



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

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

**Annual Workplan  
2003 –2004**

## **I. Introduction**

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) was awarded a five-year agreement in September of 2002 for their Call to Action Project. 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. This project was initiated three years ago and initially funded eight sites in several African nations and Thailand. EGPAF is currently working in seventeen countries including: Angola, Cameroon, Congo, Dominican Republic, Georgia, Honduras, India, Kenya, Malawi, Rwanda, Russia, South Africa, Tanzania, Thailand, Uganda, Zambia and Zimbabwe and is reviewing proposals from many additional countries. As part of its program strategy, the sites EGPAF funds are extremely diverse in terms of size, primary funding source (public or private), geographic location (rural or urban), extent of care services offered, and stage of implementation (planning to national scale-up). This diversity has provided a wealth of information that is defining models to expand PMTCT projects rapidly and effectively in a variety of settings. With EGPAF's support, national scale-up activities are already underway in Cameroon, Uganda, Thailand, Zimbabwe, and Dominican Republic.

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 EGPAF solicits and accepts proposals year round. Proposals go through a careful process of peer review and revision before they are awarded, and all require support of the appropriate national authorities. EGPAF has a diligent process of site selection, reporting, accountability and decision-making.

EGPAF gives its sub-grantees and sites flexibility to design and operate programs, which are customized to their local needs and realities. EGPAF does not impose a one-size-fits-most model on its sites, which has contributed to their success. Sites have the flexibility to modify program plans quickly to address the changing needs of their population so that the maximum number of women can be reached with services. Through this model, EGPAF is defining successful strategies for prevention of MTCT in a variety of settings. EGPAF supports technical assistance and monitoring of programs to ensure their success. As expansion and scale-up are considered for individual countries, the Call to Action Project will pursue various strategies to maximize efficiency and impact.

### *Call to Action Objectives:*

#### **1. Increasing Access to PMTCT Services**

Over the next five years, EGPAF will dramatically increase access to PMTCT services and access to care and support for families in multiple countries. EGPAF's efforts will be aimed at rapidly expanding PMTCT and related services through a variety of models that will include establishing initial sites in areas without access to services, expanding existing efforts to be substantially larger in scope, and/or providing scale-up of existing services in a region or nation to achieve universal provision of PMTCT and related services. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. Through these efforts EGPAF hopes to significantly reduce the number of pediatric HIV infections in targeted communities and nations.

## 2. Expanding Care and Support Services

Basic PMTCT services will be enhanced at select sites to provide other essential care and support services for families including the provision of VCT for other support populations, psychosocial and legal support, antiretroviral therapy (ARTs) and management of opportunistic infections (OIs). This strengthening of services will be approached in a stepwise fashion according to the level of infrastructure at each site. EGPAF plans to make a comprehensive continuum of care available for families affected by HIV/AIDS that is responsive to their needs and the capacity of each site.

## 3. Facilitate Knowledge Sharing and Training

EGPAF facilitates the exchange of information among its network of Call to Action Project sites. This includes regular e-mail, conference calls, sharing of progress report data, and an established annual meeting of staff or cross-site staff. Staff from experienced implementation sites will help to train sites that are just beginning programs. This has proven to be extremely valuable in developing collaborations among the sites so that lessons can be shared.

## 4. Document Successful Models

EGPAF supports technical assistance and monitoring of programs to ensure their success. Data on progress is required from the Call to Action Project sites at 6-month intervals, in July and January of each year. EGPAF requires a narrative and quantitative assessment, which is entered into a database and analyzed. Sites will be subject to data collection and careful monitoring and evaluation to measure results. By rapidly expanding an array of PMTCT and care services and assisting governments in scaling up to universal delivery in provinces and/or nations, EGPAF expects to demonstrate the feasibility and desirability of making a continuum of treatment and care services universally available throughout the world.

By increasing access to PMTCT services and expanding care and support programs and by inspiring governments to pursue national coverage through sustainable programs, EGPAF hopes to have a dramatic impact on the pediatric HIV epidemic in the countries where it works. Through these programs, EGPAF will enhance training and knowledge sharing and will document successful models to increase sustainability of PMTCT and care and support services.

## **II. Overview of 2003 Work Plan**

The potential for dramatically increased funding comes at a time of unparalleled need. While prevention of mother-to-child transmission has been dramatically reduced in developed nations – and remains one of the unique success stories of the AIDS pandemic – transmission continues unabated throughout much of the developing world. In fact, approximately 800,000 infants are born with HIV infection each year, or more than 2,000 infants per day. This does not occur because preventive treatments have yet to be discovered, are too expensive, or have not been tested. It occurs simply because highly successful, cost-effective preventive interventions have yet to be made available to most pregnant women and their infants throughout the world.

EGPAF is currently undergoing dramatic change with the rapid expansion and scale-up of the CTA Project. New and significant challenges literally extend to almost every aspect of the Foundation's activities. Most importantly, EGPAF needs to immediately expand staff and

significant funds for Call to Action. This plan includes additional managers, individuals with expertise in care and treatment, and more representation in the field.

This new collaboration with USAID will enable the CTA Project to dramatically increase access to PMTCT services and access to care and support for families in multiple countries. Presidential Initiative countries and USAID Rapid Scale-up and Intensive Focus countries will be the primary targets for funding in the first year of this cooperative agreement. The countries targeted for initiation and expansion of services for our first year work plan include:

Ethiopia	Russia	Tanzania	Seven Countries TBD
Kenya	Rwanda	Uganda	
Malawi	South Africa	Zambia	
Namibia	Swaziland	Zimbabwe	

EGPAF's efforts will be aimed at rapidly expanding PMTCT and related services through a variety of models that include: 1) establishing new sites in localities and priority countries that currently have no access to PMTCT services; 2) expanding existing efforts to be substantially larger in scope; and 3) scaling-up services in a region or nation to achieve routine universal provision of PMTCT and related services.

When implemented, the plan will provide PMTCT services in public and private settings within the existing maternal and child health (MCH) infrastructure. This will include community mobilization and sensitization, training of health care workers, provision of voluntary counseling and testing (VCT), provision of a prophylactic antiretroviral (ARV) drug intervention which is appropriate for the level of infrastructure at the site, and counseling and support for infant feeding options. EGPAF will also provide assistance with a standard package of care as determined by local health authorities, including such services as antenatal vitamins, Fe/folate, syphilis testing, tetanus vaccine, and antimalarial prophylaxis. EGPAF has also identified partners to help us with support for primary prevention and procurement of diagnostic tools and pharmaceuticals.

Many innovative and effective PMTCT pilot programs have been developed that hold the potential to sharply mitigate transmission of HIV to children. The benefits of these interventions are only seen by a lucky few unless they can be made widely available to the most affected populations. EGPAF strives to scale-up successful pilot programs in the countries where it works, to ultimately provide national level coverage. Scaling-up programs is a complex task, requiring country-specific planning. However, there are common issues for scaling-up and below is an outline of items that will be addressed in EGPAF's expansion efforts:

1. Develop and maintain the support of MOH.
2. Build programs within existing MCH.
3. Develop an in-country task force composed of MOH, donors and other stakeholders to coordinate efforts for maximum efficiency.
4. Encourage expansion of existing projects
5. Develop national plan for rolling out program, which addresses facilities, laboratory training and QA/QC, and evaluation.
6. Include sensitization, training, VCT provision, intervention, and ultimately linkage to other providers in program design.
7. Execute data collection and program evaluation.

EGPAF will also begin to enhance these basic PMTCT services to provide other essential care and support services for families. While some sites have only limited infrastructure and may need to begin with basic treatment of OIs, other sites are prepared to provide expanded care and treatment for families as soon as funds are provided. EGPAF plans to make a comprehensive continuum of care available for families affected by HIV/AIDS that is responsive to the needs and capacity of the local site.

EGPAF acknowledges that initiating care and support services is a complex and time-intensive endeavor that will take extensive planning and coalition building. EGPAF staff is collecting lessons learned from other pilot programs and is involved in the continuing development of treatment algorithms. In working with its sites to develop care and support programming, EGPAF will work with organizations such as Family Health International to execute situation and needs assessment of HIV care services and provide technical assistance for the initiation of services in selected priority countries. New staff is being recruited by EGPAF to lead this effort and pilot care and support programs are envisioned for as many as 10 countries. In CTA’s first year work plan, implementation of care and treatment programming is planned for countries where successful PMTCT programs have been initiated in the past, with special emphasis on Presidential Initiative and USAID Rapid Scale-up and Intensive Focus countries including:

Malawi	South Africa	Uganda	7 Countries TBD
Kenya	Rwanda	Zambia	

This first year work plan reflects EGPAF’s highest priorities for USAID funding, which is to finalize expansion and scale-up plans for PMTCT services, to initiate care and treatment services and to secure and train staff and implementing partners. EGPAF plans to have considerable contact with USAID Missions in countries where programs have already been in place and renewals are planned. As EGPAF is a new agency in the USAID family, its USAID counterparts in the field will need to be updated and included in planning and scale-up efforts. Technical assistance to USAID Missions has been prioritized and site visits are budgeted in the travel matrix for FY03. EGPAF will also expand service provision to four additional priority countries with Mission involvement and coordination with implementing partners. EGPAF is also planning to strengthen other key support services in program activities, including ANC services, and initiating collaborative partnerships with prevention programs.

The dollar amounts estimated in the attached activity matrix are for illustrative purposes only. It is anticipated that during the implementation of this complex workplan there will be shifts in funding between activities. Furthermore, in keeping with our Cooperative Agreement, it is understood that these workplan estimates represent the minimum amount of annual commitment expected from USAID’s Bureau of Global Health, HIV-AIDS Office.

Concurrence is currently requested electronically from the CTO for each sub-grant that is made. The CTO is sent an abstract and a copy of the application. The CTO shares the sub-grant with all relevant stakeholders, and reports that concurrence has or has not been given for the project within a reasonable time frame to the EGPAF Programs Director.

The challenge that EGPAF faces is to dramatically scale-up programs while maintaining speed and excellence. EGPAF is confident that it will meet this challenge. The future of PMTCT and care and support services is full of promise and EGPAF staff and partners are excited to begin

collaborating with USAID to provide a legacy of newfound hope and life that will accrue to individuals, communities, and entire nations as a result of these efforts.

### III. Summary Matrix of FY03 Activities

FY03 Activity #	Activity Scope (Global, Regional, Country)	Abbreviated Activity Name, Start and End Dates	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Major Milestones in FY03	Partners
1	Global	<p>Monitoring and Evaluation Technical Assistance</p> <p><u>Start</u> 10/1/02</p> <p><u>End</u> 9/30/03</p>	<p>EGPAF provides technical assistance and monitoring to Call to Action Project implementation sites through partners and sub-contracts. This includes initial assessment visits, implementation planning, setting up monitoring and evaluation systems, and supporting evaluation.</p> <p>Results of this work include quality assurance of the EGPAF activities around the globe and data on the impact of EGPAF programs.</p>	<p>Essential care package defined</p> <p>Situation analysis conducted for prospective new care and treatment sites.</p> <p>Capacity building supported for local institutions</p> <p>Implementation of new activities supported by site visits and technical assistance – up to 4X/year for each program</p> <p>Scale-up of successful activities supported by site visits and technical assistance – up to 4X/year for each program.</p>	<p>FHI staff</p> <p>Other partners TBD (if / as needed)</p>
2	Global	<p>Data Management</p> <p><u>Start</u> 10/1/02</p> <p><u>End</u> 9/30/03</p>	<p>EGPAF will expand existing data management systems to respond to the project's expansion. Data on progress is collected at 6-month intervals, in July and January of each year. A narrative and quantitative assessment is collected and entered into a database and analyzed at Graceworks.</p> <p>EGPAF seeks to capture relevant data for monitoring all components of care and support.</p>	<p>Data management systems scaled up</p>	<p>Grace Works</p> <p>Other partners TBD (if / as needed)</p>

3	Global	<p>Communication and Outreach</p> <p><u>Start</u> 10/1/02</p> <p><u>End</u> 9/30/03</p>	<p>As new research and program experience enriches knowledge on new technical areas, materials must be kept up to date. EGPAF plans to revise communication materials; including brochures, posters, and videos that are used to communicate the message of the program.</p> <p>Materials and web-based communications will be developed to educate stakeholders on program results and best practices.</p>	<p>New materials developed</p> <p>New/revised materials disseminated to individual program sites</p> <p>New materials disseminated to key stakeholder audiences</p>	TBD (if / as needed)
4	Global	<p>Field Office Capacity Building</p> <p><u>Start</u> 10/1/02</p> <p><u>End</u> 9/30/03</p>	<p>Equipment expenses include the purchase of vehicles for field staff and supplies such as computers, printers, copiers and fax machines for field offices.</p>	<p>Up to seven vehicles purchased, (estimated) for field staff. Motor vehicles purchased under sub-grants, if any, not included.</p> <p>Additional supplies purchased including: computers, printers, copiers, fax machines and communication equipment for up to seven field operations/offices.</p>	Non-US field offices
5	Global	<p>Office Expenses</p> <p>Start: 10/1/02 End: 9/30/03</p>	<p>Cover office operating costs based on current level of expenses and the expected expanded scope to accommodate the growth of the program including; additional compliance and reporting requirements, RFP, grant approval process and meetings, and compliance training.</p>	<p>Expenses covered for current and expanded domestic and field offices.</p>	
6	Global	<p>Overhead and Direct Allocated Expenses</p> <p>Start: 10/1/02 End: 9/30/03</p>	<p>Cover overhead and direct allocated expense items such as depreciation, data communications, insurance and other miscellaneous expenses.</p>	<p>Expenses covered</p>	

7	Global	<p>Field Staff Training Network (Human Capacity Building)</p> <p>Start: 10/1/02 End: 9/30/03</p>	<p>Exchange information among CTA sites. Expertise that is shared within the group exceeds that available at any one site. CTA staff and implementing partner staff from experienced implementation sites help to train sites that are just beginning programs. This knowledge sharing increases the performance of sites as more effective strategies for counseling, testing, and delivery of the interventions are identified.</p> <p>Regular communication through meetings, conference calls, sharing of progress reports between members of the field staff that includes obstetricians with PMTCT experience, several trained internists with experience managing HIV infection and ART, pediatricians with ART and clinical trial experience, and a very experienced group of health care workers, counselors, nurses and midwives.</p> <p>A curriculum will be developed to train new sites that are just beginning programs. This curriculum will be offered to all CTA sites.</p> <p>An annual conference will be held in South Africa with 250 participants total;170 sub-grantees. Representatives from all CTA programs will attend.</p>	<p>Staff trainers identified</p> <p>Curriculum developed</p> <p>On site training completed for new implementation sites and follow-ups scheduled</p> <p>Annual workshop held Summer 2003</p>	<p>Field office staff</p> <p>Other partners TBD (if / as needed)</p>
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8	Ethiopia	<p>Implementation of PMTCT Services: Shashmene and East Showa Districts</p> <p>ID: 182-02</p> <p>Start: 6/1/2003 End: 5/31/2005</p>	<p>The project goal is to reduce maternal transmission of HIV 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, the MOH and NGO partners will collaborate to introduce core PMTCT interventions (VCT, peripartum ARVs, safer obstetrical practices and safer infant feeding counseling) within maternal care services as Shashemene General Hospital and Adama Hospital. The program will build the capacity of lower level facilities and community agents in support of PMTCT.</p>	<p>Program plan finalized</p> <p>Training and capacity building activities initiated</p> <p>Implementation of services</p> <p>Women to receive VCT/year – 1,998 in year one and 3,995 for year two</p>	EngenderHealth
9	Kenya	<p>PMTCT Implementation and Expansion, Kijabe Kenya</p> <p>ID: 196-03</p> <p>Start: 5/1/2003 End: 4/30/2005</p>	<p>Christian Health Association of Kenya (CHAK) PMTCT Expansion Program for Faith-based Healthcare Organizations in Kenya. This activity will continue and expand a successful pilot implementation of PMTCT services. Activities include the provision of testing kits and antiretroviral medication to Kijabe Hospital, which is the main teaching hospital in a mostly rural part of Kenya.</p> <p>The provision of needed materials will enable the existing community health education programs to increase awareness and acceptability of the antiretroviral program.</p> <p>Continued support will enable the expansion of services to other area partners.</p>	<p>Additional implementing partners identified</p> <p>Provide technical assistance to Mission</p> <p>Expansion plans finalized</p> <p>&gt;11,520 women to receive VCT/year</p>	<p>Christian Health Association of Kenya (CHAK)</p> <p>Kijabe Hospital</p> <p>Chogoria Hospital</p> <p>Tenwek Hospital</p> <p>Other partners TBD (if / as needed)</p>

10	Kenya	<p>PMTCT Implementation Grant, Kenya New Site #1</p> <p>Start: TBD End: TBD</p>	<p>New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization Program will include capacity building for existing health infrastructure and community support building activities</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Begin training and capacity building activities.</p>	<p>Catholic Medical Mission Board</p> <p>TBD (if / as needed)</p>
11	Kenya	<p>PMTCT Implementation Grant, Kenya New Site #2</p> <p>Start: TBD End: TBD</p>	<p>New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization Program will include capacity building for existing health infrastructure and community support building activities</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Begin training and capacity building activities.</p>	<p>TBD (if / as needed)</p>
12	Kenya	<p>Implementation of Care and Treatment for Children and Families, Kenya</p> <p><u>Start</u> TBD</p> <p><u>End</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.</p>	<p>Identify and hire necessary staff</p> <p>Identify implementing partners</p> <p>Develop implementation plan</p> <p>Begin training and capacity building activities.</p>	<p>TBD (if / as needed)</p>

13	Malawi	<p>PMTCT Implementation and Expansion</p> <p>Start: 8/1/03 End: 7/31/04</p>	<p>This activity will continue a successful collaboration and expand programs using the HTPN 012 single-dose nevirapine intervention at public healthcare facilities These facilities serve a population where the incidence of HIV infection among ANC clients is 25%.</p>	<p>Identify additional partners</p> <p>Provide technical assistance to Mission</p> <p>Develop expansion plan</p> <p>Initiate staff training</p> <p>Initiate community education</p> <p>Initiate PMTCT services</p>	<p>Univ. of North Carolina at Chapel Hill Lilongwe Central Hospital</p> <p>Other partners TBD (if / as needed)</p>
14	Malawi	<p>Implementation of Care and Treatment for Children and Families, Malawi</p> <p><u>Start</u> TBD</p> <p><u>End</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.</p>	<p>Identify and hire necessary staff</p> <p>Identify implementing partners</p> <p>Develop implementation plan</p> <p>Begin training and capacity building activities.</p>	<p>TBD (if / as needed)</p>

15	Namibia	<p>Implementation of National PMTCT Program</p> <p>ID: 187-02</p> <p>Start TBD</p> <p>End TBD</p>	<p>This project will provide a rapid scale up and expanded PMTCT program with new partners, including faith-based organizations. The funding listed here is for year one of a multi-year program Interventions planned include:</p> <p>Provision of prophylactic ARVs and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization</p> <p>Program will include capacity building for existing health infrastructure and community support building activities</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Begin training and capacity building activities.</p> <p>Initiate PMTCT service delivery</p>	<p>Catholic Health Services</p> <p>University of North Carolina</p> <p>Other partners TBD</p>
16	Russia	<p>Implementation of PMTCT Program: St Petersburg and Leningrad Oblast</p> <p>ID: 222-03</p> <p><u>Start:</u> 7/15/2003</p> <p><u>End:</u> 7/14/2004</p> <p>One year of three year project</p>	<p>This program was developed after a six month planning grant that included intensive meetings with local experts and input from outside consultants. The highest risk group of women are injection drug users who often not identified with the current health system. This program will serve as a model PMTCT program that will be sustainable and will serve as a model to move the rest of Russia towards a similar comprehensive and effective PMTCT program.</p> <p>The program has three components: 1. rapid testing and treatment of women presenting in labor with undocumented HIV status 2. Enhanced monitoring of perinatal HIV transmission indicators and 3. training of health care professionals.</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Begin training and capacity building activities.</p> <p>Initiate PMTCT service delivery</p> <p>3,000 women to receive VCT per year</p>	<p>University of North Carolina at Chapel Hill</p> <p>Center for Disease Control</p> <p>Other partners TBD</p>

17	Rwanda	<p>Nationwide Scale-up of PMTCT Services – Expanding the Kigali Pilot</p> <p>ID: 223-03</p> <p>Start: 5/1/03 End: 4/30/05</p>	<p>A pilot project in Kigali used a referral system to achieve 100% access for all pregnant women to PMTCT services. This model will be scaled up to provide access nationwide. Attention will be paid to community support activities and health infrastructure in the plan for scaling up.</p>	<p>Identify additional partners</p> <p>Provide technical assistance to Mission</p> <p>Finalize expansion plan</p> <p>Expand PMTCT services</p> <p>44,250 women to receive VCT per year</p>	<p>Treatment and Research AIDS Center, Ministry of Health Central Hospital of Kigali, and referral clinics.</p> <p>Other partners TBD (if / as needed)</p>
18	Rwanda	<p>PMTCT Implementation: Ruhengeri Program</p> <p>ID: 140-02</p> <p>Start: 6/1/2003 End: 5/31/2005</p>	<p>New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization</p> <p>Program will include capacity building for existing health infrastructure and community support building activities</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Initiate provider training</p> <p>Begin training and capacity building activities.</p> <p>21,000 women to receive VCT per year</p>	<p>Global Hope Foundation</p>
19	Rwanda	<p>Implementation of Care and Treatment for Children and Families, Rwanda</p> <p><u>Start</u> TBD</p> <p><u>End</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site. Program will include capacity building</p>	<p>Identify and hire necessary staff</p> <p>Identify implementing partners</p> <p>Develop implementation plan</p> <p>Begin training and capacity building activities.</p>	<p>TBD (if / as needed)</p>

			for existing health infrastructure and community support building activities		
20	South Africa	Expansion of PMTCT Services, KwaZulu Natal, South Africa  Start: 7/1/03 End: 6/30/04	This activity proposes to continue a successful pilot implementation to fully integrate MTCT activities within standard clinic and hospital antenatal care practices for this region.  The program will enable the expansion of PMTCT services including VCT, single dose regimens of nevirapine, antibiotic therapy and breast-feeding alternatives.  Staff training, and technical assistance will be provided as needed.	Additional implementing partners identified  Provide technical assistance to Mission  Program plan finalized  Initiate provider training  Initiate provision of PMTCT services	Catholic Medical Mission Board,  St. Mary's Hospital, Holy Rosary Clinic,  Blaauwbosch/ Matikwe Clinic  Other partners TBD (if / as needed)
21	South Africa	Expansion of PMTCT Services, Rural South Africa ID: 159-02  Start: 1/1/03 End: 12/31/03	Expand Hlabisa District Pilot project in other rural areas of South Africa. In addition to offering rapid testing, drug therapies and counseling, community education is a strong focus to make information and services more widely accessible.	Additional implementing partners identified  Provide technical assistance to Mission  Program expansion plan finalized  Initiate provider training  Initiate provision of PMTCT services  Provide VCT to 5,100 women/year	The Africa Center for Health and Population Studies,  Hlabisa Hospital and referral clinics.  Other partners TBD (if / as needed)
22	South Africa	Expansion PMTCT Services, Soweto  ID: 160-02	Continue and expand the Soweto pilot project. Past grants have successfully provided PMTCT access to all pregnant women in Soweto through provision of rapid HIV testing, counseling, short course drug therapies for PMTCT,	Additional implementing partners identified Provide technical assistance to Mission  Program plan finalized	Perinatal HIV Research Unit, University of Witwatersrand Wits Health

		<p>Start: 1/1/03 End: 12/31/03</p>	<p>infant feeding and HIV prevention education, and other support services.</p>	<p>Initiate provider training Initiate provision of PMTCT services Provide VCT to 30,000 women/year</p>	<p>Consortium, and referral clinics  Other partners TBD (if / as needed)</p>
23	South Africa	<p>Implementation of PMTCT Services, South Africa  Start: TBD End: TBD</p>	<p>New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:  Provision of prophylactic antiretrovirals and HIV test kits.  Health care provider training  Community sensitization  Program will include capacity building for existing health infrastructure and community support building activities</p>	<p>Implementing partners identified  Program plan finalized  Begin training and capacity building activities.</p>	<p>TBD (if / as needed)</p>
24	South Africa	<p>Implementation of Care and Treatment for Children and Families, Site #1 South Africa  <u>Start</u> TBD  <u>End</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.</p>	<p>Identify and hire necessary staff  Identify implementing partners  Develop implementation plan  Begin training and capacity building activities.</p>	<p>TBD (if / as needed)</p>

25	South Africa	<p>Implementation of Care and Treatment for Children and Families, Site #2 South Africa</p> <p><u>Start</u> TBD</p> <p><u>End</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.</p>	<p>Identify and hire necessary staff</p> <p>Identify implementing partners</p> <p>Develop implementation plan</p> <p>Begin training and capacity building activities.</p>	TBD (if / as needed)
26	Swaziland	<p>Situational Analysis of PMTCT services in Swaziland</p> <p>Start: 5/19/03 End: 7/18/03</p>	<p>At the request of the USAID/South African Regional Mission, EGPAF is organizing a situational analysis of PMTCT services in Mbabane, Mankanyane, and Siteki Districts. FHI and Linkages are primary partners. The site visit will occur the week of May 19 with a report submitted shortly thereafter</p>	<p>Identify and contract necessary consultants. EGPAF to cover travel expenses</p> <p>Undertake assessment</p> <p>Prepare report for USAID</p>	<p>FHI</p> <p>AED/Linkages</p> <p>Other partners TBD (if/as needed)</p>
27	Swaziland	<p>Implementation of PMTCT Services</p>	<p>Program plan will be finalized once situational analysis is complete. New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization</p> <p>Program will include capacity building for existing health infrastructure and community support building activities</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Begin training and capacity building activities.</p>	TBD

28	Tanzania	Expansion and Scale-up of Hai District Pilot Provision of PMTCT Services  Start: 9/1/03 End: 8/31/04	This activity will scale up the Nevirapine Outreach Pilot Program, which aims to reach HIV positive women at the time of delivery both inside and outside healthcare facilities. The goal is to reach all pregnant women with VCT and nevirapine if positive.  The project also improves general antenatal care in targeted districts and raises community awareness regarding VCT and nevirapine interventions	Additional implementing partners identified  Provide technical assistance to Mission  Expansion plan finalized  Initiate provider training  Initiate provision of PMTCT services	Axios International  Other partners TBD (if / as needed)
29	Tanzania	Expansion and Scale-up of PMTCT Services, Kilombero District  Start: 9/1/03 End: 8/31/04	This activity will expand PMTCT services beyond the initial pilot implementation in this southeastern part of Tanzania. Implementation plans include: VCT available to all pregnant women in the district. NVP available to all HIV+ women in the district. Increase community awareness of and access to VCT and NVP interventions. Address infant feeding practices. Give cotrimoxazole prophylaxis to all HIV+ women to prevent opportunistic infections.	Additional implementing partners identified  Provide technical assistance to Mission  Expansion and scale up plan finalized  Initiate provider training  Initiate provision of PMTCT services with new partners	Axios International  St Francis Hospital Ifakara  Kolombera sugar factory hospital  Other partners TBD (if / as needed)
30	Tanzania	PMTCT Dar es Salaam ID: 67-01  Start: 3/1/2003 End: 2/28/2004	New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:  Provision of prophylactic antiretrovirals and HIV test kits.  Health care provider training  Community sensitization  Program will include capacity building for existing health infrastructure and community support building activities	Implementing partners identified  Program expansion plan finalized  Begin training and capacity building activities.  >8,200 women to receive VCT/year	Muhimbili University College of Health Sciences  Harvard School of Public Health  Other partners TBD

31	Tanzania	<p>Implementation of PMTCT Services, Arumeru District</p> <p>ID: 195-03</p> <p>Start: 6/1/2003 End: 5/31/2005</p>	<p>The project goal is to reduce maternal transmission of HIV 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, the MOH and NGO partners will collaborate to introduce core PMTCT interventions (VCT, peripartumARVs, safer obstetrical practices and safer infant feeding counseling) within maternal care services at Arumeru Hospital and Selian Hospital. The program will introduce a set of complimentary facility and community based interventions that are specifically designed to address barriers that have hampered many PMTCT programs in the past.</p>	<p>Program plan finalized</p> <p>Initiate provider training</p> <p>Initiate provision of PMTCT services</p> <p>Women to receive VCT/year = 1,420 in year one and 2,838 in year two.</p>	<p>EngenderHealth</p> <p>MOH</p> <p>Arumeru District Hospital</p> <p>Selian Hospital</p> <p>Other partners TBD</p>
32	Tanzania	<p>Implementation of PMTCT Services</p> <p>ID: 68-01</p> <p>Start: 6/1/2003 End: 5/31/2005</p>	<p>This program will support and strengthen two phases of implementation at the Sikonge Moravian Hospital in Sikonge, Tanzania. Phase one is a pilot study at the SMH and surrounding community. In phase two, activities will extend into the neighboring areas and finally throughout the entire Western Province. The first goal is to gain the support of all community leaders through government run HIV/AIDS training seminars. The second objective is to improve MCH clinics by offering free counseling and testing (VCT) and care to all pre-natal patients, including NVP for all positive women, providing STI testing and treatment, basic medications, pre-natal vitamins, and subsidized care.</p>	<p>Implementing partners identified</p> <p>Provide technical assistance to Mission</p> <p>Program expansion plan finalized</p> <p>Initiate provider training</p> <p>Initiate provision of PMTCT services</p> <p>&gt;3,840 women to receive VCT per year</p>	<p>Moravian Board of World Mission</p> <p>Other partners TBD</p>

33	Uganda	<p>Expansion of PMTCT Services, Kampala, Uganda</p> <p>ID: 198-03</p> <p>Start: 3/1/03 End: 2/28/05</p>	<p>This activity continues a successful collaboration and will expand the provision of voluntary counseling, rapid on-site testing, short course drug therapies to prevent MTCT, infant feeding and HIV prevention education and other support services by trained healthcare personnel</p> <p>This project will also impact primary prevention and promote widespread acceptance of HIV counseling and testing.</p>	<p>Implementing partners identified</p> <p>Provide technical assistance to Mission</p> <p>Program expansion plan finalized</p> <p>Initiate provider training</p> <p>Initiate provision of PMTCT services</p> <p>&gt;32,000 women to receive VCT per year</p>	<p>Johns Hopkins University</p> <p>Mulago Hospital</p> <p>Rubaga Hospital</p> <p>Other partners TBD (if / as needed)</p>
34	Uganda	<p>Expansion of PMTCT Services, Rakai</p> <p>ID: 224-03</p> <p>Start: 8/1/2003 End: 7/31/2005</p>	<p>Rakai District in order to reduce HIV/AIDS transmission and ensure sustainability of gains registered in the fields of education, health and economic development, intends to carry out community mobilization and education regarding prevention of MTCT, reorient health staff in delivery of PMTCT services, strengthen and supply reagents to laboratories for VCT, provide nevirapine, provide supplementary feeding and infant feeding counseling, follow up and monitoring of the progress of PMTCT Project. The activities will be implemented by staff in the existing health structure of the district. The implementation of the project will begin with sensitization of the district council, LC V executive and departmental heads so that they can advocate for the programme, be involved in dissemination of the messages as well as mobilization.</p>	<p>Program plan finalized</p> <p>Initiate provider training</p> <p>Initiate provision of PMTCT services</p>	<p>Rakai District Administration Directorate of District Health</p> <p>Other partners TBD (if / as needed)</p>

35	Uganda	<p>Scale-up of PMTCT Services, Uganda</p> <p>Start: 7/1/03 End: 6/30/05</p>	<p>This activity will expand the Ugandan Ministry of Health PMTCT program to help enable it to achieve national scale up.</p> <p>Specific activities planned include: strengthening central coordination in the MOH, providing service provision in at least 15 sites, procuring needed equipment and additional supplies and providing program monitoring/evaluation</p>	<p>Finalize national scale-up plan</p> <p>Provide technical assistance to Mission</p> <p>Initiate expanded provision of PMTCT services</p> <p>Procure needed equipment and supplies</p>	<p>Ugandan Ministry of Health</p> <p>Other partners TBD</p>
36	Uganda	<p>Implementation of PMTCT Services, Bundibugyo District ID: 129-02</p> <p>Start: 6/1/2003 End: 5/31/2005</p>	<p>New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization</p> <p>Program will include capacity building for existing health infrastructure and community support building activities</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Begin training and capacity building activities.</p> <p>6,500 women to receive VCT/year</p>	<p>World Harvest Mission</p> <p>Other partners TBD</p>
37	Uganda	<p>Implementation of PMTCT Services, Jinja District</p> <p>ID: 142-02</p> <p>Start: 6/1/2003 End: 5/31/2005</p>	<p>New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Begin training and capacity building activities.</p> <p>Provide VCT to 10,200 women in year one; 12,750 women in year two</p>	<p>Jinja District Health Services</p> <p>Other partners TBD</p>

			Program will include capacity building for existing health infrastructure and community support building activities		
38	Uganda	<p>Implementation of PMTCT Services; Mayuge District</p> <p>ID: 169-02</p> <p>Start: 7/1/2003 End: 6/30/2005</p>	<p>New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization</p> <p>Program will include capacity building for existing health infrastructure and community support building activities</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Begin training and capacity building activities.</p> <p>Provide VCT to 10,433 women in year one; 15,588 women in year two</p>	<p>Directorate of Health Services Mayuge District</p> <p>Other partners TBD</p>
39	Uganda	<p>Implementation of PMTCT Services; Mpigi</p> <p>ID: 156-02</p> <p>Start: 6/1/03 End: 5/31/05</p>	<p>In Year one, 4 Health units will provide services to mothers, their babies and their partners. These units have VCT services to some extent and will need to be strengthened and integrated with antenatal services. During the second year the remaining 17 health units with maternity services in the District will be included in the Family Health Program.</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Begin training and capacity building activities.</p> <p>Provide VCT to 13,044 women/year</p>	<p>Mpigi District Office</p> <p>Other partners TBD</p>

40	Uganda	<p>Implementation of PMTCT Services; Mukono District</p> <p>ID: 174-02</p> <p>Start: 6/1/2003 End: 5/31/2005</p>	<p>The following services will be offered through the Mukono District PMTCT Program: VCT to pregnant women and their spouses, health education to community, mobilization and awareness in the community, diagnosis and treatment of STIs, integration of PMTCT in routine reproductive services, development of staff capacity in PMTCT services.</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Begin training and capacity building activities.</p> <p>Provide VCT to 15,000 women/year</p>	<p>Office of the District Health Services, Mukono District</p> <p>Other partners TBD</p>
41	Uganda	<p>Implementation of Care and Treatment for Children and Families, Uganda ID; TBD</p> <p><u>Start</u> TBD</p> <p><u>End</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.</p>	<p>Identify and hire necessary staff</p> <p>Identify implementing partners</p> <p>Develop implementation plan</p> <p>Begin training and capacity building activities.</p>	<p>TBD (if / as needed)</p>
42	Uganda	<p>Implementation of Care and Treatment for Children and Families, Uganda</p> <p><u>Start</u> TBD</p> <p><u>End</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic</p>	<p>Identify and hire necessary staff</p> <p>Identify implementing partners</p> <p>Develop implementation plan</p> <p>Begin training and capacity building activities.</p>	<p>TBD (if / as needed)</p>

			infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.		
43	Zambia	National Scale up of PMTCT Services, Zambia  ID: 214-03  Start: TBD End: TBD	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. 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. Interventions planned include:  Provision of prophylactic antiretrovirals and HIV test kits.  Health care provider training  Community sensitization  Program will include capacity building for existing health infrastructure and community support building activities	Implementing partners identified  Program plan finalized  Begin training and capacity building activities.  Provide VCT to 60,000 women per year	University of Alabama at Birmingham  TBD (if / as needed)
44	Zambia	PMTCT Scale-up of Lusaka Pilot Project  ID: 192-03  Start: 5/1/03 End: 4/30/05	This project will develop a sustainable VCT and nevirapine delivery infrastructure and expand services for all of Lusaka and other regions.  Activities include: Provide training and develop an infrastructure to provide NVP. Universal access to NVP Upgrade ANC – insure micronutrient supplementation, syphilis testing, OI treatment and access to sterile deliveries.	Additional implementing partners identified  Provide technical assistance to Mission Scale-up plans finalized  Initiate provider training  Initiate expanded provision of PMTCT services  Provide VCT to 45,000 women/year	University of Alabama at Birmingham  University of Zambia Teaching Hospital, M'tendere and Chelstone District Clinics Other

					partners TBD
45	Zambia	<p>Implementation of Care and Treatment for Children and Families, Zambia</p> <p><u>Start</u> TBD</p> <p><u>End</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.</p>	<p>Identify and hire necessary staff</p> <p>Identify implementing partners</p> <p>Begin training and capacity building activities.</p>	TBD (if / as needed)
46	Zimbabwe	<p>National PMTCT Assessment</p> <p>Start: 5/2003 End: 7/2003</p>	<p>USAID Zimbabwe has requested a PMTCT assessment of Zimbabwe to plan for a nation wide roll out of PMTCT services. EGPAF is coordinating consultants and scope of work. Strategy and program design will follow assessment report.</p>	<p>Identify and contract consultants</p> <p>Finish scope of work</p> <p>Assessment report produced and delivered to USAID/Zimbabwe</p>	<p>Kapnek Trust</p> <p>CDC</p> <p>Other partners as needed</p>
47	Zimbabwe	<p>National Scale-up of PMTCT Services, Zimbabwe.</p> <p>Start: 5/1/03 End: 4/30/04</p>	<p>This program aims to expand successful PMTCT services nationally. Program design and roll out will be based on national assessment results: Activities will include:</p> <p>Provision of VCT for all families</p> <p>Access to antiretroviral prophylaxis for HIV+ pregnant women</p> <p>Provision of comprehensive infant feeding counseling to HIV+ women</p> <p>Access to replacement feeding where appropriate</p> <p>Development of a Kapnek PMTCT office and training team</p>	<p>Kapnek PMTCT training team developed</p> <p>Provide technical assistance to Mission</p> <p>Program plan finalized</p> <p>Initiate expansion of PMTCT service provision.</p>	<p>Kapnek Charitable Trust</p> <p>Ministry of Health and Child Welfare</p> <p>MOH National AIDS Coordination Program</p> <p>Zimb.-Zimb. AIDS Prev. Projects</p>

					CDC  Univ. of Bordeaux  Other partners as needed
48	TBD	Implementation of Services, New Country #1  Start: TBD End: TBD	New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug intervention, and counseling and support for infant feeding options. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections.	New country identified  Collaborative partners identified  Program plan finalized  Begin training and capacity building activities.	TBD (if / as needed)
49	TBD	Implementation of Services, New Country #2  Start: TBD End: TBD	New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug intervention, and counseling and support for infant feeding options. A program for the provision of essential care and support services for families will be developed and services could include: provision	New country identified  Collaborative partners identified  Program plan finalized  Begin training and capacity building activities.	TBD (if / as needed)

			of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections.		
50	TBD	Implementation of Services, New Country #3  Start: TBD End: TBD	New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug intervention, and counseling and support for infant feeding options. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections	New country identified  Collaborative partners identified  Program plan finalized  Begin training and capacity building activities.	TBD (if / as needed)
51	TBD	Implementation of Services, New Country #4  Start: TBD End: TBD	New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug intervention, and counseling and support for infant feeding options. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections	New country identified  Collaborative partners identified  Program plan finalized  Begin training and capacity building activities.	TBD (if / as needed)

52	TBD	<p>Implementation of Services, New Country #5</p> <p>Start: TBD End: TBD</p>	<p>New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug intervention, and counseling and support for infant feeding options. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections.</p>	<p>New country identified</p> <p>Collaborative partners identified</p> <p>Program plan finalized</p> <p>Begin training and capacity building activities.</p>	TBD (if / as needed)
53	TBD	<p>Implementation of Services, New Country #6</p> <p>Start: TBD End: TBD</p>	<p>New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug intervention, and counseling and support for infant feeding options. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections</p>	<p>New country identified</p> <p>Collaborative partners identified</p> <p>Program plan finalized</p> <p>Begin training and capacity building activities.</p>	TBD (if / as needed)

54	TBD	<p>Implementation of Services, New Country #7</p> <p>Start: TBD End: TBD</p>	<p>New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug intervention, and counseling and support for infant feeding options. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections</p>	<p>New country identified</p> <p>Collaborative partners identified</p> <p>Program plan finalized</p> <p>Begin training and capacity building activities.</p>	TBD (if / as needed)

#### IV. Activities in Detail

Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
Global	<u>Activity Number</u> 1  <u>Start date:</u> 10/02  <u>End date:</u> 9/03	N/A	Call to Action Field Sites	<u>Outputs</u> Collaboration and assistance with EGPAF projects  <u>Outcomes</u> Quality assurance of the EGPAF activities around the globe and data on the impact of EGPAF programs	Site visits completed  Number of project sites with completed evaluation data collection and analysis	Family Health International  Other partners as needed

Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

Global	<u>Activity Number</u> 2  <u>Start date:</u> 10/02 <u>End date:</u> 9/03	N/A	N/A	<u>Outputs</u> Existing data management systems expanded to respond to project needs.  <u>Outcomes</u> Relevant data is captured enabling analysis of the impact of EGPAF programs.	Data collected and managed by one centralized data management system.  Completion of six month reports	Grace Works  Other partners TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

Global	<u>Activity Number</u> 3  <u>Start date:</u> 10/02 <u>End date:</u> 9/03	Revise IEC materials	Pregnant women, health care workers, community members, key stakeholders	<u>Outputs</u> Communication materials revised to communicate the message of the program.  Materials and web-based communications developed to educate stakeholders.  <u>Outcomes</u> Increased knowledge of PMTCT measures	Number of revised IEC materials developed.  Number of revised materials delivered to individual program sites.  Number of revised materials disseminated to key stakeholders	TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Global	<u>Activity Number</u> 4  <u>Start date:</u> 10/02 <u>End date:</u> 9/03	N/A	Field operations/offices	<u>Outputs</u> Purchase of vehicles for field staff (estimated). Motor vehicles purchased under sub-grants, if any, not included. Purchase of computers, printers, copiers, fax machines for field office and other needed supplies.  <u>Outcomes</u> Field offices will be able to expand CTA programs quickly and effectively.	Adequate equipment is supplied for up to seven field operations/offices	Non-US field offices
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
Global	<u>Activity Number</u> 5  <u>Start date:</u> 10/02 <u>End date:</u> 9/03	N/A	N/A	<u>Outputs</u> Cover office operating costs based on current level of expenses and the expected expanded scope to accommodate the growth of the program, and additional compliance and reporting requirements. Cover RFA and grant review process and meetings.  <u>Outcomes</u> Field offices will be able to expand CTA programs quickly and effectively.	# of current and new offices open and functional.	
Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

Global	<u>Activity Number</u> 6  <u>Start date:</u> 10/02 <u>End date:</u> 9/03	N/A	N/A	<u>Outputs</u> Cover overhead and direct allocated expense items such as depreciation, data communications, insurance and other miscellaneous expenses  <u>Outcomes</u> Field offices will be able to expand CTA programs quickly and effectively.	Appropriate coverage of basic expenses	
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

Global	<u>Activity Number</u> 7  <u>Start date:</u> 10/02 <u>End date:</u> 9/03	Field staff education and training with associated training materials developed for implementation of PMTCT services and care and treatment projects	Field office staff  Program sub-grantees	<u>Outputs</u> Regular communication through meetings, conference calls, sharing of progress reports and an established annual meeting of all CTA partners  On site training completed to enable initiation of care and treatment projects.  <u>Outcomes</u> Increased site performance  Identification of effective strategies for counseling, testing, and delivery of the interventions	# of training sessions held  # of people trained  Curriculum created and available  Annual meeting held  # of participants	Field office staff  Other partners TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Ethiopia	<u>Activity number:</u> 8  <u>Start</u> 6/01/03  <u>End</u> 5/31/05	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, infants of HIV+ mothers, health care providers and community members.	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	EngenderHealth  Other partners TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Kenya	<u>Activity number:</u> 9  <u>Start</u> 5/1/03  <u>End</u> 4/30/05	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, infants of HIV+ mothers, health care providers and community members.	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Christian Health Association of Kenya  Kijabe Hospital  Chogoria Hospital, Tenwek Hospital  Other partners TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Kenya	<u>Activity Number</u> 10  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, infants of HIV+ mothers, health care providers and community members	<p>Outputs</p> <p>Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided</p> <p>Community mobilization and sensitization activities supported.</p> <p>Outcomes</p> <p>Increased access to PMTCT services</p> <p>Reduction in mother to child transmission</p>	<p>Numbers of:</p> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	<p>Catholic Medical Mission Board</p> <p>TBD (if / as needed)</p>
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Kenya	<u>Activity Number</u> 11  <u>Start date:</u> TBD  <u>End date:</u> TBD	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

Kenya	<u>Activity Number</u> 12  <u>Start date:</u> TBD  <u>End date:</u> TBD	Provide essential care, support and treatment services for HIV affected families	HIV+ mothers and their families.	<u>Outputs:</u> Equipped facilities, trained providers, VCT services provided, psychosocial and legal support provided, antiretroviral therapy provided and opportunistic infection treatment provided.  <u>Outcomes</u> Expanded care and treatment for families with HIV	<u>VCT</u> # of counselors trained # of clients served # of new VCT sites established # of VCT sites  <u>Clinic Based Care</u> # of people served  <u>ARV Therapy</u> # of HIV+ patients treated  <u>Delivery of OI Services</u> # of people served	TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Malawi	<u>Activity Number</u> 13  <u>Start</u> 8/1/003  <u>End</u> 7/31/04	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	University of North Carolina at Chapel Hill  Lilongwe Central Hospital  Other partners TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Malawi	<u>Activity Number</u> 14  <u>Start date:</u> TBD  <u>End date:</u> TBD	Provide essential care, support and treatment services for HIV affected families	HIV+ mothers and their families.	<u>Outputs:</u> Equipped facilities, trained providers, VCT services provided, psychosocial and legal support provided, antiretroviral therapy provided and opportunistic infection treatment provided.  <u>Outcomes</u> Expanded care and treatment for families with HIV	VCT – # of counselors trained # of clients served # of new VCT sites established # of VCT sites  Clinic Based Care # of people served  ARV Therapy # of HIV+ patients treated  Delivery of OI Services # of people served	TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Namibia	<u>Activity Number</u> 15  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Catholic Health Services  University of North Carolina  Other partners TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

Russia	<u>Activity Number</u> 16  <u>Start date:</u> 7/15/03 <u>End date:</u> 7/14/04	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health and care providers	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided  <b>Outcomes</b> Increased access to PMTCT services for high risk women  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	University of North Carolina at Chapel Hill  Center for Disease Control  Other partners TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

Rwanda	<u>Activity Number</u> 17  <u>Start date:</u> 5/1/03 <u>End date:</u> 4/30/05	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Treatment and Research AIDS Center, Ministry of Health  Central Hospital of Kigali and referral clinics.  Other partners TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Rwanda	<u>Activity Number</u> 18  <u>Start date:</u> 6/1/2003  <u>End date:</u> 5/31/2005	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	Outputs Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  Outcomes Increased access to PMTCT services  Reduction in mother to child transmission	Numbers of: <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Global Hope Foundation  TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
Rwanda	<u>Activity Number</u> 19  <u>Start date:</u> TBD  <u>End date:</u> TBD	Provide essential care, support and treatment services for HIV affected families	HIV+ mothers and their families.	Outputs: Equipped facilities, trained providers, VCT services provided, psychosocial and legal support provided, antiretroviral therapy provided and opportunistic infection treatment provided. Community mobilization and sensitization activities supported.  Outcomes Expanded care and treatment for families with HIV	<u>VCT</u> # of counselors trained # of clients served # of new VCT sites established # of VCT sites  <u>Clinic Based Care</u> # of people served  <u>ARV Therapy</u> # of HIV+ patients treated  <u>Delivery of OI Services</u> # of people served	TBD (if / as needed)

Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
South Africa	<u>Activity Number</u> 20  <u>Start date:</u> 7/1/03  <u>End date:</u> 6/30/04	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	Numbers of: <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Catholic Medical Mission Board, St. Mary's Hospital, Holy Rosary Clinic, Blaauwbosch/ Matikwe Clinic  Other partners TBD (if / as needed)

Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

South Africa	<u>Activity Number</u> 21  <u>Start date:</u> 1/1/03  <u>End date:</u> 12/31/03	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	The Africa Center for Health and Population Studies,  Hlabisa Hospital and referral clinics  Other partners TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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South Africa	<u>Activity Number</u> 22  <u>Start date:</u> 1/1/03 <u>End date:</u> 12/31/03	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Perinatal HIV Research Unit, University of Witwatersrand Wits Health Consortium and referral clinics.  Other partners TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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South Africa	<u>Activity Number</u> 23  <u>Start date:</u> TBD  <u>End date:</u> TBD	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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South Africa	<u>Activity Number</u> 24  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide essential care, support and treatment services for HIV affected families	HIV+ mothers and their families.	<u>Outputs:</u> Equipped facilities, trained providers, VCT services provided, psychosocial and legal support provided, antiretroviral therapy provided and opportunistic infection treatment provided.  <u>Outcomes</u> Expanded care and treatment for families with HIV	<u>VCT</u> # of counselors trained # of clients served # of new VCT sites established # of VCT sites  <u>Clinic Based Care</u> # of people served  <u>ARV Therapy</u> # of HIV+ patients treated  <u>Delivery of OI Services</u> # of people served	TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
South Africa	<u>Activity Number</u> 25  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide essential care, support and treatment services for HIV affected families	HIV+ mothers and their families.	<u>Outputs:</u> Equipped facilities, trained providers, VCT services provided, psychosocial and legal support provided, antiretroviral therapy provided and opportunistic infection treatment provided.  <u>Outcomes</u> Expanded care and treatment for families with HIV	<u>VCT</u> # of counselors trained # of clients served # of new VCT sites established # of VCT sites  <u>Clinic Based Care</u> # of people served  <u>ARV Therapy</u> # of HIV+ patients treated  <u>Delivery of OI Services</u> # of people served	TBD (if / as needed)

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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
Swaziland	<u>Activity Number</u> 26  <u>Start date:</u> 5/19/03  <u>End date:</u> 7/18/03	Undertake a situational analysis of PMTCT services	Health care facilities  USAID Mission Staff	<u>Outputs:</u> Complete assessment of PMTCT services  Inform key stakeholders about the current state of PMTCT  <u>Outcomes</u> Assessment will enable informed future program decisions	Assessment report competed	FHI  AED/Linkages  TBD (if / as needed)

Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Partners
Swaziland	<u>Activity Number</u> 27  <u>Start date:</u> TBD  <u>End date:</u> TBD	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	Outputs Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  Outcomes Increased access to PMTCT services  Reduction in mother to child transmission	TBD (if / as needed)

Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
Tanzania	<u>Activity Number</u> 28  <u>Start date:</u> 9/1/03 <u>End date:</u> 8/31/04	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<p>Outputs</p> <p>Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided</p> <p>Community mobilization and sensitization activities supported.</p> <p>Outcomes</p> <p>Increased access to PMTCT services</p> <p>Reduction in mother to child transmission</p>	Numbers of: <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Axios International  Other partners TBD (if / as needed)

Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
Tanzania	<u>Activity Number</u> 29  <u>Start date:</u> 9/1/03 <u>End date:</u> 8/31/04	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<p>Outputs</p> <p>Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided</p> <p>Community mobilization and sensitization activities supported.</p> <p>Outcomes</p> <p>Increased access to PMTCT services</p> <p>Reduction in mother to child transmission</p>	Numbers of: <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Axios International  St Francis Hospital Ifakara  Kolombera sugar factory hospital  Other partners TBD (if / as needed)

Monitoring and Evaluation Plan: Conduct periodic site visits, review technical reports, review data, review progress reports, review financial reports, review site Director; compare the outcome of the activity against the objectives, monitor indicators

Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Tanzania	<u>Activity Number</u> 30  <u>Start date:</u> 3/1/2003 <u>End date:</u> 2/28/2004	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Muhimbili University College of Health Sciences  Harvard School of Public Health  TBD (if / as needed)
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Monitoring and Evaluation Plan: Conduct periodic site visits, review regularly with Site Director; compare the outcome of the activity against reduction using planned indicators

Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Tanzania	<u>Activity Number</u> 31  <u>Start date:</u> 6/1/2003 <u>End date:</u> 5/31/2005	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	EngenderHealth  MOH  Arumeru District Hospital  Selian Hospital  TBD (if / as needed)
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Monitoring and Evaluation Plan: Conduct periodic site visits, review te regularly with Site Director; compare the outcome of the activity again reduction using planned indicators

Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Tanzania	<u>Activity Number</u> 32  <u>Start date:</u> 6/1/2003 <u>End date:</u> 5/31/2005	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Moravian Board of World Mission  TBD (if / as needed)
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Monitoring and Evaluation Plan: Conduct periodic site visits, review regularly with Site Director; compare the outcome of the activity against reduction using planned indicators

Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Uganda	<u>Activity Number</u> 33  <u>Start date:</u> 3/1/03 <u>End date:</u> 2/28/05	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Johns Hopkins University  Mulago Hospital  Rubaga Hospital  Other partners TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

Uganda	<u>Activity Number</u> 34  <u>Start date:</u> 8/1/03 <u>End date:</u> 7/31/05	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<p>Outputs</p> <p>Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided</p> <p>Community mobilization and sensitization activities supported.</p> <p>Outcomes</p> <p>Increased access to PMTCT services</p> <p>Reduction in mother to child transmission</p>	<p>Numbers of:</p> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	<p>The Rakai Administration Directorate of District Health</p> <p>Other partners TBD</p>
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Uganda	<u>Activity Number</u> 35  <u>Start date:</u> 7/1/03 <u>End date:</u> 6/30/05	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, infants of HIV+ mothers, health care providers and MOH staff	<p>Outputs</p> <p>Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided</p> <p>Community mobilization and sensitization activities supported.</p> <p>Outcomes</p> <p>Reduction in mother to child transmission</p> <p>Access to PMTCT services for all pregnant women by 2004</p>	<p>Numbers of:</p> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Ugandan Ministry of Health
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Uganda	<u>Activity Number</u> 36  <u>Start date:</u> 6/1/2003  <u>End date:</u> 5/31/2005	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	World Harvest Mission  TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Uganda	<u>Activity Number</u> 37  <u>Start date:</u> 6/1/2003  <u>End date:</u> 5/31/2005	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Jinja District Health Services  TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Uganda	<u>Activity Number</u> 38  <u>Start date:</u> 7/1/2003  <u>End date:</u> 6/30/2005	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Directorate of Health Services Mayuge District  TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Uganda	<u>Activity Number</u> 39  <u>Start date:</u> 6/1/2003  <u>End date:</u> 5/31/2005	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Mpigi District Office  TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Uganda	<u>Activity Number</u> 40  <u>Start date:</u> 6/1/2003  <u>End date:</u> 5/31/2005	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Office of the District Health Services, Mukono District  TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Uganda	<u>Activity Number</u> 41  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide essential care, support and treatment services for HIV affected families	HIV+ mothers and their families.	<u>Outputs:</u> Equipped facilities, trained providers, VCT services provided, psychosocial and legal support provided, antiretroviral therapy provided and opportunistic infection treatment provided.  <u>Outcomes</u> Expanded care and treatment for families with HIV	<u>VCT</u> # of counselors trained # of clients served # of new VCT sites established # of VCT sites  <u>Clinic Based Care</u> # of people served  <u>ARV Therapy</u> # of HIV+ patients treated  <u>Delivery of OI Services</u> # of people served	TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Uganda	<u>Activity Number</u> 42  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide essential care, support and treatment services for HIV affected families	HIV+ mothers and their families.	<u>Outputs:</u> Equipped facilities, trained providers, VCT services provided, psychosocial and legal support provided, antiretroviral therapy provided and opportunistic infection treatment provided.  <u>Outcomes</u> Expanded care and treatment for families with HIV	<u>VCT</u> # of counselors trained # of clients served # of new VCT sites established # of VCT sites  <u>Clinic Based Care</u> # of people served  <u>ARV Therapy</u> # of HIV+ patients treated  <u>Delivery of OI Services</u> # of people served	TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
Zambia	<u>Activity Number</u> 43  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<u>Outputs</u> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <u>Outcomes</u> Increased access to	Numbers of: <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> </ul>	University of Alabama at Birmingham  TBD as needed

				PMTCT services  Reduction in mother to child transmission	<ul style="list-style-type: none"> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

Zambia	<u>Activity Number</u> 44  <u>Start date:</u> 5/1/03 <u>End date:</u> 6/30/05	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<b>Outputs</b> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	University of Alabama at Birmingham  University of Zambia Teaching Hospital,  M'tendere and Chelstone District Clinics  Other partners TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

Zambia	<u>Activity Number</u> 45  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide essential care, support and treatment services for HIV affected families	HIV+ mothers and their families.	<u>Outputs:</u> Equipped facilities, trained providers, VCT services provided, psychosocial and legal support provided, antiretroviral therapy provided and opportunistic infection treatment provided.  <u>Outcomes</u> Expanded care and treatment for families with HIV	<u>VCT</u> # of counselors trained # of clients served # of new VCT sites established # of VCT sites  <u>Clinic Based Care</u> # of people served  <u>ARV Therapy</u> # of HIV+ patients treated  <u>Delivery of OI Services</u> # of people served	TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Zimbabwe	<u>Activity Number</u> 46  <u>Start date:</u> 5/2003  <u>End date:</u> 7/2003	Undertake a situational analysis of PMTCT services	Health care facilities  USAID Mission Staff	<u>Outputs:</u> Complete assessment of PMTCT services  Inform key stakeholders about the current state of PMTCT  <u>Outcomes</u> Assessment will enable informed future program decisions	Assessment report competed	Kapnek Trust  CDC  TBD (if / as needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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Zimbabwe	<u>Activity Number</u> 47  <u>Start date:</u> 5/1/03 <u>End date:</u> 4/30/04	Provide services for prevention of mother to child transmission (PMTCT) of HIV	Pregnant women, health care providers and community members	<u>Outputs</u> Improved capacity to deliver PMTCT services; including equipped facilities, trained providers, PMTCT services provided Community mobilization and sensitization activities supported.  <u>Outcomes</u> Increased access to PMTCT services  Reduction in mother to child transmission	Numbers of: <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• ANC clients returned for results</li> <li>• HIV+ ANC clients</li> <li>• HIV+ ANC clients lost to follow up</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> </ul>	Kapnek Charitable Trust  MOH National AIDS Coordination Program  Zimb.-Zimb. AIDS Prev. Projects  CDC  Univ. of Bordeaux  Ministry of Health and Child Welfare  Other partners TBD (if needed)
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Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners
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TBD	<u>Activity Number</u> 48  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide services for prevention of mother to child transmission (PMTCT) of HIV, including care and treatment for children and families	Pregnant women, HIV + mothers and their families, health care providers and community members	<b>Outputs</b> Equipped facilities, trained providers, PMTCT services provided and provision of antiretroviral therapy, treatment for opportunistic infections and psychosocial support.  Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission  Expanded care and treatment for families with HIV	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• HIV+ ANC clients</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> <li>• HIV+ clients receiving ARV therapy</li> <li>• HIV+ clients receiving OI services.</li> <li>• HIV+ clients served in clinic based care</li> </ul>	TBD (if / as needed)
Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

TBD	<u>Activity Number</u> 49  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide services for prevention of mother to child transmission (PMTCT) of HIV, including care and treatment for children and families	Pregnant women, HIV + mothers and their families, health care providers and community members	<b>Outputs</b> Equipped facilities, trained providers, PMTCT services provided and provision of antiretroviral therapy, treatment for opportunistic infections and psychosocial support.  Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission  Expanded care and treatment for families with HIV	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• HIV+ ANC clients</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> <li>• HIV+ clients receiving ARV therapy</li> <li>• HIV+ clients receiving OI services.</li> <li>• HIV+ clients served in clinic based care</li> </ul>	TBD (if / as needed)
Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

TBD	<u>Activity Number</u> 50  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide services for prevention of mother to child transmission (PMTCT) of HIV, including care and treatment for children and families	Pregnant women, HIV + mothers and their families, health care providers and community members	<b>Outputs</b> Equipped facilities, trained providers, PMTCT services provided and provision of antiretroviral therapy, treatment for opportunistic infections and psychosocial support.  Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission  Expanded care and treatment for families with HIV	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• HIV+ ANC clients</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> <li>• HIV+ clients receiving ARV therapy</li> <li>• HIV+ clients receiving OI services.</li> <li>• HIV+ clients served in clinic based care</li> </ul>	TBD (if / as needed)
Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

TBD	<u>Activity Number</u> 51  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide services for prevention of mother to child transmission (PMTCT) of HIV, including care and treatment for children and families	Pregnant women, HIV + mothers and their families, health care providers and community members	<b>Outputs</b> Equipped facilities, trained providers, PMTCT services provided and provision of antiretroviral therapy, treatment for opportunistic infections and psychosocial support.  Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission  Expanded care and treatment for families with HIV	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• HIV+ ANC clients</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> <li>• HIV+ clients receiving ARV therapy</li> <li>• HIV+ clients receiving OI services.</li> <li>• HIV+ clients served in clinic based care</li> </ul>	TBD (if / as needed)
Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

TBD	<u>Activity Number</u> 52  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide services for prevention of mother to child transmission (PMTCT) of HIV, including care and treatment for children and families	Pregnant women, HIV + mothers and their families, health care providers and community members	<b>Outputs</b> Equipped facilities, trained providers, PMTCT services provided and provision of antiretroviral therapy, treatment for opportunistic infections and psychosocial support.  Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission  Expanded care and treatment for families with HIV	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• HIV+ ANC clients</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> <li>• HIV+ clients receiving ARV therapy</li> <li>• HIV+ clients receiving OI services.</li> <li>• HIV+ clients served in clinic based care</li> </ul>	TBD (if / as needed)
Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

TBD	<u>Activity Number</u> 53  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide services for prevention of mother to child transmission (PMTCT) of HIV, including care and treatment for children and families	Pregnant women, HIV + mothers and their families, health care providers and community members	<b>Outputs</b> Equipped facilities, trained providers, PMTCT services provided and provision of antiretroviral therapy, treatment for opportunistic infections and psychosocial support.  Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission  Expanded care and treatment for families with HIV	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• HIV+ ANC clients</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> <li>• HIV+ clients receiving ARV therapy</li> <li>• HIV+ clients receiving OI services.</li> <li>• HIV+ clients served in clinic based care</li> </ul>	TBD (if / as needed)
Activity Scope (Global, Region, Country)	Activity Identifiers	Intervention(s)	Target groups	Expected outputs, outcomes	Planned Indicators	Partners

TBD	<u>Activity Number</u> 54  <u>Start date:</u> TBD <u>End date:</u> TBD	Provide services for prevention of mother to child transmission (PMTCT) of HIV, including care and treatment for children and families	Pregnant women, HIV + mothers and their families, health care providers and community members	<b>Outputs</b> Equipped facilities, trained providers, PMTCT services provided and provision of antiretroviral therapy, treatment for opportunistic infections and psychosocial support.  Community mobilization and sensitization activities supported.  <b>Outcomes</b> Increased access to PMTCT services  Reduction in mother to child transmission  Expanded care and treatment for families with HIV	<b>Numbers of:</b> <ul style="list-style-type: none"> <li>• PMTCT sites</li> <li>• Deliveries per site.</li> <li>• Health care personnel trained.</li> <li>• ANC clients</li> <li>• ANC clients counseled</li> <li>• ANC clients tested for HIV.</li> <li>• HIV+ ANC clients</li> <li>• ANC clients received NVP</li> <li>• Infants received NVP</li> <li>• HIV+ clients receiving ARV therapy</li> <li>• HIV+ clients receiving OI services.</li> <li>• HIV+ clients served in clinic based care</li> </ul>	TBD (if / as needed)
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## **V. Program Management – Call to Action Program**

### **Personnel**

The Call to Action department is going through a re-organization to address project expansion and new positions are being created and existing positions refined. Staff devoted to providing technical assistance will be added for PMTCT and Care and Support services for domestic and field operations. Also, program support staff will be added to provide assistance in those two areas, and administrative support staff will be added to support the Call to Action department. Staff will be added in a stepwise fashion to meet the needs of the program as it grows.

## V. Travel Matrix For FY03

Travel expenses are based on a general estimate of travel requirements for both domestic and field staff.

FY03 Budget = \$500,000

Activity	Type of Expertise	Purpose of Travel	Region or Country	#Trips/Duration
Meetings/Priority Countries	Los Angeles, CA based staff	Collaboration and technical assistance for USAID Missions	Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	4 trips/staff/year 2 weeks
Meetings/Priority Countries	Washington, DC based staff	Collaboration and technical assistance for USAID Missions	Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	4 trips/staff/year 2 weeks
Meetings/Priority Countries	Uganda based staff	Collaboration and technical assistance for USAID Missions	Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	8 trips/staff/year 3 weeks
Meetings/Priority Countries	Zimbabwe based staff	Collaboration and technical assistance for USAID Missions	Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	8 trips/staff/year 3 weeks
Meetings/Priority Countries	Consultants	Collaboration and technical assistance for USAID Missions	Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	4 trips/staff/year 2 weeks
Meetings/Priority Countries	Field based staff (Countries TBD)	Collaboration and technical assistance for USAID Missions	Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	8 trips/staff/year 3 weeks
Meetings/Priority Countries	Scientific Director	Collaboration and technical assistance for USAID Missions	Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	8 trips/year 3 weeks
Annual Workshop	All CTA Staff – 25 individuals	Networking, coordination, sharing best practices	South Africa	1 trip/staff/year 1 week
Meetings and Professional Conferences	Los Angeles, CA based staff	Coordination with USAID Washington, EGPAF's DC Office, networking and attend conferences	Washington, DC and New York	12 trips/staff/year 5 days

Meetings and Professional Conferences	Washington, DC based staff	Coordination with EGPAF's LA Office, networking and attend conferences	Los Angeles & New York	12 trips/staff/year 5 days
Meetings and Professional Conferences	Scientific Director	Coordination with USAID  Washington, EGPAF's DC Office, EGPAF's LA Office, networking and attend conferences	Los Angeles, Washington DC, New York, Geneva	20 trips/year 5 days
Meetings and Professional Conferences	Uganda based staff	Coordination with USAID Washington, EGPAF's DC Office, EGPAF's LA Office, networking and attend conferences	Los Angeles, Washington DC, New York, Geneva	5 trips/year 5 days
Meetings and Professional Conferences	Zimbabwe based staff	Coordination with USAID Washington, EGPAF's DC Office, EGPAF's LA Office, networking and attend conferences	Los Angeles, Washington DC, New York, Geneva	5 trips/year 5 days
Site Visits	Los Angeles, CA based staff	Project development, monitoring and supervision	Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	4 trips/staff/year 3 weeks
Site Visits	Washington, DC based staff	Project development, monitoring and supervision	Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	4 trips/staff/year 3 weeks
Site Visits	Uganda based staff	Project development, monitoring and supervision	DR Congo, Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	10 trips/staff/year 3 weeks
Site Visits	Zimbabwe based staff	Project development monitoring and supervision	Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	10 trips/staff/year 3 weeks
Site Visits	Consultants	Project development, monitoring and supervision	Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	4 trips/staff/year 2 weeks

Site Visits	Scientific Director	Project development, monitoring and supervision	DR Congo, Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	6 trips/staff/year 3 weeks
Site Visits	Compliance Staff	Compliance assessments and training	Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	10 trips/staff/year 3 weeks
Site Visits	Field based staff (Countries TBD)	Project development, monitoring and supervision	DR Congo, Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	10 trips/staff/year 3 weeks
Staff Training	Compliance Staff	Compliance updates for field staff	Washington DC	2 trips/staff/year 1 week
Dissemination Activities	Washington DC based communications and dissemination staff	Dissemination of project messages and results	Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	2 trips/staff/year 2 weeks
Dissemination Activities	Los Angeles, CA based communications and dissemination staff	Dissemination of project messages and results	Washington DC, Ethiopia, India, Kenya, Malawi, Namibia, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, 7 countries TBD	2 trips/staff/year 2 weeks

## **ACRONYM KEY**

ANC – antenatal care

ARV – antiretroviral

CTA – Call to Action

EGPAF – Elizabeth Glaser Pediatric AIDS Foundation

MCH – maternal child health

MTCT – mother to child transmission

NVP-nevirapine

OI - opportunistic infection

PMTCT – prevention of mother-to-child transmission

STI – sexually transmitted infection

VCT – voluntary counseling and testing