIV and malaria control efforts, particularly among individuals who are co-infected. In response to this need, PEPFAR has allocated funding for the establishment of an African Centre for Integrated Laboratory Training (ACILT). This training center develops and offers hands-on training courses for front-line laboratory staff. Located on the National Institute for Communicable Diseases (NICD) campus in Johannesburg, ACILT is building laboratory diagnostic capacity in sub-Saharan Africa through hands-on training in diagnosis and monitoring of infectious diseases such as TB, HIV, and malaria.**

**In 2009, ACILT conducted 13 courses and trained 198 lab technicians from 22 African countries.**

In 2009, ACILT conducted 13 courses and trained 198 lab technicians from 22 African countries. An additional 298 health-care providers were trained in rapid HIV testing methods.

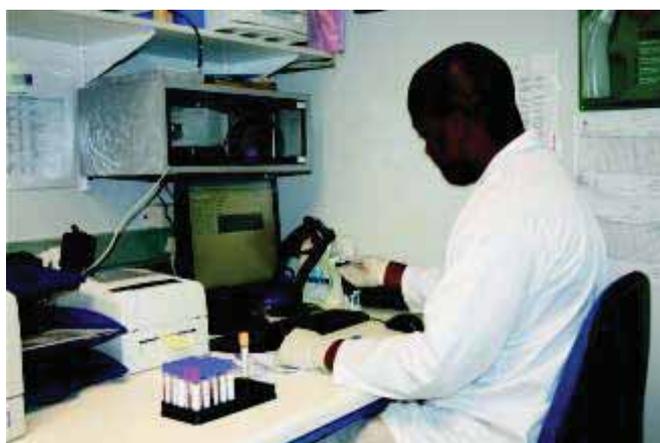
## **Bolstering demand for a well-trained and motivated laboratory workforce**

The groundbreaking center hosts and trains laboratory workers from many African countries who then return home to implement what they have learned. For visiting trainees, there are no tuition fees for courses but home governments are expected to pay for travel and lodging for

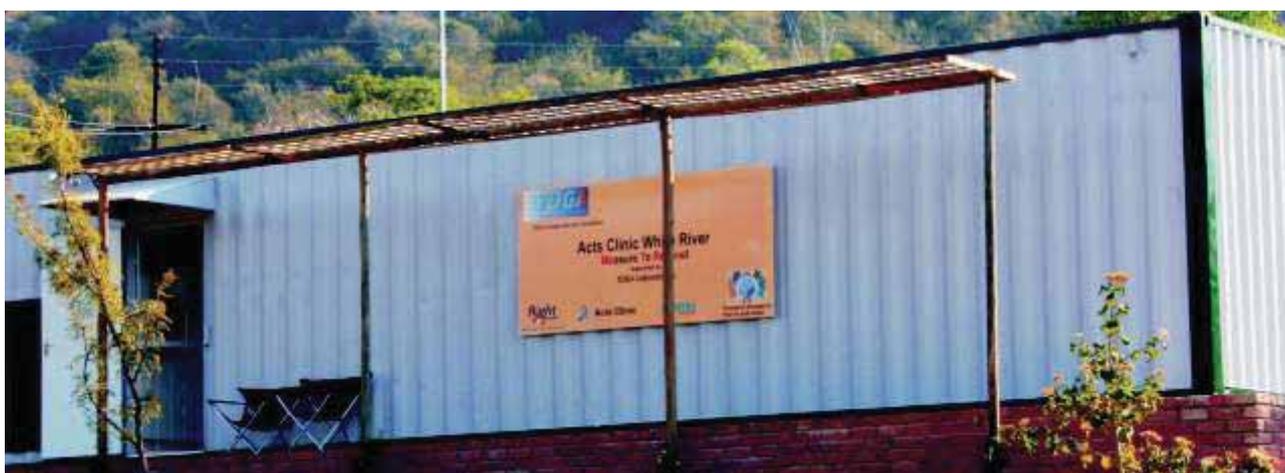
the participants that represent them. In addition, it is expected that provisions will be made for the participants to practice and implement their new knowledge when they return to their host countries. For some courses, ACILT staff visit and monitor the implementation in a trainee's home-country laboratory before allowing the trainee to return to ACILT and continue towards accreditation.

This training center is the result of collaboration between the National Department of Health; the World Health Organization; the U.S. Centers for Disease Control and Prevention; the U.S. Agency for International Development; the Global Fund to Fight AIDS, TB, and Malaria; and Becton, Dickinson, Inc. The center is owned by the NICD and the National Health Laboratory System. CDC's International Laboratory Branch, a division of the Global AIDS Program, provides technical assistance and expert instructors to ACILT for course development and delivery.

ACILT is bolstering Africa's rapidly growing demand for a well-trained and motivated laboratory workforce. The first course, on Early Infant Diagnosis of HIV infection, was launched in September 2008. Other courses are underway on TB culture, quality improvement in rapid HIV testing, bio-safety and infrastructure development, and laboratory strengthening for accreditation.



# Shipping containers revolutionize lab services



Togatainers: refurbished shipping containers are equipped with state-of-the-art lab technology.

**Recycling has gone high tech in South Africa. Refurbished standard shipping containers equipped with state-of-the-art lab and communications technology are revolutionizing healthcare services and reducing reliance on time-consuming centralized pathology services.**

This is good news for thousands of HIV-infected patients on antiretroviral treatment (ART) who require frequent monitoring of their HIV viral load, CD4 counts, and other lab-based tests that measure the development of the disease and possible side effects of the drugs in this nation where clinical facilities in rural areas often wait for days to obtain diagnostic results from the large, busy urban labs.

Funded by PEPFAR through the CDC, Toga Integrated HIV Solutions, a South African company, has joined hands with Southern African Catholic Bishops Conference, Right to Care, and other NGOs in an innovative partnership to refurbish the shipping containers into molecular self-contained laboratories named Togatainers.

## **State-of-the-art equipment**

A Togatainer is fitted with state-of-the-art laboratory

equipment, an electrical generator so it can operate in case of power failure, satellite telecommunications, and information systems needed for monitoring CD4 counts and viral load in patients on site. The lack of properly equipped labs, especially in hard-to-reach remote rural areas that are usually inaccessible due to poor roads, compels healthcare workers to use the services in the larger labs located in cities. This often results in delays in sending samples and receiving feedback from the larger, busy laboratories in the cities.

Each Togatainer is staffed by trained lab technicians who provide instant results to clinics in the vicinity. Data is fed back via a comprehensive monitoring system, the White Rabbit, in Johannesburg. The central laboratory in Johannesburg flags any inconsistencies in data, ensuring comprehensive monitoring of the on-site labs.

Five laboratories have been successfully deployed in South Africa, and Toga aims to launch a total of 15 Togatainers in the next few years. These laboratories provide diagnostic services to 4,993 patients on treatment and 11,567 patients on wellness programs across four South African provinces: KwaZulu-Natal, Mpumalanga, Limpopo, and North West Province.

# Improving surveillance to break the link between TB and HIV

**One of the most challenging aspects of South Africa's HIV and AIDS epidemic is the co-infection of patients with tuberculosis (TB), and then the risk of drug-resistant tuberculosis (DR-TB) developing. Without accurate, timely and user-friendly data it would not be possible to effectively measure the impact of program and treatment activities in response to the epidemic. Such data is also critical to the decision-making process.**

With PEPFAR funding, two electronic register systems are providing greater accuracy and daily reporting so that the National Department of Health (NDOH) can better monitor TB test results and treatment. WAMTech's ETR.Net is an electronic register for standard TB patients and EDRWeb is a web-based electronic register for DR-TB patients. ([www.etrnet.info](http://www.etrnet.info))

Data has been captured using ETR.Net since 2004 (with some users having also entered data for 2003 retrospectively) and the national database now contains more than 1,000,000 patient/treatment records.

## **Daily access to test results**

EDRWeb is currently used in 16 DR-TB units in South Africa. Each DR-TB unit has been provided with a laptop and an internet connection which has also benefited the users greatly (especially in some remote areas). More than 7,000 patient records have already been captured in six

months after official roll-out of the software. Owing to the automatic link to the laboratory service (NHLS), users of the software now have daily access to test results.

WAMTech (with NDOH and CDC) first piloted the EDRWeb system in January 2009 in three DR-TB units in South Africa. Training included accessing the EDRWeb application, entering patient data and generating analysis reports. WAMTech (with PEPFAR funding) provided each DR-TB unit with a secured laptop with high-speed internet connectivity for accessing the EDRWeb application. In May and June of 2009, EDRWeb was rolled out to the 13 remaining DR-TB units identified by the NDOH. With training provided to all users and provincial administrators. WAMTech again provided each DR-TB unit with a secured and pre-configured laptop with internet connectivity.

WAMTech, with assistance from National Health Laboratory Service (NHLS), also developed and implemented a direct link from the EDRWeb server to the NHLS data warehouse. The EDRWeb software is thus able to download sputum, culture and drug sensitivity test results automatically on a daily basis. This will allow the national and provincial health departments to more effectively monitor the TB epidemic as it evolves and to hopefully one day break the chain linking two deadly diseases.



**“The... EDRWeb is able to download sputum, culture and drug sensitivity test results automatically on a daily basis.”**

# Strengthening pharmacovigilance capacity to improve clinical outcomes

**The South African National HIV and AIDS Program, at its inception, recommended the establishment of a pharmacovigilance system to ensure the safe and effective use of antiretroviral drugs and other medicines in patients with HIV and AIDS. While the program strongly focused on the need to ensure the safe use of antiretroviral agents, it recognized the importance of strengthening general pharmacovigilance measures.**

A surveillance system for antiretroviral and related medicines safety has been implemented in KwaZulu-Natal. The province has the highest burden of HIV and TB in South Africa and about 230,000 patients currently receive antiretroviral therapy (ART).

Following a request from the Directorate of Pharmaceutical Services of the KwaZulu-Natal Provincial Department of Health, Strengthening Pharmaceutical Systems/ Management Sciences for Health (SPS/MSH) staff assisted the province to develop a framework for the implementation of a monitoring and reporting system for Adverse Drug Reactions (ADR) to antiretroviral agents and related medicines.

## **Using ADR data as a quality assurance intervention**

A needs assessment and pharmacovigilance training workshops were conducted with staff from all provincial HIV and AIDS treatment sites in the province. The training focused on improving the understanding of pharmacovigilance, strengthening the monitoring and reporting of ADRs and training on the identification, diagnosis, management and prevention of ADRs to HIV and related medicines. The training also emphasized using ADR data as a quality assurance intervention to improve patient care.

Health-care workers at HIV treatment sites systematically report all serious ADRs requiring modifications or switches to treatment regimens and the provincial directorate of pharmaceutical services currently receives more than 400 serious ADR reports per month.

Data management at provincial level has improved and ADR and safety data are used to support decision-making. Awareness and understanding of pharmacovigilance among healthcare workers has increased as has the identification, diagnosis, management and prevention of ADRs.

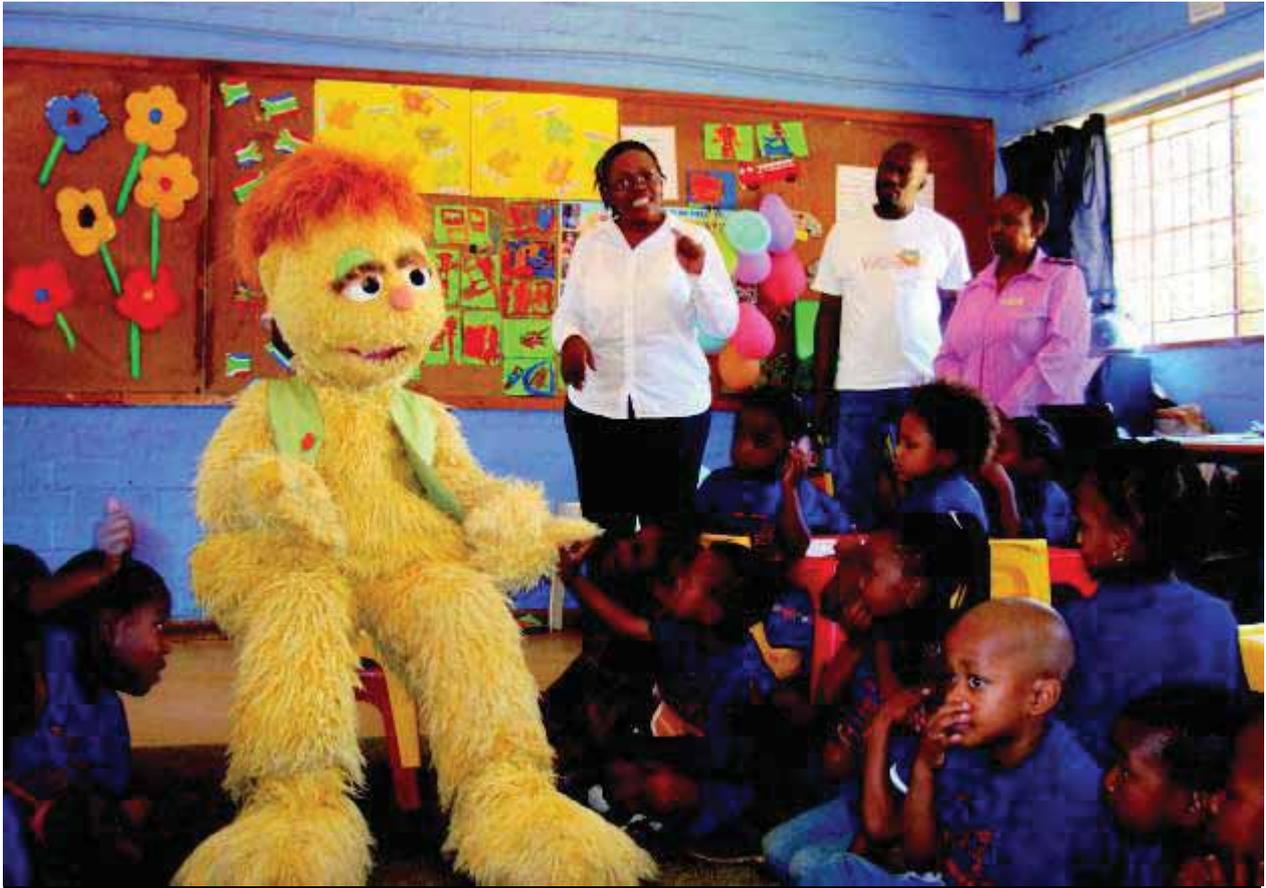
## **Sentinel site surveillance program at 14 sites**

A sentinel site surveillance program at 14 sites has now been implemented to complement the existing ADR reporting system for ART through intensified reporting of ADRs in the province, including drug interactions, interactions with traditional medicines, medication errors and other drug-related toxicities. These were not previously monitored.

In addition, a provincial cohort event monitoring program is being rolled out and is intended to collect long-term data on safety and treatment outcomes in ART patients at eight sites.

SPS continues to provide support for training, data analysis and assessment of ADR reports received in response to ART regimen changes from all sites in the province. This ADR database provides important information on toxicity-related treatment switches and is unique in that it reflects data collected systematically for all regimen changes in the province.





Kami, an HIV- positive five-year-old muppet from Takalani Sesame – the South African version of Sesame Street – playing with the children from Soweto Hospice, a home for HIV-positive children.

She is the world's first HIV-positive muppet. Her character on the show was developed to challenge stigma and discrimination associated with HIV.

# Takalani Sesame muppet reaches out to HIV-positive children

**Although she's been on TV for over five years now, Kami may not be well-known to the average TV viewer, but she is quite a hit among her age-mates. The five-year-old is an energetic and curious HIV-positive muppet on the popular kiddies show *Takalani Sesame*; the South African version of *Sesame Street*. She is the world's first HIV-positive muppet. Her character on the show was developed to challenge stigma and discrimination associated with HIV, a glaring reality for hundreds of children her age in South Africa.**

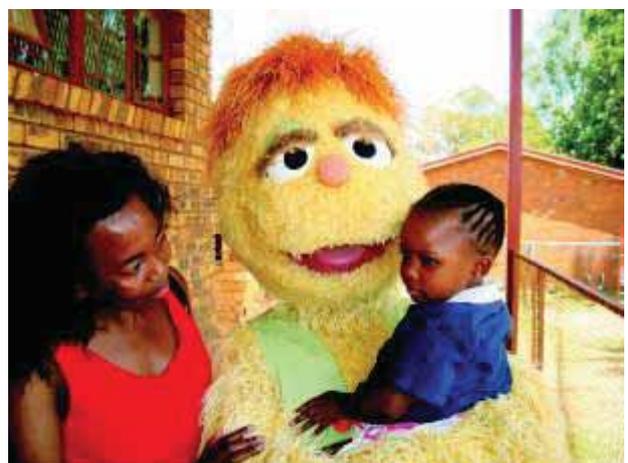
Kami herself knows the feeling of being stigmatized for her HIV-positive status all too well; many people in the U.S., where *Sesame* originates, were outraged when broadcaster PBS announced her introduction to the show. Many American parents thought she would appear on the American *Sesame* and strongly criticized the broadcaster for allowing a children's show to feature an HIV-positive

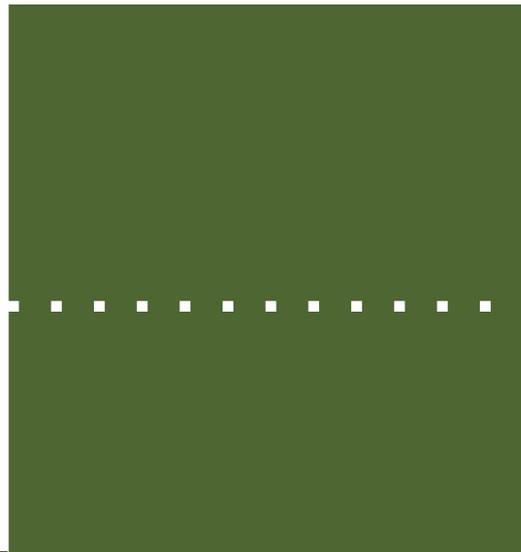
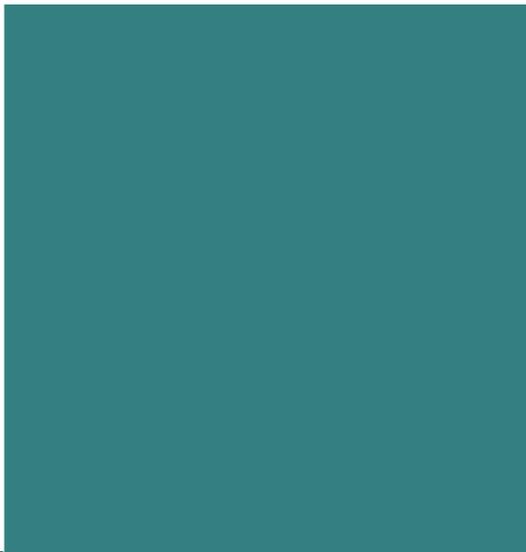
character, but she was developed only for the South African version.

## **Helps parents explain HIV and AIDS to their children**

All that is behind Kami now and she has proved to be successful and lived up to her name which means "acceptance" in seTswana. Health-care workers say she has also helped parents who find it difficult to explain HIV and AIDS to their children.

When she is not in studio, she visits other children living with HIV in several hospices across South Africa, helping them better understand their situation and not feel alienated. "Seeing Kami take her medicine makes the children, who are sometimes reluctant to take their pills, see that it's normal to take medication," says Nikiwe Dube, the daycare supervisor at Soweto Hospice. The hospice also provides daycare facilities for children whose parents or guardians are sick and unable to take care of them.





# Training

Health-care skills have become scarce in South Africa and PEPFAR thus continues to vigorously engage in equipping health-care workers with the relevant skills to carry out their duties.

PEPFAR has been able to do this through, amongst others, the PEPFAR Fellowship Program and specific technical training for health-care workers.

Training in the areas of HIV counseling, testing, care and support have been provided to many grassroots communities.

# Race to put children on ARVs

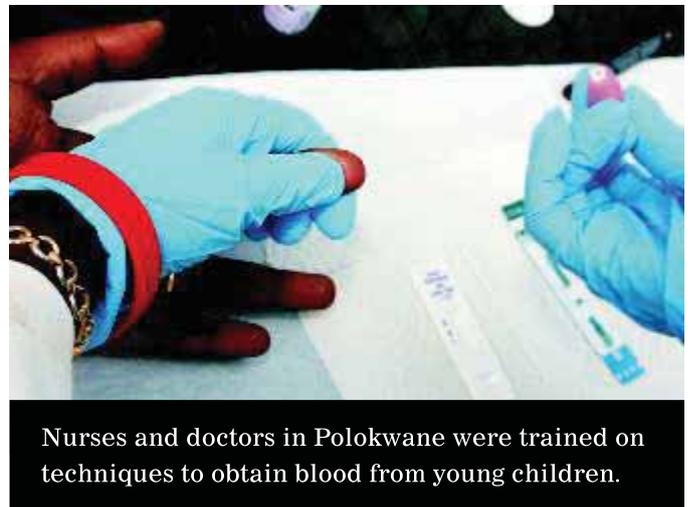
**According to UNAIDS an estimated 300,000 children died in 2008 due to HIV and AIDS. Worldwide, only 38 percent of the children that need access to pediatric antiretroviral therapy have access to this life-saving treatment. Without access to the treatment a third of the infected children will die before their first birthday. In South Africa an estimated 94,000 children needed antiretroviral therapy by 2008.**

Scaling up pediatric treatment is a challenge faced by the majority of programs serving the HIV population in rural areas of South Africa. However, one of the major barriers to identifying and treating young children is the difficulty healthcare workers have in obtaining a blood sample.

The Southern African Catholic Bishop's Conference (SACBC), an organization that receives funding from PEPFAR to provide antiretroviral therapy in South Africa has made some inroads in this area by identifying the need to train healthcare workers in phlebotomy techniques to obtain blood from young children.

In February 2009 the SACBC, in partnership with Georgetown University – through the Nurses Soar Project – held training for health-care workers in Bela Bela, in Polokwane. Eighty-seven nurses and two doctors received training on techniques to obtain blood from young children. The practical training was done using manikins. The training was complemented by a session on pediatric treatment done by the Southern African HIV Clinicians Society.

Since HIV infection is more aggressive in children than in adults, the race is on to put children on antiretroviral treatment – the WHO recommends starting treatment within the first year of life.



The nurses were exuberant, “Now I can do this...” said one participant referring to her newly obtained skill.

# Finding professional development at McCord Hospital



Kristy Nixon,  
Monitoring and  
Evaluation  
Manager:  
McCord Hospital –  
Durban.

**I arrived at Sinikithemba HIV clinic at McCord Hospital in Durban in July 2004, convinced that this clinic offered me my last chance. Unlike the many patients that queued for life saving treatment, I wasn't there for healing for my body, but rather for my dreams.**

Despite all my best efforts, none of my carefully laid career plans had worked out. None of the psychometric counseling, career advice or undergraduate majors seemed to match my skills with an appropriate vocation. Jaded and disillusioned, I started volunteering at the clinic knowing that I was unlikely to have another opportunity to find my dream work niche.

## Technical support

This is how I entered the world of monitoring and evaluation, a term completely foreign to me until I began tackling the reporting requirements of the clinic's major donor, PEPFAR. Whilst the clinical staff focused on providing the care and treatment our patients needed, I suddenly found my talents and skills aligned as I set about measuring their success in rapidly scaling up antiretroviral therapy. Over 12,000 patients have been diagnosed and enrolled in the HIV care program.

This was not the medicine I had fantasized practicing as a child but somehow providing technical support for a dynamic health care program ticked all my boxes. As I attempted to learn and apply the principles of monitoring and evaluation, I was fascinated by the power of good data and how it can be used to strengthen programs, justify clinical practice and inform change and implementation plans.

## My dream job

Quite honestly the rest is history and, now, five and a half years later, I manage an established monitoring and evaluation department that routinely provides accurate information for both programmatic and clinical management. I have been nurtured in an active research environment and am looking forward to the completion of a Master of Public Health degree.

I know that had it not been for the PEPFAR fund supporting the work of Sinikithemba and the importance the fund places on this critical discipline of measuring program outcomes, I would not have found my dream job.



McCord Hospital – Durban

# The PEPFAR Fellowship Program – promoting access to practical experience



The PEPFAR Fellowship Program (PFP) – developed in response to the growing need for the rapid expansion and development of human capacity in HIV and AIDS care and treatment programs – is geared to hone the skills of South African post-graduate students by partnering them with implementing PEPFAR partners in South African AIDS service organizations. By promoting access to practical experience in an AIDS service environment, the PFP reinforces and augments the academic components of health-related masters degrees. Fellows gain invaluable hands-on experience and enhance future employment opportunities.

At the same time, the resulting work supports South African AIDS service organizations with scarce skills such as monitoring and evaluation, organizational development, health systems development and strategic information management. It also supports clinical fields such as specialist infectious disease control and patient case management, psycho-social assessment tool development and HIV prevention integration. This support, in turn, promotes greater understanding and an increased application of scarce skills by the organization within the comprehensive HIV and AIDS health-care service environment. Two PEPFAR fellows tell how the program has made a difference in their lives.

## Bongiwe Ndimande: dedicated to making a difference

When Bongiwe Ndimande was in grade nine she watched a television program about HIV and AIDS and immediately told her parents that when she grew up she was going to become a scientist and find a cure for HIV. Today Bongiwe is a Monitoring and Evaluations Officer in the HIV program at McCord Hospital in Durban. Her dreams may have changed slightly, but she is still just as dedicated to making a difference in the lives of South Africans suffering from TB, and HIV and AIDS.

After completing her Masters degree in Medical Sciences and Microbiology at the University of KwaZulu-Natal, Bongiwe joined the PEPFAR Fellowship Program at McCord. During her fellowship, Bongiwe was responsible for finding data sources, capturing data, working with TB-trained nurses and creating a standardized data system within the clinic. She was also instrumental in the training of three data capturers who form part of the Department of Health's Learnership Program.



Bongiwe Ndimande (right), Fellow of the Month for July 2009, says she is determined to use her skills and competencies to make a difference to health-care in South Africa.”

“She was awarded Fellow of the Month for July 2009 for her work in putting guidelines and protocols in place whereby she and the rest of her team could track, monitor and correlate information so that we now know exactly how many patients are screened, tested and initiated onto treatment every month, as well as how many patients default on their medication and how many are transferred to their local clinic,” says Kristy Nixon, Bongwiwe’s supervisor at the Monitoring and Evaluation Department at McCord Hospital.

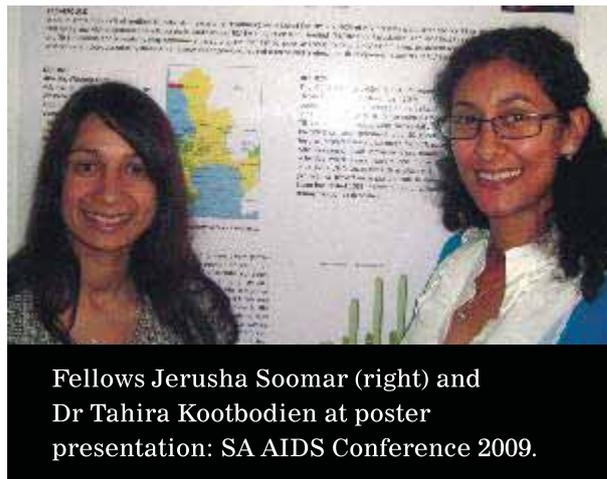
## Jerusha: personifying success

**Jerusha Soomar personifies all the successes the PEPFAR Fellowship Program wishes to achieve with its fellows, say her mentors Harry Hausler and Rita Grant.**

Jerusha started her fellowship with the TB/HIV Care Association in September 2007. Her host organization was soon impressed with her performance and before the end of her fellowship she was offered permanent employment. Today this bright and resolute young woman has taken over her supervisor's position and is officially the Monitoring and Evaluation Coordinator at the TB/HIV Care Association.

Jerusha is the perfect example of what the PEPFAR Fellowship aims to achieve: a mutually beneficial relationship between a PEPFAR partner and a PEPFAR fellow, the retention of scarce skills in the South African healthcare sector and, finally, the development of fruitful careers and valuable partnerships.

When asked about her fellowship Jerusha says, “When you’re at university it is all about the theory, but being on

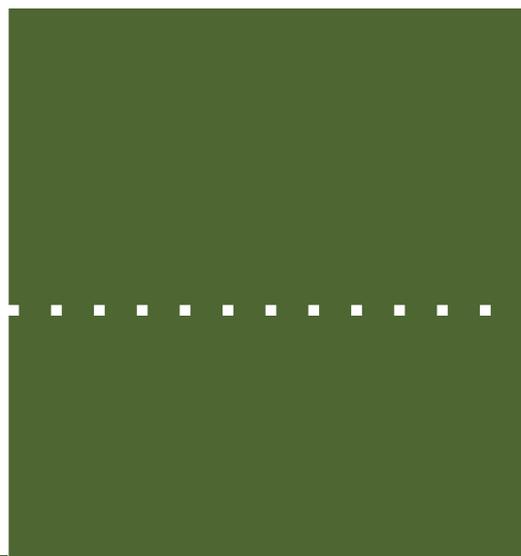
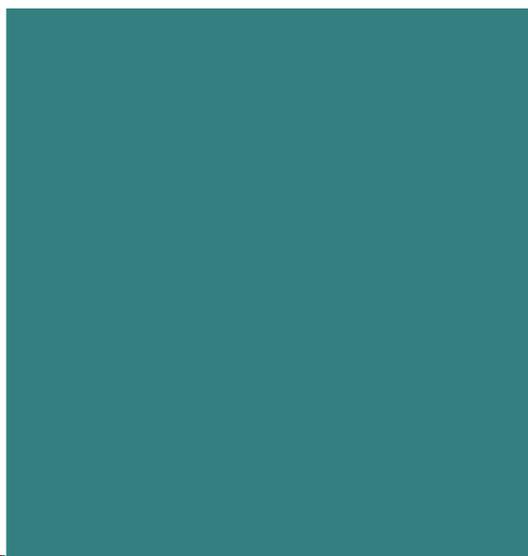


Fellows Jerusha Soomar (right) and Dr Tahira Kootbodien at poster presentation: SA AIDS Conference 2009.

site was fantastic. I became part of the group and the community and I started to see things on a different level, which is so much better than just reading about it in a textbook. I am constantly learning and growing.” The Fellowship also gave Jerusha perspective on her personal strengths and helped her to decide that monitoring and evaluation was something she wanted to specialize.

Jerusha completed a Bachelors Degree in Bio Chemistry and Bio Technology and Honours in Pharmacology, before she enrolled for a Masters of Public Health degree and joined the PEPFAR Fellowship Program.

**Fellows gain invaluable hands-on experience and enhance future employment opportunities.**



# Community grants

Programs supported by our Community Grants provide service delivery that directly impacts communities and people affected by HIV and AIDS. These projects are selected on the basis that they benefit the community and focus on income generation activities. Their activities are grassroots sponsored and self-sustainable businesses such as bakeries, sewing projects and bead-making.

The PEPFAR team is increasingly linking community and faith-based organizations funded through Community Grants with larger PEPFAR partners and South African government departments to build capacity and ensure project sustainability.

8

# Uthukela project taxi message launch

The UThukela that'sit Project held a Taxi (Minibus) Message Launch in Bergville, KwaZulu-Natal, on May 30, 2008 to raise community awareness of tuberculosis, HIV and AIDS prevention; and to ensure that these messages would be visible in the taxis providing public transportation.

During the morning 208 referral network trainees, who support clients on treatment within clinic catchment areas and ensure good client contact with the clinics, walked around town talking with interested people. Four DOH VCT stations were on site for those who wanted to test. As a result of the day more than 1,500 people were reached with health messages, 21 people went for testing and messages were posted in 146 out of 300 taxis.



Referral Network singing TB/HIV/AIDS songs that drew the attention of the people.

I am alive today because of these messages.



Referral network explaining the messages to people.

## Message loud and clear for Sipho

Sipho Hadebe (not his real name) had decided that he did not want to know his status, but because of the taxi messages that he saw in the taxis when he travelled to work, his attitude changed and he went for a TB test. He had been coughing for more than two weeks. When his test results came back positive, the clinic sister encouraged him to find out his HIV status. He went for the test – which was positive. Sipho is now able to live positively with both diseases. “These stickers are in every taxi – they had a great impact on my life,” commented Sipho. “I am alive today because of these messages.”



Taxi driver helping that'sit staff to put stickers on his taxi.

# Vegetable garden sustains family

The Uthukela that'sit (World Vision) Project develops household nutrition gardens for hundreds of the most needy households where clients are on treatment.

**Lungile Mthembu (not her real name) lives at Obonjaneni with her three children. She is a head of her household because her husband died of AIDS-related diseases. She is not working but is responsible for feeding and schooling her children.**

When she started treatment, she needed to make sure she had fresh healthy food and the referral network member from her community recommended her to the garden program from that'sit (World Vision). Lungile fenced her garden with the donated fencing material and was so keen to see vegetables growing, she sourced her own seedlings and within a few weeks was eating the first vegetables with her children. This is but one example of how people have taken ownership of their gardens and are benefitting from the assistance provided through the grant.



Referral Network member in garden with a patient.



Patient working in her garden.

# Motivating and supporting clients through the referral network

## **Referral Network members visit homes to educate families about HIV and TB and ensure that clients on treatment are cared for and stay in contact with the health services.**

Sindi Masondo (not her real name) was affected by illnesses that she did not understand until the Referral Network came to visit her at home. The Referral Network encouraged her to go to the clinic to find out what was wrong with her, instead of just speculating and worrying about her illnesses. Sindi was also using traditional medicines and thought someone had bewitched her. With the help of the Referral Network she went to the clinic where she found out that she had TB.

## **Afraid to start ART**

After the sister explained the benefits of also knowing her HIV status, she went for counseling and testing. She learned that she was HIV-positive and had a CD4 count of less than 200. The clinic started her on TB treatment and advised her to bring her children to the clinic for TB prophylaxis. They also advised her to start on ART. However, a friend discouraged her, and said she would die like her sister did if she started ART, because the moment one starts ART the sickness becomes worse. As a result Sindi was afraid to start ART. She went to visit the Referral

Network to talk about her fears, as well as to learn more about ART and its complications. The Referral Network succeeded in helping her to overcome her fear and, after attending the adherence classes, Sindi started treatment. She did experience severe side effects and again the Referral Network was able to help her cope.

## **Now helping others**

Sindi is now a member of a support group and the Referral Network is encouraging her to tell her story to others, who are also afraid to go on treatment, and who struggle to believe that there is life after AIDS and TB. The Referral Network is also helping Sindi start her vegetable garden to supplement the food she needs.

This story illustrates the many ways in which the Referral Network is able to motivate clients and support them in accessing care, treatment and follow-up support.



**Referral Network members visit homes to educate families about HIV and TB.**

# Appendices

These are the detailed HIV and AIDS management results reported by PEPFAR-funded NGOs, universities, private entities, and South African government departments and parastatal organizations. These results are largely attributable to South African government efforts to scale up HIV and AIDS services to which PEPFAR has contributed.

PEPFAR prime partners and useful websites have also been listed in this section.

## Appendix 1: Programme level indicators

PMTCT	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	416	570	530	4,635	2,191
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	75,898	98,829	179,316	407,679	666,088
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	18,308	29,515	39,568	106,112	172,111
Number of health workers trained in the provision of PMTCT services according to national and international standards	8,417	11,143	3,191	15,701	16,137
Number of HIV-positive pregnant or lactating women receiving food and nutritional supplementation in a PMTCT setting			197	2,985	17,957

Abstinence and Being Faithful	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Number of individuals reached with community outreach HIV and AIDS prevention programs that promote abstinence and/or being faithful	3,967,474	6,513,158	5,173,830	3,577,388	5,446,610
Male	1,198,305	1,674,507	1,616,727	1,214,820	2,022,056
Female	2,424,934	3,140,151	3,213,876	2,152,984	3,108,015
Number of individuals trained to provide HIV and AIDS prevention through abstinence and/or being faithful	14,930	49,524	35,262	38,255	61,701

"A" subset	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Number of individuals reached through community outreach that promotes HIV and AIDS prevention programs through abstinence (subset of AB)	1,677,588	547,879	857,056	1,178,719	1,452,513
Male	540,255	104,990	316,760	441,292	537,343
Female	1,128,124	186,830	466,257	668,095	793,951

Blood Safety	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Number of service outlets/programs carrying out blood safety activities	27	2,921	3,405	3,728	3,994
Number of individuals trained in blood safety	1,520	1,799	3,682	4,824	1,606

Injection Safety	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Number of individuals trained in medical injection safety	112	367	4,735	8,133	7,963

Condoms and Other Prevention	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Number of targeted condom service outlets	1,905	1,123	1,328	2,674	4,657
Number of individuals reached through community outreach HIV and AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,122,517	4,353,416	2,263,016	3,030,496	4,543,196
Male	1,322,350	1,420,487	661,913	929,050	1,334,112
Female	2,625,331	2,662,456	1,373,437	1,726,051	2,350,269
Number of individuals trained to promote HIV and AIDS prevention through other behavior change beyond abstinence and/or being faithful	18,760	73,364	38,971	22,303	51,317

Basic Health Care and Support	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Total number of service outlets providing HIV-related palliative care (including TB/HIV)	1,215	2,268	2,068	3,503	4,341
Total number of individuals provided with HIV-related palliative care (including TB/HIV)	295,515	451,942	724,528	1,534,390	2,114,267
Male	79,465	121,698	199,009	400,678	707,405
Female	133,237	233,009	393,674	808,633	1,406,862
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	24,134	21,297	30,828	49,739	45,330

TB/HIV (in FY06 and FY07 a subset of BHCS)	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	378	888	960	1,185	1,699
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	14,139	28,838	54,581	81,179	97,861
Male	4,639		17,946	28,422	44,037
Female	4,011		16,658	38,509	53,824
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	3,274	5,501	9,763	13,974	19,761
Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet			24,654	118,512	161,717
Male			22,361	39,803	52,807
Female			22,603	45,753	58,966

Orphans and Vulnerable Children	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Number of OVC served by OVC programs	64,396	106,997	272,111	374,001	486,355
Male	25,651	47,247	112,423	180,210	231,286
Female	26,941	49,354	120,756	189,310	244,028
Number of providers/caretakers trained in caring for OVC	7,679	16,067	17,418	28,845	31,931
Number of OVC receiving food and nutritional supplementation through OVC programs			122,050	239,881	291,929

Counseling and Testing	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Number of service outlets providing counseling and testing according to national or international standards	1,043	1,519	1,290	2,571	3,316
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	185,783	342,679	547,896	1,286,073	2,526,615
Male	36,509	103,915	174,424	448,229	839,938
Female	57,878	167,155	317,681	743,360	1,401,539
Number of individuals trained in counseling and testing according to national or international standards	3,807	15,526	16,490	10,810	17,787

## Appendix 1: Programme level indicators contd.

ARV Services	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Number of service outlets providing antiretroviral therapy	135	751	864	1,261	1,453
Number of individuals newly initiating antiretroviral therapy during the reporting period	29,340	60,286	118,436	174,081	258,401
Males	8,900	23,109	43,069	59,918	90,546
Males (0-14)	935	3,135	5,736	7,206	10,892
Males (15+)	7,965	19,974	37,333	52,712	79,654
Females	18,708	36,379	75,366	110,771	162,963
Females (0-14)	916	2,666	5,552	7,363	10,862
Females (15+)	17,792	33,713	69,814	103,408	152,101
Pregnant females (all ages)	239	1,135	2,560	5,255	7,923
Adults (15+)	25,757	53,687	107,147	156,120	231,755
Children (0-14)	1,851	5,801	11,288	14,569	21,754
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		116,286	284,374	523,630	840,673
Males		42,511	92,929	182,335	294,144
Males (0-14)		6,403	13,854	24,215	37,088
Males (15+)		36,108	79,075	158,120	257,056
Females		69,234	130,515	334,750	541,783
Females (0-14)		5,683	11,120	23,635	36,989
Females (15+)		63,551	119,395	311,115	504,794
Pregnant females (all ages)		1,261	1,483	10,387	18,283
Adults (15+)		99,659	198,470	469,235	761,850
Children (0-14)		12,086	24,974	47,850	74,077
Number of individuals receiving antiretroviral therapy at the end of the reporting period	40,181	98,590	204,692	415,969	646,972
Males	10,564	36,909	73,882	141,978	220,932
Male (0-14)	1,218	5,749	11,714	20,780	30,727
Male (15+)	9,346	31,160	62,168	121,198	190,205
Females	21,354	58,787	130,401	268,160	421,646
Female (0-14)	1,194	5,098	10,733	20,277	30,617
Female (15+)	20,160	53,689	119,668	247,883	391,029
Pregnant females (all ages)	242	448	1,523	10,387	18,736
Adults (15+)	29,506	84,849	181,836	369,081	581,234
Children (0-14)	2,412	10,847	22,447	41,057	61,344
Total number of health workers trained to deliver ART services, according to national and/or international standards	14,999	26,852	21,833	27,176	28,766
Number of individuals receiving antiretroviral therapy with evidence of severe malnutrition receiving food and nutritional supplementation during the reporting period			4,384	5,170	8,078

Lab	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	4	3	4	4	12
Number of individuals trained in the provision of lab-related activities	23	486	687	1,338	1,355
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnosis, 3) syphilis testing, and 4) HIV disease monitoring				37,810	395,998

Strategic Information	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Number of local organizations provided with technical assistance for strategic information activities		486	200	370	697
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,970	13,226	5,222	2,582	4,026

Policy Analysis and Strengthening	FY05 APR	FY06 APR	FY07 APR	FY08 APR	FY09 APR
Number of local organizations provided with technical assistance for HIV-related policy development		269	81	165	282
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		431	178	510	547
Number of individuals trained in HIV-related policy development		13,835	2,203	2,518	3,676
Number of individuals trained in HIV-related institutional capacity building		15,056	4,329	4,262	9,586
Number of individuals trained in HIV-related stigma and discrimination reduction		13,902	16,288	3,052	4,838
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		15,292	16,278	3,508	10,090

## Appendix 2: List of prime partners 2009

Absolute Return for Kids	Georgetown University
Academy for Educational Development	GOLD Peer Education Development Agency
Africa Center for Health and Population Studies	Grassroot Soccer
African Medical and Research Foundation	Greater Rape Intervention Program (GRIP)
Africare	Hands at Work in Africa
AgriAIDS	Health and Development Africa
American Association of Blood Banks	Health Policy Initiative
American Center for International Labor Solidarity	Health Science Academy
American International Health Alliance	Heartbeat
Anglican Church of the Province of Southern Africa	HIVCARE
Association of Schools of Public Health	Hope Education
Aurum Institute for Health Research	Hospice and Palliative Care Assn. of South Africa
Boston University	Human Science Research Council of South Africa
Broadreach	Humana People to People in South Africa
CARE International	Ingwavuma Orphan Care
CARE South Africa and Lesotho	Institute for Youth Development
Catholic Medical Mission Board	International Organization for Migration
Catholic Relief Services	JHPIEGO
Child Welfare South Africa	John Snow, Inc. (CSMS)
Childline Mpumalanga	John Snow, Inc. (JSI)
Children in Distress	Johns Hopkins University Center for Communication Programs
Children's Emergency Relief International	Kagiso Communications, South Africa
Columbia University Mailman School of Public Health	Khulisa Management Services
CompreCare Joint Venture	Leonie Selvan Communications
Comprehensive International Program for Research on AIDS	Lifeline Mafikeng
Department of Correctional Services (South Africa)	LifeLine North West – Rustenburg Centre
Department of Education (South Africa)	Living Hope
Department of Health (South Africa)	Management Sciences for Health/RPM+
Department of Social Development (South Africa)	McCord Hospital
Education Labour Relations Council	Medical Care Development International
Elizabeth Glaser Pediatric AIDS Foundation	Medical Research Council of South Africa
Engender Health	Montefiore Hospital
Family Health International	Mothers 2 Mothers
Foundation for Professional Development	Mpilonhle
Fresh Ministries	National Association of Childcare Workers

National Association of State and Territorial AIDS Directors  
National Health Laboratory Services  
National Institute for Communicable Diseases  
Nozizwe Consulting  
Nurturing Orphans of AIDS for Humanity, South Africa  
Olive Leaf Foundation  
Pact  
Partnership for Supply Chain Management  
PATH AIDSTAR  
Perinatal HIV Research Unit  
Population Council SA  
Population Services International  
Program for Appropriate Technology in Health  
Project Concern International  
Project Support Association of Southern Africa  
Reproductive Health Research Unit, South Africa  
Right To Care, South Africa  
Research Triangle Institute International, South Africa  
Salesian Mission  
Salvation Army  
Save the Children UK  
Scientific Medical Research  
Scripture Union  
Senzakwenzeke  
Soul City  
South African National Blood Service  
South African Business Coalition on HIV and AIDS  
South African National Defense Force, Military Health Service  
South African Catholic Bishops Conference  
South African Clothing & Textile Workers' Union  
South African Democratic Teachers Union  
South African Institute of Health Care Managers  
St. Mary's Hospital

Starfish  
Strategic Evaluation, Advisory & Development Consulting  
TB Care Association  
Toga Laboratories  
Training Institute for Primary Health Care  
Tshepang Trust  
Tshwane Leadership Foundation  
Ubuntu Education Fund  
University of KwaZulu-Natal, Nelson Mandela School of Medicine, South Africa  
University of Pretoria, South Africa  
University of Stellenbosch, South Africa  
University of Washington  
University of the Western Cape, South Africa  
University of Zululand, South Africa  
University Research Corporation  
Walter Sisulu University, South Africa  
Wits Health Consortium, Perinatal HIV Research Unit  
Woord en Daad  
World Vision South Africa  
Xstrata Coal SA & Re-Action  
Youth for Christ, South Africa  
Woz'obona Early Childhood Community Service Group

## Appendix 3: Useful websites

**Official PEPFAR website (global)**

[www.pepfar.gov](http://www.pepfar.gov)

**PEPFAR South Africa**

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

**US Department of State, Office of the Global AIDS Coordinator (OGAC)**

[www.state.gov/s/gac/](http://www.state.gov/s/gac/)

**South African National Department of Health**

[www.doh.gov.za](http://www.doh.gov.za)

**US Agency for International Development, South Africa**

<http://sa.usaid.org>

**US Centers for Disease Control and Prevention**

[www.cdc.gov/globalaids](http://www.cdc.gov/globalaids)

**The White House, Office of National AIDS Policy**

[www.whitehouse.gov/infocus/hivaids/](http://www.whitehouse.gov/infocus/hivaids/)

**US Department of Health and Human Services, Health Resources and Service Administration, Global HIV/AIDS program**

<http://hab.hrsa.gov/special/global.htm>

**World Health Organization (WHO)**

[www.who.int](http://www.who.int)



