



**Elizabeth Glaser Pediatric AIDS Foundation
Call to Action Project**

Cooperative Agreement GPH-A-00-02-00011-00

**Semi-Annual PMTCT Program Report
October 2003 – March 2004**



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Overview of the Call to Action Program

This semi-annual report marks the progress of the first six months of the second year of the Elizabeth Glaser Pediatric AIDS Foundation's (EGPAF) cooperative agreement with USAID. EGPAF was awarded a five-year cooperative agreement for its Call to Action Project, a program that was initiated in 1999 with private money that has reached 18 countries to date. The Call to Action Project (CTA) is a multi-country approach aimed at preventing mother-to-child transmission (PMTCT) of HIV in resource-poor-nations.

EGPAF supports programs for PMTCT by awarding sub-grants to healthcare facilities throughout the world that have identified solid plans for implementation and scale up of PMTCT services. Through a Request for Applications (RFA) process we have solicited and accepted proposals year round. Proposals have gone through a careful process of peer review and revision before they are awarded, and all require support of the appropriate national authorities. We have a diligent process of site selection, reporting, accountability and decision-making.

EGPAF provides critical management and oversight to ensure that programs succeed. This includes:

- Site assessment, planning and design with local partners
- Assistance with proposal development as needed, especially with underserved organizations and regions
- Careful peer review and program refinement at all stages of the application process
- Pre-award audit and compliance review
- Development and management of all sub-award contracts
- Salary support for site personnel to ensure strong local management of programs
- Compliance training for all sites and regular tracking to ensure financial and programmatic accountability and compliance with federal guidelines
- Technical training and technical assistance for sites
- Regular monitoring and evaluation visits
- Quantitative and qualitative assessment every six months, including data collection and analysis on uptake of services
- Quarterly financial review of each site
- Coordination of annual meeting for all sites for training and sharing of best practices and lessons learned.

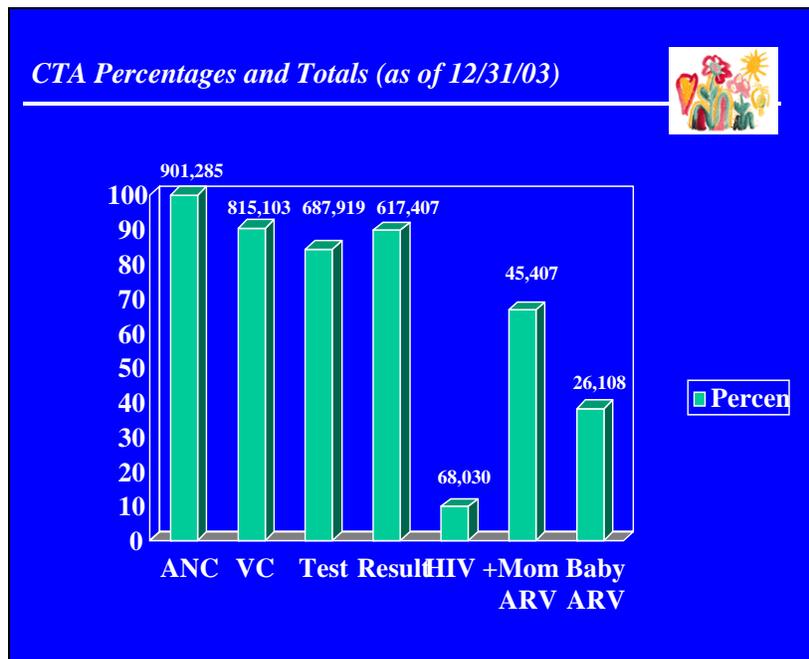
EGPAF's Call to Action Program provides funding for community mobilization and training of healthcare workers, HIV counseling and testing, antiretroviral prevention regimens and infant feeding education. This work is done within the context of existing maternal child health clinics and enhances the general provision of care to women and children. The Call to



Action program continues to provide a wealth of information that is defining models to expand PMTCT projects rapidly and effectively in a variety of settings.

Overall Call to Action Program Accomplishments

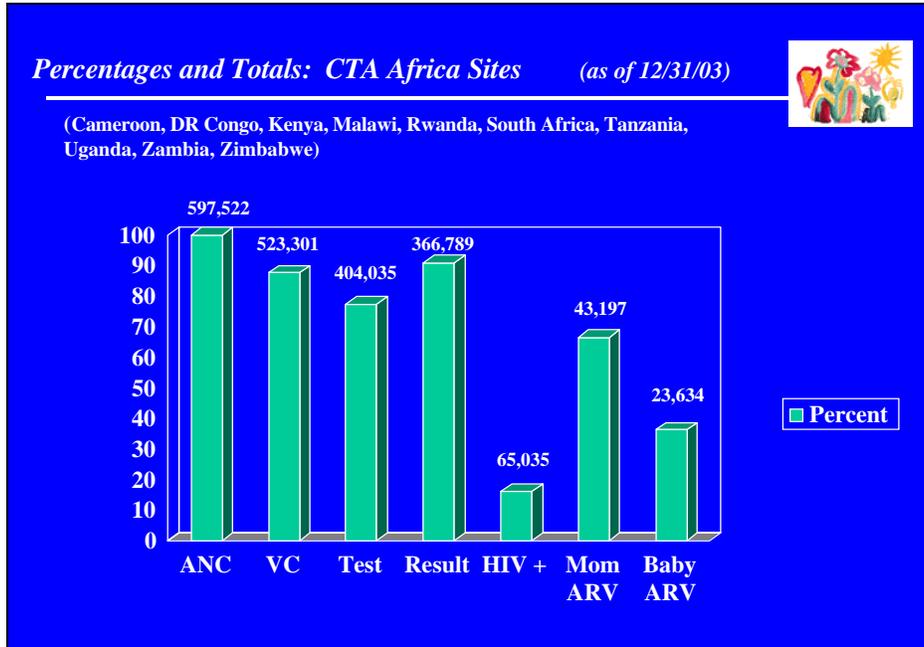
As of December 31 , 2003, the Call to Action Project, with collective support from public and private funds, has trained hundreds of health care providers and has provided voluntary counseling to 815,103 women. Our sites have achieved an average uptake of testing of 84%, equaling nearly 700,000 pregnant women tested.



EGPAF has remained committed to providing PMTCT services to many of the countries most affected by the HIV/AIDS pandemic. The Call to Action program has been able to expand in countries where USAID funds have become available through the President's Emergency Plan including Rwanda, South Africa, Tanzania, Uganda and Zambia with additional expansions launching soon for EGPAF's privately funded projects in Kenya and new activities in Mozambique. We are also supporting programs in Russia, Swaziland and Zimbabwe with USAID field support. This has allowed EGPAF to concentrate private resources to Call to Action programs in countries that were not designated President's Emergency Plan countries, but face an expanding HIV/AIDS crisis. These programs include implementation and expansion of PMTCT services in Cameroon, Democratic Republic of Congo, Dominican Republic, Georgia, India, Malawi, and Thailand. EGPAF continues to fund and provide technical assistance and oversight to these programs, while looking to ensure the sustainability of the current programs through integration with in-country Ministry of Health services. EGPAF is also developing plans for possible expansions through partnerships with



other non-government organizations, private donors and potential future U.S government support.



EGPAF programs in sub-Saharan Africa, both public and privately supported, have reached almost 525,000 pregnant women with HIV/AIDS counseling and have tested over 400,000 women. Seventy-seven percent of those counseled were tested and 16.1% were found to be HIV positive. Of the HIV-positive women, 43,197 (66.4%) of them received a short course of nevirapine and 23,634 (36.3%) of their infants received treatment as well. Coverage at all points of the intervention cascade – VCT, mother’s dose and infant’s dose – is improving over time, and evaluation efforts are under way to identify further strategies to increase testing and improve the delivery of nevirapine.



Achievements: October 1, 2003 – March 31, 2004

- Data collection completed in January for the second half of 2003. USAID funded service delivery for programs in South Africa, Uganda, Rwanda, and Zambia reached a cumulative total of 95,411 pregnant women with voluntary HIV counseling and 73,694 pregnant women with HIV testing.
- Develop US and overseas-based organizational capacity to greatly expand PMTCT services within the context of USAID organizational structure and regulations.
- Hired Zimbabwe, Uganda, South Africa, Rwanda and Tanzania Country Directors, Rwanda, Tanzania and Swaziland Technical Advisors and three U.S based Program Officers.
- New EGPAF offices open in Tanzania, Rwanda, South Africa, and Swaziland and planned for Kenya, Mozambique, and Zambia.
- Work plans and subprojects received concurrence for activities in Mozambique, Rwanda, South Africa, Uganda, Tanzania, Zambia and Zimbabwe. Work plans in development for Russia, Swaziland and Kenya. Please see the summary matrix below.
- Call to Action Annual Meeting planning under way. The meeting will take place in October 2004 in Kampala Uganda, with over 200 participants estimated.
- President's Emergency Plan Track 1.5 and 2.0 activities and targets submitted for Kenya, Rwanda, Tanzania, South Africa and Uganda.
- EGPAF staff has completed key meetings with USAID Missions overseas to provide information on EGPAF programs and technical assistance on PMTCT measures in general. EGPAF's CEO, Scientific Director, Vice President of Research and Programs and International Programs staff have traveled to the following countries to provide support to sites and USAID field Missions in the past six months: Angola, Dominican Republic, Kenya, Mozambique, Russia, Rwanda, South Africa, Swaziland, Uganda, Tanzania, Zambia and Zimbabwe.



USAID Supported Call to Action Accomplishments

During the first six months of fiscal year 2004, USAID support led to a rapid expansion in the number and scale of CTA programs. The federal funding for Call to Action has necessitated opening several offices in Africa, including offices and staff in Tanzania, Rwanda, Zimbabwe, South Africa and Swaziland and increased staffing for our existing Uganda office. EGPAF also has plans to open offices in Zambia, Mozambique and Kenya in the second half of fiscal year 2004. EGPAF's Research and Programs Department is working closely with Human Resources to develop a staffing structure to meet all of EGPAF's expanding program needs.

The most exciting accomplishment for this six-month period is the increased support to programs providing PMTCT services to women and children in the countries where we work. US government funding has expanded our programs in Uganda, Tanzania, South Africa, Russia, Rwanda, and Zimbabwe, and program expansion will soon initiate for EGPAF's programs in Kenya and Zambia. EGPAF is also working with partners in Swaziland and Mozambique to develop programs that will start delivering PMTCT services in the latter half of FY04.

Specific updates from activities in EGPAF's work plan are included below:

- Data on progress is required from the Call to Action sites at 6-month intervals, in July and January of each year. Sub-grantees submit a narrative and quantitative assessment, which is entered into a database and analyzed. Data collection was completed for all Call to Action sites in January 2004. The next scheduled collection will be in July 2004.

USAID funding in 2003 supported service delivery activities for programs in:

- Rwanda (Global Hope Foundation, 6 months of data),
- South Africa (Perinatal Health Research Unit, 1 year of data; Africa Center, 6 months of data),
- Uganda (John Hopkins University, 1 year of data) and
- Zambia (University of Alabama at Birmingham, 6 months of data).

Combined, these programs reached the following levels of service, as of December 31, 2003:

# Women in ANC	95,686
# Women counseled	95,192
# Women tested	73,694
# Women received their results	70,732
# HIV positive women	16,687



	# Women received NVP	14,497
# Infants received NVP	7,748	

- Monitoring and evaluation activities continue to be implemented in conjunction with Family Health International. EGPAF has sub-contracted with FHI to provide technical assistance and monitoring to all Call to Action implementation sites.
- Planning is ongoing for a FHI/EGPAF PMTCT Technical Exchange for June 2004 in Washington DC. This meeting is planned to be held prior to the annual CTA meeting and will help identify continuing challenges and new issues that Call to Action programs and countries are facing. This will assist in the development of a relevant agenda for the Call to Action meeting and identify ways to improve program performance. This cross-fertilization of technical staff and consultants will help EGPAF synthesize relevant program information and lessons learned.
- Planning is also ongoing for the annual Call to Action Partners Meeting. This annual meeting brings all of the Call to Action partners together to share lessons learned and best practices to be effective and efficient. This knowledge sharing increases the performance of sites as more effective strategies for counseling, testing, and delivery of the interventions are identified. EGPAF is planning for 240 participants. The meeting will be in October 2004 in Kampala Uganda. EGPAF is currently planning the agenda and logistics of this important meeting.



Country Summaries

Kenya

Call to Action Kenya: Prevention of Mother-to-Child Transmission Programs	
Status	Work plan under development for USAID funding.
Implementing Partners	Partner plans not finalized to date. Potential partners include Kericho District Health Services, Christian Health Association of Kenya, and the Kenya Ministry of Health.
Concurrence Dates	Work plan to be submitted April 2004.
Kenya Country Team Leads	Nicole Buono, MPH , Program Officer, Washington DC Kenya Country Director - TBD

In supporting the national PMTCT plan, EGPAF will work closely with USAID to define overall PMTCT efforts and will collaborate with CDC and other key stakeholders. EGPAF proposed the following plan for the next year focused on three key objectives:

1. Continue and expand ongoing successful programs- USAID/Kenya funding under the President's Emergency Plan for AIDS Relief will build on programs initiated with EGPAF private funds. EGPAF would like to propose expansion and improvements to the most successful programs from the public and faith-based sectors.

Kericho District- The Kericho District program, with support from KEMRI and the Walter Reed Project (WRP), began in three sites and has expanded to 21 public and private sites across this large district. There are over 70 MOH and 14 private tea and flower plantation health facilities in the area. The Kericho District Hospital reportedly serves a population of 1.2 million individuals, a significant number of whom work on the plantations in the area. A total of 73 counselors have been trained within the 21 sites now implementing PMTCT. However, with increasing demand for PMTCT and VCT, more trained counselors are needed. With a goal of 50% coverage of PMTCT, Kericho District has requested support for



expansion of their highly successful program. The latest data from Kericho showed that 88% of women counseled agreed to be tested, and that 72% of women who test positive and 46% of their babies have been given NVP. Uptake has increased over time and is expected to continue to rise as innovative solutions are proposed to address PMTCT challenges. EGPAF plans to foster exchanges with the Kericho site, given their experience and success. With President's Emergency Plan funding, ARVs will soon become available in Kericho and the PMTCT program will be an important entry point for initiation into a system of continuous care for HIV-positive individuals. A limited amount of President's Emergency Plan funds to WRP will pay for renovations in the over-crowded maternity and labor wards at Kericho Hospital.

Christian Health Association of Kenya- CHAK has 397 Member Health Units (MHUs) from 17 church denominations throughout Kenya. The partnership with EGPAF and increased access to PMTCT services at the MHUs was noted as an important achievement in CHAK's 1998-2003 external, end-term evaluation. In August 2000, EGPAF provided support to CHAK to initiate PMTCT services at Kijabe Hospital, now a site for training and exchange. By 2003, the number had grown to 16 sites, predominantly hospitals. Based on the latest statistics from the CHAK sites, 60% of women seen in ANC were counseled, tested and received results. Among HIV-positive mothers, 70% received NVP along with 35% of infants. Counseling and testing uptake has increased over time, but is hampered by a limited number of trained staff at each site. With private funds, EGPAF will continue to support CHAK in the existing sites. With USAID funds, CHAK expects to increase demand and acceptance for PMTCT services at these sites by expanding to health centers and dispensaries located within districts with existing CHAK-supported PMTCT sites. This approach will also foster increased capacity within the faith-based facilities to train, supervise and monitor lower-level sites. Nine hospitals have been selected and up to 18 lower level facilities will be identified for support using the following criteria: 1) proximity to existing hospital that can provide supervision, support and guidance to lower level facilities; and 2) sufficient client load and staff to successfully implement PMTCT. An increasing number of CHAK-supported sites are providing ARVs through a partnership with MEDS. CHAK has also received USAID support from CMMB to add an additional 20 MHUs to increase the geographic and denominational distribution of CHAK-supported PMTCT services.

Public sector sites- Through a partnership with KANCO that began in 2000, EGPAF supported the initiation of PMTCT services in ten sites (public and faith-based) in various locations throughout Kenya. Following the completion of this subgrant, with USAID funds, EGPAF proposes to ensure continued support to the five public facilities. EGPAF has already transferred responsibility for the remaining faith-based sites to CHAK. The uptake in the public sector sites varies greatly and according to findings from a recent technical assistance visit, more work is needed to ensure confidential, consistent and high quality PMTCT services. Stock outs of HIV test kits were observed at more than one site visited. In discussion with USAID and CDC, EGPAF will consider how these sites can continue to be supported. EGPAF is open to the possibility of identifying other public sector sites to support, using mutually agreed upon criteria, in coordination with USAID.



2. Initiate a field presence in Kenya through a small office and a limited number of technical and managerial staff to provide value-added support to PMTCT programs and USG partners.

3. Foster technical exchange among EGPAF and other partner sites to address programmatic challenges, i.e. improve uptake of nevirapine suspension, mid/term and long/term follow-up of mothers and infants, formation of support groups, male involvement, QA of HIV testing and more. A number of programmatic challenges have been identified over the past few years of PMTCT implementation in Kenya. One consistent challenge is the follow-up of mothers and infants for postpartum care, infant feeding support, infant prophylactic dosing and treatment, care and support for HIV-positive mothers and infants. Human and financial resources limited the ability to track and treat every mother and infant, but there are some steps that can be taken to address programmatic challenges. Some sites for example, send NVP suspension home with mothers to be given to infants after delivery (all are encouraged to deliver in a health facility). EGPAF will foster an exchange of creative approaches through identification and documentation of these approaches, as well as face-to-face cross-site exchanges.



Mozambique

Call to Action Mozambique: Prevention of Mother-to-Child Transmission Programs	
Status	<p>January 31 – February 5th – EGPAF’s Scientific Director, Dr. Cathy Wilfert traveled to Mozambique to share technical experience and to provide assistance with Save the Children’s (SAVE) proposal revision.</p> <p>March 15th – SAVE’s revised proposal is reviewed and approved by the EGPAF program staff.</p> <p>To date, EGPAF is reviewing SAVE’s financial documents and is working with SAVE to negotiate and finalize the sub-award.</p> <p>University of Bordeaux (ISPED) proposal currently under development.</p>
Implementing Partners	Save the Children, ISPED
Concurrence Dates	Save the Children proposal received concurrence March 31, 2004
Mozambique Country Team Leads	Tabitha Keener, MPH , Program Officer, Santa Monica, CA Mozambique Country Director - TBD

EGPAF is collaborating with two partners in Mozambique including Save the Children and the Institute for Public Health, Epidemiology and Development (ISPED) of the University of Bordeaux.

Save the Children has developed a program entitled “Mothers Hope Projects” for Nampula and Gaza Districts. The Gaza District sites include the ANC clinics and hospitals of Chibuto, Bilene and Xai-Xai, located in the province of Gaza in the southern region of Mozambique. The Mothers Hope Project (Nampula) sites include the district hospitals of Nacala Porto, Angoche and Monapo in Nampula Province, in the northern region of Mozambique.

The Mothers Hope Project in Gaza and Nampula will follow the Ministry of Health (MOH) guidelines for PMTCT in Mozambique. It will work in partnership with MOH PMTCT resource persons to provide training and follow national guidelines for testing procedures.



Comprehensive PMTCT including NVP interventions will be implemented through six service facilities in Gaza and five in Nampula, all of which are district ANC clinic and hospitals providing antenatal and maternity care in the targeted districts. These facilities have been chosen as PMTCT intervention sites considering comparative capacity for implementation by the MOH.

PMTCT information will be provided throughout all health posts and health centers where women seek antenatal care; all pregnant women will be referred to the PMTCT sites for counseling and testing (i.e. opt-out strategy will be employed.) Training will emphasize care, respect and acceptance of HIV-positive mothers and their partners, encouraging them to come forward for testing and PMTCT services and other risk-reducing interventions. Furthermore, SAVE/USA will integrate PMTCT information within the Reproductive Health/Family Planning (RH/FP) messages and materials already distributed to the Community Health Committees, traditional birth attendants (TBAs), activists and traditional healers. Essential messages will raise awareness of MTCT as well as services and practices that reduce risk, and will promote positive living through better nutrition and prevention of infections for those infected. Mobilization will aim to create a more supportive environment for testing and PMTCT. SAVE/USA will work to establish support groups for new mothers who are HIV-positive, while linking activities of the Mothers Hope Project (Gaza) with other community-based support activities for persons living with HIV/AIDS (PLWHA) and for children affected by AIDS.

ISPED is currently revising a proposal to implement PMTCT services in Boane and Marracuene Districts, both in Maputo Province. Along the lines of national recommendations, the activities of this proposal comprise the integration of VCT services within the local health system (whether within the maternity unit or through direct collaboration with a VCT center for the general population) and the introduction of a PMTCT package. The component of the program will include:

- 1) Improvement of antenatal care services;
- 2) Implementation of integrated HIV counseling and testing services for pregnant women in the district;
- 3) Implementation of a protocol of care for infected mothers and their infants based on a) nevirapine short regimen of validated efficacy (HIV-NET 012); b) individual follow-up counseling; c) promotion of individual infant feeding advice and support to limit postnatal transmission of HIV and;
- 4) Promotion of all these PMTCT activities at the community level.



Russia

Call to Action Russia: Prevention of Mother-to-Child Transmission Programs	
Status	<p>Detailed implementation plans for completing program objectives were developed during a December 15-19th visit to St. Petersburg by the US-based investigators. During this week-long visit, the US investigators met extensively with the MTCT Steering Committee and with the frontline staff at each of the target facilities.</p> <p>Work plan submitted to USAID Russia 4/6/2004</p> <p>USAID Moscow visit to PMTCT sites 4/13 – 4/16/2004</p> <p>Sub-agreement negotiated and sent to UNC on 4/22/04.</p> <p>UNC counter signature pending.</p>
Implementing Partners	University of North Carolina at Chapel Hill
Concurrence Dates	<p>UNC proposal received concurrence 11/21/03</p> <p>Work-plan approval pending.</p>
Russia Country Team Lead	Joanna Robinson, MSc, Program Officer – Santa Monica, CA

PMTCT in Russia

Russia's HIV/AIDS epidemic is considered to be one of the world's fastest growing epidemics. While it is still concentrated with 70-80% of infections transmitted through injection drug use, the number of new cases transmitted through sexual contact is increasing and HIV infection is beginning to move beyond the high-risk populations into new bridge populations including women and children. The number of HIV infections among pregnant women and women of reproductive age is rapidly increasing. HIV seroprevalence among pregnant women giving birth in St. Petersburg increased 100-fold from 1998 to 2002 – from 0.013% to 1.3%.



Unlike most Call to Action (CTA) implementation programs, the Russian CTA Program takes place in a setting where nearly universal HIV antenatal screening is currently being carried out. However, given that injection drug use is the current driving force behind the Russian HIV epidemic, the highest HIV risk pregnant women, those actively injecting drugs and non-injecting sex partners of drug users, are not being identified within the system as it is presently structured. In addition, Russia, unlike many other countries where CTA activities are ongoing, already has an extensive program of prevention of mother-to-child HIV transmission. But the present program is uneven and will greatly benefit from the provincial and city planning/program structuring that our program enables.

This CTA implementation program, enabled by EGPAF's privately funded Planning Grant, links all responsible governmental agencies involved in maternal and newborn child care in St. Petersburg, Russia and the surrounding Leningrad Oblast with the Centers for Diseases Control and Prevention, Atlanta (reproductive health epidemiologists, MTCT prevention clinical trials experts, enhanced perinatal HIV monitoring experts) and with the Department of Epidemiology at the University of North Carolina in Chapel Hill (HIV epidemiologists).

The St. Petersburg and Leningrad Oblast PMTCT Program specifically targets intervention at a group of high-risk pregnant women, those who do not access prenatal care and who present in labor at one of the designated high-risk maternity hospitals for delivery with unknown HIV status. The highest HIV-risk pregnant women are not being reached through the healthcare system as it is presently structured. While there is nearly universal HIV screening conducted during prenatal visits, most high-risk women do not receive prenatal care. Furthermore, Russia already has an extensive PMTCT program and many of the human resources and infrastructure are already in place. However, to date, the PMTCT programming has been inconsistent and ineffective. The lack of success can be explained by poor coordination of the currently available resources. The present implementation grant represents an opportunity to establish an effective PMTCT model through initiating a program that links the key health organizations and has streamlined systems and procedures.

EGPAF's plan for the year focuses on the following key objective: To increase the coverage of prevention of mother-to-child HIV transmission services to 90% of HIV-positive pregnant women delivering (n~700) in St. Petersburg (5.5 million inhabitants).

In order to accomplish this objective, the CTA program in St. Petersburg and Leningrad Oblast will have these three essential components:

- (1) To implement voluntary counseling, rapid testing and treatment of women presenting in labor with undocumented HIV status.
- (2) To implement enhanced monitoring of perinatal HIV transmission indicators, which will include prenatal care, testing, seroprevalence, maternal and infant therapies, post-test counseling, infant feeding practices, infant serostatus and abandonment.
- (3) To provide training of health care professionals, including obstetricians, neonatologists, nurses and laboratory scientists in HIV PMTCT, including opt-out



VCT, rapid testing of women presenting in labor with undocumented HIV status, nevirapine treatment, as well as in use of family planning counseling to prevent future unintended pregnancy and HIV transmission.

Rwanda

Call to Action Rwanda: Prevention of Mother-to-Child Transmission Programs	
Status	Global Hope Foundation initiated service delivery 12/2003 Country Director hired: Laurie Mandarino Recruitment ongoing for technical advisor
Implementing Partners	Treatment and Research AIDS Center (TRAC), Global Hope Foundation
Concurrence Dates	Global Hope Foundation proposal received concurrence 7/24/03 USAID/Rwanda approved work plan 3/24/04.
Rwanda Country Team Leads	Nicole Buono, MPH – Program Officer, Washington, DC Christophe Grundmann, PhD – Program Officer, Washington DC Laurie Mandarino – Country Director, Kigali Rwanda

Cumulative data of USAID funded implementation from December 31, 2003 data collection interval. Data from Global Hope Foundation program's first month of service delivery:

# Women in ANC	297
# Women tested	219
# Women receive results	216
# HIV positive women	14
# Moms receiving NVP	18
# Infants receiving NVP	5



Over the next year with support from USAID/Rwanda, EGPAF will continue to strengthen the PMTCT services established in 13 sites in and around Kigali, within the USAID-supported districts (Muhima, Remera and Ruli). EGPAF will also work directly with the two main health districts responsible for these sites (Muhima and Remera) in order to build the districts' capacity to strengthen and expand PMTCT services. EGPAF will coordinate and collaborate with other USG and internationally funded programs and support TRAC in the development of national guidelines.

The staff necessary to complete the objectives and activities includes two international hires (Country Representative and Technical Advisor) and five local hires (2 PMTCT Officers, Financial/ Administrative Officer, Administrative Assistant and Driver). The Technical Advisor position is part-time.

Given that PMTCT services have already been established at the 13 sites (initiated with the Foundation's private funds and supported directly through TRAC), and USAID has requested EGPAF not expand further, the key USAID-supported activities are to:

1. Assess remaining needs within existing facilities and address known weaknesses (i.e., nutritional support, community mobilization, follow-up of mother-infant pairs and referrals for care and treatment);
2. Assist districts to develop PMTCT strategies and plans for expansion to sites not already providing PMTCT services;
3. Support upgrade of facilities to strengthen PMTCT services as needed;
4. Training and assistance to district health teams to supervise, monitor and assess PMTCT services;
5. Training for remaining untrained providers and refresher training as needed;
6. Assist districts and sites in the training/ inclusion of Community Health Committees and community *Animateurs* in PMTCT promotion and prevention;
7. Assist TRAC and other partners in the development and dissemination of revised national PMTCT guidelines;
8. Share lessons learned and assist in transition activities to new bilateral or other partners.



South Africa

Call to Action South Africa: Prevention of Mother-to-Child Transmission Programs	
Status	<p>USAID South Africa has committed another sum of Track 1.5 funds. Work plan under development for programming these funds.</p> <p>Programs ongoing in Soweto and Hlabisa District. Renewal for Soweto received; EGPAF has reviewed and approved.</p> <p>Renewal for Hlabisa District under development.</p> <p>Additional proposals for South Africa under review.</p>
Implementing Partners	University of Witwatersrand, Perinatal Health Research Unit, Africa Center and 2 additional organization TBD
Concurrence Dates	<p>Hlabisa District concurrence received 10/20/03</p> <p>Soweto concurrence received 5/28/03</p> <p>Soweto renewal program concurrence received 3/9/04</p>
South Africa Country Team Lead	<p>Allison Spensley, MPH, MSW, Program Officer – Washington DC</p> <p>Tabitha Keener, MPH, Program Officer, Santa Monica CA</p> <p>Mary Pat Selvaggio, MPH, Country Director, Johannesburg, South Africa</p>

Major accomplishments toward President's Emergency Plan goals, over past 12 months

Hlabisa Program –USAID funded implementation started July 1, 2003

Soweto Program – USAID funded implementation starting January 1, 2003

Total data for one year of the Soweto program and 6 months of the Hlabisa program:

# of ANC clients	33,382
# of Women Counseled	32,726
# of Women tested	31,078
# of Women receiving Results	28,581
# of HIV pos	9,270
# of Women receiving NVP	7,970
# of Infants receiving NVP	5,096



In 2003, USAID/Washington supported two of our programs in South Africa, including the Africa Center in Hlabisa and the Perinatal HIV Research Unit in Soweto. Washington-based funding for these two programs will finish and transition to USAID/South Africa field support.

EGPAF's plan for the next two years focuses on three objectives:

1. Continue and transition ongoing successful programs in Soweto and Hlabisa.

EGPAF renewal programs will continue providing coverage to all ANC clients in each site's region. Programs plan to utilize lessons learned to improve existing programs, transition support to provincial resources where possible and look for opportunities to introduce care and treatment provision.

EGPAF has a long-term goal of expanding care and support. We intend to focus on expansion of basic PMTCT services, including the basic or minimal essential package of care for pregnant women. EGPAF programs strengthen antenatal care as the provision of PMTCT is provided. The linkage of PMTCT in sites with excellent uptake will be facilitated and specific applications for the provision of more services in a stepwise fashion to ARV therapy will be encouraged.

2. Establish an EGPAF South Africa regional office.

EGPAF is in the process of opening an office and has hired a Country Director, Mary Pat Selvaggio, who will oversee both the Swaziland and South Africa programs. EGPAF is also interviewing technical advisor candidates to be located in South Africa. Our goal is to have an office open by June of 2004.

3. Initiate implementation of two new PMTCT programs.

Activities supported with FY03 funds will target continuation and transition of funding for existing successful programs in South Africa. EGPAF plans to initiate new PMTCT programs once Track 1.5 funding becomes available and final proposals are developed. EGPAF South Africa staff will immediately contact the South African Ministry of Health and Provincial Ministry of Health and begin coordinating with the MOH and USAID on districts to be targeted for implementation and/or expansion of PMTCT programs. EPGAF will work closely with other PMTCT partners in South Africa, including other USAID cooperating agencies, to ensure coverage of underrepresented districts and to avoid duplication of effort. EGPAF is already working with FHI and Linkages in the South Africa region and we have received a promising application for a program in Ndwedwe District of KwaZulu Natal.



Swaziland

Call to Action Swaziland: Prevention of Mother-to-Child Transmission Programs	
Status	Technical Advisor, Joven Ongole hired. Country Director, Mary Pat Selvaggio hired Program launch postponed to date.
Implementing Partners	Raleigh Fitkin Memorial Hospital, King Sobhuza Clinic and surrounding feeder clinic and Mankayane Government Hospital and Public Health Unit.
Concurrence Dates	Concurrence pending.
Swaziland Country Team Leads	Allison Spensley, MPH, MSW, Program Officer, Washington DC Trish Karlin, Programs Director, Santa Monica CA Joven Ongole, MD, Technical Advisor, Manzini Swaziland Mary Pat Selvaggio, MPH, Country Director, Johannesburg, South Africa

EGPAF Planned Activities for Call to Action Swaziland

At the request of USAID/SA Regional Program for HIV/AIDS, a joint visit by EGPAF, USAID and CDC took place in March of 2003 to assess feasibility and interest in working with the MOH on an MTCT program. In May, EGPAF and LINKAGES/AED conducted a joint country assessment as a preparatory step to accelerate the implementation of PMTCT. The assessment was conducted in three selected sites in collaboration with the Ministry of Health and Social Welfare (MOHSW), the HIV/AIDS Regional Program of USAID, the Centers for Disease Control (CDC), EGPAF and the LINKAGES project. The assessment focused on health facilities and community programs and the continuum of care and support for PMTCT and infant feeding. Following the in-country assessment, EGPAF and LINKAGES prepared a joint report which laid the groundwork for the development of a proposal to support prevention of mother-to-child transmission of HIV in three sites in Swaziland. Subsequent technical assistance visits took place in August, September, October and November. After considerable planning and dialogue at the Swaziland Ministry of Health about the National PMTCT strategy and an assessment from UNICEF, on November 20, 2003 EGPAF was asked to work on initiating PMTCT services in Raleigh Fitkin Memorial Hospital (RFM), King Sobhuza Clinic and surrounding feeder clinics and Mankayane



Government Hospital and Public Health Unit, and surrounding feeder clinics. EGPAF received funding from USAID on September 30, 2003, to implement these activities, pending direction from the Ministry of Health on the selection of sites for implementation.

Objectives of Call to Action Swaziland

Resources and expertise will be utilized to assist with the implementation of the national MOH Program for PMTCT. In collaboration with USAID and local partners, our ongoing focus will be to initiate and expand these programs, to introduce expanded care and support programs to keep families healthy and communities strong. This broad vision can be translated into concrete objectives as follows:

1. **Quality PMTCT Services:** To support the National Program for PMTCT to provide pregnant women and their families with integrated, comprehensive and high quality PMTCT services in Makanyane PHU and Hospital, King Sobuza PHU, and RFM Hospital.
2. **Increase Access:** To assist in meeting targets for national expansion of PMTCT services.
3. **Enhance Care:** To contribute to the expansion of associated care and support services for PMTCT in conjunction with local and international partners.
4. **Evaluation, Documentation, and Dissemination:** to share best practices and document lessons learned through objectives 1 – 3 above.



Tanzania

Call to Action Tanzania: Prevention of Mother-to-Child Transmission Programs	
Status	<p>Service delivery initiated for Arumeru District and Sikonge District</p> <p>Proposal under review for Axios in Hai and Kilombero Districts</p> <p>Tanzania partners meeting planned for May 2004</p>
Implementing Partners	Axios Foundation, EngenderHealth, Muhimbili University College, Moravian Board of World Mission
Concurrence Dates	<p>Bilateral approved</p> <p>Concurrence received for Muhimbili 12/2/03, Moravian Board of World Mission 5/28/03; EngenderHealth 5/28/03</p>
Tanzania Country Team Leads	<p>Nicole Buono, MPH, Program Officer, Washington DC</p> <p>Christy Gavitt, Country Director, Dar es Salaam Tanzania</p> <p>Anja Giphart, MD, Technical Advisor, Dar es Salaam Tanzania</p>

In Tanzania, USAID will benefit immediately from the strong partnerships and programs EGPAF already has forged. Partners include Axios Foundation, Muhimbili University College of Health Services (in collaboration with the Harvard School of Public Health), Moravian Board of World Mission, and EngenderHealth. EGPAF staff is currently reviewing new implementation partnerships with Tanzanian FBOs. Future possible USAID implementing partner linkages include, but are not limited to work with PSI, Deliver, and International Center for Research on Women.

Tanzania PMTCT Program

Dar es Salaam:

EGPAF is partnering with the Muhimbili University College of Health Sciences in collaboration with the Harvard School of Public Health to implement a comprehensive program for HIV counseling and testing among pregnant women in selected MCH clinics in Dar es Salaam and provision of nevirapine for HIV-positive mothers and their babies. This program will be integrated into existing MCH services and will be implemented by health care workers stationed in 6 MCH clinics in three municipalities. Health care workers will be trained on voluntary HIV counseling and testing and prevention of



MTCT. Strategies will be developed to promote these services among pregnant women in the communities served by the selected clinics.

The initial program expects to provide voluntary HIV counseling and testing to 8,000 pregnant women/year at selected MCH clinics and to provide access to NVP to HIV-infected mothers and their babies when full implementation is in place. This activity will develop capacity at the selected MCH clinics for conducting HIV testing by using rapid assay kits, and to raise awareness of stakeholders on prevention of MTCT in the Dar es Salaam region. With a HIV seroprevalence of 12%, it is anticipated that approximately 1000 HIV-positive women would be identified if VCT uptake was 100%. A more realistic projection based on EGPAF worldwide data would be that approximately 70%-80% of women would chose VCT, resulting in 700 to 800 HIV-positive women identified.

Hai District

EGPAF is currently working with Axios Foundation to initiate PMTCT services in Hai District, which has an HIV/AIDS seroprevalence of 20% amongst women attending ANC. This project will reach HIV-positive women at the time of delivery, both inside and outside healthcare facilities, so that women and infants can be treated with nevirapine to prevent MTCT. This program invests in developing systems and mechanisms to reach all pregnant women with VCT and, if positive, with nevirapine. This model improves the quality of antenatal care in general, as well as the capacity of the health system to collect and analyze relevant health information data on maternal and child health.

The program objective is to make VCT available to all pregnant women and nevirapine available to all HIV-positive pregnant women and their infants at the time of delivery in health care facilities and at mobile clinic sites in the district. This program has the potential to reach almost 9,000 pregnant women per year with VCT once full implementation is in place. The program will cover the entire Hai District, including three hospitals, four health centers, 57 dispensaries and 70 village health posts.

Kilombero Districts

EGPAF is also working with Axios Foundation in the Kilombero District to initiate PMTCT services where the prevalence for pregnant women is estimated as 15%. This program follows the same model as the Hai District program described above, using a nevirapine outreach approach to reach HIV-positive pregnant women wherever they are, both inside and outside healthcare facilities.

The program objective is to make VCT available to all pregnant women and nevirapine available to all HIV-positive pregnant women and their infants at the time of delivery in health care facilities and at mobile clinic sites in the district. The program has the potential to reach 16,000 women per year with VCT once full implementation is in place. The project covers the entire Kilombero District, which includes two hospitals, St Francis Ifakara and Kilombero Sugar Factory Hospital, with additional health centers and public and private dispensaries that will also provide services.



Arumeru District:

EGPAF is partnering with EngenderHealth to initiate a multi-site program for the prevention of mother-to-child transmission of HIV in Arumeru District, which has an estimated seroprevalence of 10%. The overall project goal is to reduce MTCT by introducing high-quality PMTCT interventions that are accessible, empowering women to make voluntary and well-informed decisions about PMTCT, and supporting them in implementing those decisions. Using a district model, EngenderHealth and its MOH and NGO partners will collaborate to introduce core PMTCT interventions (VCT, prophylactic peripartum ARVs, safer obstetrical practices, and safer infant feeding counseling) within existing maternal care services. This program will also build the capacity of lower level facilities and community agents in support of PMTCT.

It is estimated that 1,400 pregnant women will accept VCT in the first year of program implementation and as the program matures it will have the potential to reach 2,800 women in the second year. The proposed project sites are Arumeru District Hospital, Selian Hospital and referral linkages will be formed between these hospitals and four rural health centers in Arumeru District.

Sikonge District

EGPAF is working with the Moravian Board of World Mission, in Sikonge District with an estimated seroprevalence of 11%. The program plan is divided into two phases: the first component is to thoroughly inculcate all community leaders through government-run HIV/AIDS training seminars. If the project is to succeed, these individuals must openly support HIV/AIDS prevention programs. The second objective is to improve the maternal child health (MCH) clinics by offering free VCT and care to all pre-natal patients and free nevirapine to those testing positive, providing STD testing and treatment, basic medications, pre-natal vitamins, and subsidized care.

The program has the potential to reach 3,800 pregnant women with VCT per year. In phase two of the program implementation activities will be extended throughout the Sikonge District and neighboring areas and finally throughout the entire Western Province.



Uganda

Call to Action Uganda: Prevention of Mother-to-Child Transmission Programs	
Status	<p>Service delivery ongoing for JHU sites: Old and New Mulago and Rubaga Hospitals.</p> <p>Training complete and provision of PMTCT services initiated in Jinja, Bundibugyo, Mpigi, Mukono, and Rakai Districts</p> <p>Training complete in Mayuge. PMTCT services to begin in April 2004</p> <p>New work plan under development for Track 2 funding.</p> <p>Programs under development for Sembabule, Masaka, Hoima, Kasese, Iganga, Masindi, Kabale and Mbale Districts.</p>
Implementing Partners	World Harvest Mission, Johns Hopkins University, Jinja District Health Services, Mpigi District Health Services, Mukono District Health Services, Mayuge District Health Services, Rakai District Health Services
Concurrence Dates	<p>Concurrence received for FY03 work plan and sub-agreements for JHU, Mpigi, Mayuge, Mukono, Rakai on 11/5/03</p> <p>Concurrence received for Jinja and Bundibugyo Districts on 7/21/03</p> <p>Concurrence requested for Iganga District 4/4/04</p>
Uganda Country Team Leads	<p>Tabitha Keener, MPH, Program Officer, Santa Monica</p> <p>William Salmond, PhD, Country Director, Kampala Uganda</p> <p>Fred Nuwaha, MD, Technical Advisor, Kampala Uganda</p>



Totals for CTA Uganda USAID Sites - December 1, 2002 to December 31st 2003

# of ANC clients	34,976
# of Women Counseled	32,083
# of Women tested	21,785
# of Women receiving Results	21,346
# of HIV pos	2,479
# of Women receiving NVP	1,966
# of Infants receiving NVP	1,142

In the first year of USAID support, 34,976 women accessed antenatal care, 32,083 received counseling and 21,785 women have been tested for HIV through our Uganda Call to Action USAID Program. Sixty-eight percent of those counseled were tested and 11% were found to be HIV positive. Of the identified HIV-positive women, 1,966 (79%) of them received a short course of nevirapine (NVP) and 1,142 (46%) of their infants received treatment as well. This data was provided from Old and New Mulago and Rubaga Hospitals, all located in Kampala.

Compared to the IP Indicators, the Uganda Call to Action program is on target. More women accessed antenatal care than projected; however, this data collection period saw the addition of Rubaga Hospital and is a 13-month data collection period due to a shift last year to collect data on the calendar year. If one looks at the percentages for the PMTCT cascade, the sites are on target with some slight improvement in the uptake of counseling and infants receiving nevirapine. As we have seen from previous years' data, the Kampala sites provide care for an ANC population with HIV prevalence higher than the March 2003 national baseline of antenatal HIV prevalence (11% vs. 6.5%).

Implementation plans and sub-grants were finalized at the end of 2003 for the remaining USAID funded sites. These sites are located in Mpigi, Mukono, Mayuge, Rakai, Bungibugyo and Jinja Districts.

Bundibugyo is now funded and has recruited community mobilizers. The sites initiated NVP provision in February 2004.

Mukono, Mayuge, Rakai, Mpigi and Jinja are now funded. Trainings for health care workers have finished and NVP provision started in March 2004. PMTCT implementation continues in Mulago and Rubaga. Training is complete in Mayuge. This site starts counseling and testing in ANC and providing NVP in April 2004.

EGPAF's plan for the next year focuses on three objectives:

1. Continue and transition ongoing successful programs.

EGPAF is committed to ensuring that successful programs started in the past three years of Call to Action are supported and continue to provide quality PMTCT services. EGPAF is



working with other key organizations to ensure coverage of underrepresented districts. To limit duplication of effort, EGPAF will be transferring ongoing successful programs to cooperating agencies that are taking the lead in specific districts where EGPAF began work with private funds. Districts that will be transferring to either AIM or Uphold include: Bushenyi, Rukungiri, Tororo, Kumi, Nebbi, Kitgum, Pader and Mbarara Districts that EGPAF has initiated with private support and proposes to begin supporting with USAID funds in 2004 include: Hoima, Kasese, Sembabule and Masaka.

EGPAF, with implementing partners, has planned a phased approach to initiating PMTCT programs in districts whereby PMTCT services begin in hospitals and health center IVs while building capacity at the lower level health centers to initiate services at a later date. Part of the planned second phase of the program, which would be paid for with FY04 funds and implemented at the earliest during the end of 2004, would include implementation at exceptional health center IIIs.

Each Uganda sub-grant is written with approval for implementation for chosen district hospitals and health center IV's with a stop point requiring additional EGPAF approval before implementing PMTCT into health center IIIs.

2. Support and expand the Uganda regional office.

EGPAF has hired a Country Director who will oversee the Uganda Call to Action program and will serve as the prime contact for USAID Uganda. EGPAF plans to have this individual start in Uganda by April. The Uganda Call to Action program is greatly expanding and it is necessary to have an additional technical advisor to oversee this national program. EGPAF is currently interviewing technical advisor candidates. Our goal is to be fully staffed by mid 2004. Both technical and administrative support will continue to be provided by EGPAF's international and US-based staff.

3. Decentralize support to four districts.

The Call to Action Uganda program has privately funded a two-year grant with the Central MOH to support activities in Gulu, Kabale, Masaka, Bwere, Mbale, Iganga and Masindi that ended in the beginning of 2004. Both Gulu and Bwere districts are planning to gain support from other USAID cooperating agencies. In coordination with the MOH, EGPAF's Uganda Technical Advisor, Dr. Nuwaha has been providing technical assistance to Iganga, Masindi, Mbale, and Kabale District Health Officers and each are designing separate programs that will greatly expand PMTCT services. The proposal for Iganga District was submitted to USAID for concurrence in April. The program plans for Kabale and Mbale are under external review and will be available for USAID review in the next few months. The Masindi program plan is currently under development and the finished proposal is targeted to be complete by mid 2004.



Zambia

Call to Action Zambia: Prevention of Mother-to-Child Transmission Programs	
Status	<p>USAID Zambia has committed a sum in field support for the UAB PERC program.</p> <p>Sub-agreement negotiated and sent to UAB on 4/30/04. UAB counter signature pending.</p> <p>Country work plan under development.</p>
Implementing Partners	University of Alabama at Birmingham (UAB)
Concurrence Dates	Concurrence for Lusaka District program received 9/29/03
Zambia Country Team Lead	Christophe Grundmann, PhD, Program Officer, Washington DC

Totals for CTA Zambia USAID Sites - July 1, 2003 to December 31st 2003

# of ANC clients	27,031
# of Women Counseled	30,383
# of Women tested	20,612
# of Women receiving Results	20,589
# of HIV pos women	4,924
# of Women receiving NVP	4,543
# of Infants receiving NVP	1,505

Lusaka District

Zambia is among the world's poorest nations and is experiencing one of the worst HIV epidemics. In the capital city of Lusaka, where one-fifth of the country's ten million people reside, as many as one-third of women presenting for antenatal care are infected with HIV.

The Lusaka District Health Management Board, directed by Dr. Moses Sinkala, oversees the 26 clinics throughout the city that provide antenatal and delivery services. With the support of EGPAF's CTA program, the Lusaka District has implemented perinatal HIV prevention services in 25 of its clinics in under two years. This renewal program is: 1) continuing support for clinics with existing PMTCT services; 2) expanding CTA to include every public obstetrical facility in Lusaka, including the University Teaching Hospital; and 3) instituting measures to encourage program sustainability in the years following the EGPAF award.



Due to the magnitude of the epidemic in Lusaka, and the sense of urgency felt by the project leaders, the Lusaka CTA program has to date focused on the rapid implementation of basic PMTCT services in as many clinics as possible. This renewal program reflects the following basic philosophy: the greatest number of infant infections can be prevented by maximizing access to NVP prophylaxis in the population, and by using performance indicators to understand program weaknesses and make improvements where necessary.

National Expansion

Each year in Zambia, nearly 30,000 otherwise healthy babies are infected with HIV. While a few years ago this figure occasioned only hopelessness, recent activities in Zambia and elsewhere have shown that many of these infants can be saved through the provision of simple and inexpensive PMTCT services. Accordingly, the primary aim of this program is to substantially reduce the number of new pediatric HIV infections in Zambia through the coordinated development of district-based PMTCT programs.

This program will establish a *PMTCT Expansion Resource Center (PERC)* as a cooperating partner that will take primary responsibility for establishing fully operational perinatal HIV prevention programs in at least 14 health districts over the next 5 years. Under the direction of the Central Board of Health and the National Technical Working Group, the PERC will solicit grant applications from health districts and fund them through a competitive mechanism. Funded districts will receive comprehensive support from the PERC through both direct financial support of specified, key program elements and coordination of in-kind contributions of others. Training in all aspects of program planning, implementation, and maintenance will be available from the PERC through dedicated mobile technical training teams. Monitoring and evaluation of programs will be performed using standardized data collection instruments and a novel surveillance system. A mechanism of tapering assistance will be employed to encourage districts to integrate their newly-created PMTCT programs into routine services with hopes of fostering sustainability in the long term.

Other activities include:

- 1) Strengthening government capacity to coordinate and administer a national scale-up of PMTCT activities through the hiring of a national MTCT coordinator for the Central Board of Health, and an administrative assistant to the MTCT Technical Working Group chair.
- 2) Working with the MTCT Secretariat and other stakeholders to ensure consistency and standardization of materials, messages and approaches to maximize the efficiency and success of all PMTCT scale up activities in Zambia.
- 3) Incorporating perinatal HIV issues and VCT training into the curricula of Zambian nursing, midwifery, and medical schools.
- 4) Providing infected mothers and their family members with access to antiretroviral treatment, opportunistic infection management, and broad-based HIV care as it becomes available.



Zimbabwe

Call to Action Zimbabwe: Prevention of Mother-to-Child Transmission Programs	
Status	Country Director and technical advisor hired for EGPAF office in Harare. Sub-awards nearly finalized with the three partners
Implementing Partners	Kapnek, ISPED, ZAPP
Concurrence Dates	Concurrence received for work plan 3/11/04
Zimbabwe Country Team Leads	Chuck Hoblitzelle, Senior Program Officer, Santa Monica CA Maurice Adams, Country Director, Harare Zimbabwe Anna Miller, MD, Technical Advisor Harare Zimbabwe

Zimbabwe Project Summary

History and lessons learned

- EGPAF has been supporting PMTCT (60 health facilities) in Zimbabwe for 3 years
- Implementation through grants to three partners with a strong local team of experts
- Many other benefits of PMTCT implementation through collaboration and development of links to other services
- Nature of PMTCT programs necessitates integration and national approach through MOHCW
- Programs need to cross the whole spectrum of family and child health care, including reproductive health

Strategic Program Objectives

- National ownership of PMTCT program
- EGPAF and partners assist in development of national policy & plans
- Ultimate responsibility and direction remains with MOHCW
- All partners support the national plan and offer appropriate support to MOHCW

Implementation Strategy



- Support and development of national MOHCW program for integration, sustainability
- Direct support and capacity building at national, provincial, district and individual site level
- Wider collaboration with other partners
- Maximum results through field inputs with minimum overheads

EGPAF Activities

- Technical support and advise MOHCW PMTCT Coordinating Forum, Global Fund and National AIDS Conference planning and scientific committees
- Accountability to main donor (USAID)
- Technical, managerial and financial support to all CTA Partners
- Development of linkages with other partners at policy level
- Evaluation, documentation, dissemination of combined achievements and approaches

Overall Programmatic Strategic Expansion Plans

- Identify and explore PMTCT+ including psychosocial support, preparation for and prevention of orphanhood, alternative delivery of simple PMTCT interventions and integration of care and treatment program
- Plan with MOHCW and other projects for an integrated service provision particularly RH, VCT and ART
- Identify further funding and support

Sub-grantee Activities

ISPED Buhera and Murewa Districts

Activities

- Provision of training to health workers in PMTCT related areas
- Support for HIV/AIDS education in FCH clinics
- Introduction and supervision of VCT in FCH clinics
- Support for procurement and logistics management of essential supplies for PMTCT
- Basic drugs and supplies for reproductive health care
- Community mobilization activities for PMTCT and VCT
- Support, supervision and rapid feedback on monitoring activities at health facility level

Expansion Plans

- Inputs to final editing/writing of generic protocols
- Development of procedures for site selection
- Survey health providers and target populations
- Pilot implementation for feasibility and short term evaluation
- Selection of more effective ARV regimen than NVP alone
- Consensus improved infant feeding strategies



Kapnek 14 Districts

Activities

- Provision of training to health workers in PMTCT related areas
- Support for HIV/AIDS education in Family & Child Health (FCH) clinics
- Introduction and supervision of Voluntary Counseling and Testing (VCT) in FCH clinics
- Support for procurement and logistics management of essential supplies for PMTCT
- Basic drugs and supplies for reproductive health care
- Community mobilization activities for PMTCT and VCT
- Support, supervision and rapid feedback on monitoring activities at health facility level

Expansion Plans

- Selection of further sites under direction and coordination of national AIDS & TB Program
- Establishing Memorandum of Understanding with local health authorities/institutions
- Technical and financial assistance in establishing services at these new sites
- Development of strategy to link health facility counseling to future orphan care issues

ZAPP Chitungwiza

Activities

- Provision of training to health workers in PMTCT related areas
- Support for HIV/AIDS education in FCH clinics
- Introduction and supervision of VCT in FCH clinics
- Support for procurement and logistics management of essential supplies for PMTCT
- Basic drugs and supplies for reproductive health care
- Community mobilization activities for PMTCT and VCT
- Support, supervision and rapid feedback on monitoring activities at health facility level

Expansion Plans

- Sustain, support and supervise current PMTCT support groups
- Review of partner expertise in psychosocial support in PMTCT
- Guideline development for initiation groups and PMTCT psychosocial support inventory/linkages



EGPAF Management Issues

Several new staff members have joined the Foundation in past few months. All bring PMTCT and/or HIV/AIDS care and treatment technical expertise and experience working with USG funding.

EGPAF's Human Resource Department continues to actively recruit high quality candidates to fill technical support and administrative positions to be based in EGPAF offices Tanzania, Uganda, Rwanda, and South Africa. In addition, personnel are being recruited for planned offices in Zambia, Kenya and, Mozambique. To best support our field programs, the Foundation continues to expand supporting personnel complements in both our US-based offices in Washington, DC and Santa Monica.

Problems and Constraints

As all implementing partners face the dramatically increased demands resulting from the President's Emergency Plan, it has been challenging to obtain clear and consistent communications from USG partners in Washington, DC and field offices.

It would be helpful to have as much lead-time for each request as possible, and concrete explanations of each request in order to provide high quality and timely responses. One example of confusion is that USG partners have been asked informally to complete a variety of reports and projections that are needed for the newly defined "tracks" of President's Emergency Plan funding. No notification occurs when funds are obligated into the agreement to share the identity of each track of funding.

Additionally, information requests for data or qualitative information are frequently made with a short or even 24-hour turn around, which is very challenging for staff. The frequency of requests, reports, work plans and data submissions has become burdensome, and has been further complicated this year with the introduction of the new track system.

USAID staff turnover at the country level has required significant time in bringing new people up to speed on our programs and occasionally dramatic differences in opinion of how ongoing programs are to be implemented. As would be expected, new staff may have different views from their predecessors in how programs should be implemented. This has required us to make changes in some scopes of work, resulting in program delays.

Similarly, the Foundation has experienced highly variable requirements for country-level work plan concurrence. Several countries have required multiple submissions and revisions with accompanying delays. This inconsistency in requirements makes achieving program targets quickly a challenge. To streamline this process, it might be helpful to design a consistent work plan format with accompanying budget template.



The Foundation continues to await an obligation from Core funds that have been verbally promised. With this still pending, expedited planning and implementation of additional President's Emergency Plan activities is compromised.