

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$20,027

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$33,379

Water**Table 3.3.06: Activities by Funding Mechanism**

Mechanism ID: 5815.09 **Mechanism:** Community REACH Greater Mekong Region Associate Award

Prime Partner: Pact, Inc. **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Biomedical Prevention: Injecting and non-Injecting Drug Use

Budget Code: IDUP **Program Budget Code:** 06

Activity ID: 11578.26120.09 **Planned Funds:** \$66,757

Activity System ID: 26120

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17480

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17480	11578.08	U.S. Agency for International Development	Pact, Inc.	7774	5815.08	Community REACH Greater Mekong Region Associate Award	\$24,700
11578	11578.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	\$19,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$20,027
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Estimated amount of funding that is planned for Education \$33,379
Water

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5777.09 **Mechanism:** C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP **Program Budget Code:** 06
Activity ID: 11436.25910.09 **Planned Funds:** \$212,000
Activity System ID: 25910
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 18010

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18010	11436.08	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	7911	5777.08	C-CDC COAG	\$40,000
11436	11436.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5777	5777.07	C-CDC COAG	\$33,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$63,600
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Estimated amount of funding that is planned for Education \$106,000
Water

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5606.09	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 17512.26109.09	Planned Funds: \$70,000
Activity System ID: 26109	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17512	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17512	17512.08	U.S. Agency for International Development	Family Health International	7772	5606.08	TASC3	\$70,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$21,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Estimated amount of funding that is planned for Education \$35,000
Water

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5585.09	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 10836.26101.09	Planned Funds: \$75,000
Activity System ID: 26101	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17470	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17470	10836.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	\$274,800
10836	10836.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	\$160,600

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$22,500

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$37,500

Water**Table 3.3.06: Activities by Funding Mechanism**

Mechanism ID: 7779.09	Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 26137.09	Planned Funds: \$156,217
Activity System ID: 26137	
Activity Narrative: n/a	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$46,865

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$78,109

Water**Table 3.3.06: Activities by Funding Mechanism**

Mechanism ID: 7329.09	Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 26131.09	Planned Funds: \$467,227
Activity System ID: 26131	
Activity Narrative: n/a	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$140,168

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$233,614

Water**Table 3.3.06: Activities by Funding Mechanism**

Mechanism ID: 11912.09

Mechanism: Cables-CA

Prime Partner: Chinese Center for Disease
Prevention and Control

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention:
Injecting and non-Injecting
Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 29189.09

Planned Funds: \$125,000

Activity System ID: 29189

Activity Narrative: This PHE activity, A Methadone Maintenance Treatment Outcome Study in Three Provinces in China, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is CN.09.0217.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	\$125,000
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 11911.09	Mechanism: Cables-Core
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 29190.09	Planned Funds: \$100,000
Activity System ID: 29190	
Activity Narrative: This PHE activity, A Methadone Maintenance Treatment Outcome Study in Three Provinces in China, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is CN.09.0217.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	\$100,000
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5586.09

Mechanism: C-CDC COAG

Prime Partner: Chinese Center for Disease Prevention and Control

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 26574.09

Planned Funds: \$150,000

Activity System ID: 26574

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$45,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$75,000

Water

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: \$1,317,333

Program Area Narrative:

In 2003, GoC issued the “Four Frees and One Care” policy that includes free ART for socioeconomically disadvantaged PLHA, HIV testing, schooling for AIDS orphans, and PMTCT as well as social support for PLHA. In support of this policy, the Minister of Civil Administration (2004) and GoC (2006) separately issued the “Strengthening Support for HIV Positives, their Families, and Orphans” and the “Five Year Action Plan 2006-2010,” respectively. China achieved remarkable changes for care and support to PLHA in the last year. At the end of 2007, estimated coverage of care and support for PLHA was 31%, CD4 testing at initiation into HIV care was around 70%, and CD4 testing rates at all four recommended time points during the first year (i.e., quarterly)

based on national guidelines was over 10%.

Nevertheless, the GoC faces many challenges for implementation of the “Four Frees and One Care” policy. These include the following: 1) lack of an adapted comprehensive care and support approach (mini-care package); 2) lack of linkage mechanisms between VCT and care, treatment, and support; 3) lack of referral mechanisms between prevention [MMT, needle exchange programs (NEP), PMTCT, and CUP] and care and treatment; 4) strong focus on ARV distribution but lagging focus on adherence, psychological counseling and social support, and palliative care; 5) low coverage with cotrimoxazole prophylaxis (due in part to user fee mechanisms in the hospital setting and cotrimoxazole prophylaxis being so cheap that the health provider cannot earn any profit); 6) lack of opportunistic infection (OI) prophylactic treatment in most of high epidemic provinces; 7) stigma and discrimination that still exists among health providers and their communities; 8) lack of family and community involvement; 9) relative lack of experience in providing quality HIV-related care to IDU, pregnant women, and MSM; 10) limited human resource capacity of rural health care providers; 11) poorly functioning three-tier county/township/village network health system in many rural areas that does not provide quality care and support services to PLHA; and 12) lack of cooperation between civil administration and health departments at the implementation level.

To address the above challenges, USG continues to support GoC and GFATM Round 3 in scaling up the Essential Care Package (ECP) model in 72 counties to meet the needs of AIDS patients, 60% of whom live within these 7 Global Fund targeted provinces. ECP is a comprehensive approach for providing quality care and support services for PLHA (such as ARV adherence, home-based care and support, OI prophylaxis, regular follow-up services for ARV clinical monitoring, and condom promotion), through the involvement of the rural three-tier (village, township, and county) health network system, community, and family members of PLHA.

USG has focused on the Prevention with Positives (PwP) strategy through strengthening linkages between case finding (VCT) and case management (prevention, care, and support), setting up referral mechanisms between prevention programs and care and treatment services, building the capacity of rural health staff in 15 USG-supported provinces to address the major lost-to-follow-up and low coverage of care and support issues that China faces. The follow-up rate among newly tested-positive PLHA has already increased from 13.1% in 2006 to 31.7% in 2007, and is expected to increase above 40% in 2008.

USG has supported GoC in strengthening three-tier health network services that include the provision of OI and follow-up services to PLHA in Anhui and Henan provinces, using a strategy similar to the Tuberculosis (TB) Directly Observed Treatment Shortcourse (DOTS) strategy to conduct HIV ARV adherence counseling and support models through rural DOT volunteers and village doctors. USG will continue to provide technical and management support to help build capacity among village, township and county-level physicians, improve the current ART referral system, recruit family members and PLHA as DOT volunteers to improve ART adherence, and support county CDCs who provide HIV-positive patients with prevention and follow-up services including quarterly CD4 monitoring and annual viral load testing.

USG supported the enrollment of IDU PLHA into Guizhou and Qinghai MMTs, and the provision of peer psychological support and follow-up services to IDU PLHA in Anhui, Guangxi, Guizhou, Jiangsu, Qinghai, and Yunnan. Since 2006, USG has supported Guangxi and Yunnan on case finding (VCT and surveillance) and case management (prevention, care, and treatment) through setting up linkage and incentive mechanisms. Subsequently, the informing rate increased to 51% in Guangxi and 61% in Yunnan by the end of 2007. USG will continue to support Guangxi and Yunnan provinces on strengthening linkage mechanisms between VCT, prevention, care, and treatment to increase follow-up and referral rates, and support the development of a care package. USG will also support the use of IDU peers to improve ART adherence among PLHA in Guangxi and Yunnan, and the training of PLHA as counselors for adherence counseling and support in Anhui, Heilongjiang, and Henan.

USG will continue to assist NCAIDS, China CARES, and GFATM Rounds 3 and 4 counties in improving the planning and operation of quality care and support services for PLHA. In FY 2009, USG will assist GFATM Round 4 to scale up MMT clinics as a platform for care and support to HIV- positive IDU in 126 counties within Guangxi, Guizhou, Xinjiang, and Yunnan provinces as well as promote the integration of care and support with ART services in seven GFATM Round 4-supported provinces. Activities will include establishing PLHA self-help groups for improving enrollment rates, follow-up rates and adherence, setting up DOT in MMT clinics, conducting quarterly CD4 testing, providing cotrimoxazole for OI prevention, and setting up referral services to ANC, ARV, and TB clinics.

In Anhui, Beijing, Heilongjiang, Jiangsu, Shandong, and Yunnan where MSM HIV prevalence is growing, USG supported the development of self-help groups among MSM PLHA networks that include web-based support, telephone hotlines, and peer support particularly in VCT, MSM- friendly STI services, ART, and OI prophylaxis services. USG will expand this model to Guangdong and Guangxi provinces in the next year.

In central Chinese provinces where former plasma donors (FPD) account for the majority of PLHA, PwP among sero-discordant couples has been a main focus of USG support. USG will assist provincial and county CDCs and health bureaus to train DOT and adherence counselors in Anhui and Henan to promote condom use through BCC. Since 2003, China's National Free ART Program has successfully and rapidly scaled-up the availability of first-line ART regimens, presently covering at least 1,440 counties in all 31 provinces. The mortality rate among persons started on ART has decreased from 9.0 per 100 person-years in 2004 to 3.3 in 2007. By the end of June 2008, a total of 48,551 AIDS patients have been on ART. Of these, 4,122 died mainly due to delays in case detection; 1,957 dropped-out mainly due to side effects and individual decisions to stop ART; and 348 were lost follow-up. The remaining 39,066 people are currently on ART, of which 45.1% contracted HIV through plasma donations, 27.1% through sexual contact, 12.9% through injection drug use, and 14.8 % have unknown causes. A majority of PLHA in China (70%) reside in rural areas.

Based on China's National Free ART Program manual, the 12-month survival rate with ART is close to 90%; the follow-up rate for periodic physical health examinations is 33.8%; CD4 testing (four times per year) is 10%; and viral load testing is currently 6%. A

survey conducted by NCAIDS in 2007 showed that the prevalence of HIV-1 drug resistance among MSM to be 25% in Tianjin, 13.6% in Beijing, and 2.1% in Chengdu, and 3 to 4% in drug users in Hunan, Sichuan, and Xinjiang. It is estimated that a total of 5,000 to 6,000 ARV drug resistant patients need second-line ART in China. In March 2008, GoC piloted a second-line ART program in Anhui, Henan, and Hubei provinces. The main reasons for treatment failure, primarily among FPD, were poor adherence (~70%), drug resistance, side effects, wrong dosage, and lost-to-follow-up.

In FY 2008, a pilot evaluation of virologic outcomes among adult AIDS patients receiving ART through the National Free ART Program in 24 counties in 8 provinces was carried out with partial support from USG. The results demonstrated that virologic suppression was achieved in the majority of adult patients. However, virologic response was poorer among those who had started the program earlier (before 2005) and those who started on a ddI- containing first-line regimen. In addition, county hospitals (or above) generally had better virologic outcomes than smaller township hospitals or village clinics. Males also were at higher risk of treatment failure than females.

Ongoing challenges faced by the nationwide Free ART Program include: 1) poor cooperation and coordination between hospital administration and the CDC system; 2) lack of incentive mechanisms in hospitals for providing ART services; 3) lack of human capacity in rural areas; 4) poor functioning of the three-tier health service system in providing quality ART services; 5) lack of counseling and patient service mechanisms for supporting ARV adherence; 6) lack of PLHA and community participation; 7) limited availability of second-line ARV drugs; 8) lack of funds for laboratory testing and clinical monitoring beyond CD4 testing; 9) lack of free OI management to meet patients' needs; 10) low viral load testing rates (albeit rapidly increasing in recent months) among patients on ART; 11) low coverage rates among IDU, TB patients, pregnant women, and MSM living with HIV infection; 12) lack of supervision and training of rural health workers; and 13) lack of appropriate ART models for different HIV epidemic settings.

To address these challenges, USG in FY 2008 assisted GoC in revising its second version of the National Free ART Program manual (including ART for TB patients, IDU, pregnant women, and OI prophylaxis), and is in the process of developing a national implementation guideline for the second-line ARV program. USG will provide technical and management support to NCAIDS in the training and implementation of the manual's guidance. USG, together with the Clinton Foundation, will also support expanding the second-line ARV program to other non-pilot provinces. In addition, USG developed health education tools for PLHA and their family members to improve ART adherence, and assisted NCAIDS in developing a tool for improving adherence among IDU. Given the lack of experienced Chinese health workers in providing ART services to MSM and TB patients, USG will support GoC in developing and analyzing ART service models for these populations using the existing health services infrastructure. USG will also help improve certain aspects of the National Data Fax System, particularly its data collection quality, data analysis, and usage. To help improve the quality of HIV care and treatment services, USG will provide technical assistance and support to NCAIDS on integrating a M&E plan into the National Free ART Program.

USG, in partnership with Clinton Foundation, will continue to support the Anhui Lixin Rural AIDS Clinical Training Center in capacity building among county-level physicians on management of ART and OI, and also provide post-training technical assistance for trainees back in their home counties. By the end of August 2008, 72 physicians have been trained through this Center. Of them, 90% are providing ART and OI services to PLHA in their home counties. Based on a provider survey conducted in September 2008, these rural physicians have provided ART and HIV care services to about 15,755 HIV/AIDS patients in China. USG will continue to produce trainees to provide home- and community-based HIV care and support in their respective provinces upon their return to Anhui, Gangsu, Guizhou, Heilongjiang, Henan, Hunan, Inner Mongolia, Jiangsu, Ningxia, Qinghai, Shandong, Sichuan, Tibet, Xinjiang, and Yunnan. In FY 2009, USG will expand this training model to IDU-driven provinces to help GoC scale-up ART services to more rural or sub-urban IDU populations, especially those already receiving methadone maintenance services.

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5607.09	Mechanism: Management/Technical Staffing
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 26150.09	Planned Funds: \$44,000
Activity System ID: 26150	
Activity Narrative: n/a	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$26,400

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$2,200

Food and Nutrition: Commodities**Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$8,800

Water**Table 3.3.08: Activities by Funding Mechanism**

Mechanism ID: 5777.09	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 26555.09	Planned Funds: \$258,000
Activity System ID: 26555	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$154,800

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$12,900

Food and Nutrition: Commodities**Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$51,600

Water**Table 3.3.08: Activities by Funding Mechanism**

Mechanism ID: 5816.09 **Mechanism:** Community REACH Greater Mekong Region Associate Award

Prime Partner: Pact, Inc. **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support

Budget Code: HBHC **Program Budget Code:** 08

Activity ID: 17510.26123.09 **Planned Funds:** \$165,282

Activity System ID: 26123

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17510

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17510	17510.08	U.S. Agency for International Development	Pact, Inc.	7775	5816.08	Community REACH Greater Mekong Region Associate Award	\$68,200

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$99,169

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$8,264

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$33,056

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5586.09	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 26576.09	Planned Funds: \$175,000
Activity System ID: 26576	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$72,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$6,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$24,000

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5815.09 **Mechanism:** Community REACH Greater Mekong Region Associate Award

Prime Partner: Pact, Inc. **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Care: Adult Care and Support

Budget Code: HBHC **Program Budget Code:** 08

Activity ID: 11576.26118.09 **Planned Funds:** \$435,051

Activity System ID: 26118

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17478

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17478	11576.08	U.S. Agency for International Development	Pact, Inc.	7774	5815.08	Community REACH Greater Mekong Region Associate Award	\$246,900
11576	11576.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	\$256,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$261,031

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$21,753

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$87,010

Water

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$648,621

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5815.09	Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 11579.26121.09	Planned Funds: \$58,621
Activity System ID: 26121	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17481	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17481	11579.08	U.S. Agency for International Development	Pact, Inc.	7774	5815.08	Community REACH Greater Mekong Region Associate Award	\$236,500
11579	11579.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	\$65,650

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$29,311

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$2,931

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$11,724

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5816.09	Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 11582.26126.09	Planned Funds: \$58,000
Activity System ID: 26126	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17483	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17483	11582.08	U.S. Agency for International Development	Pact, Inc.	7775	5816.08	Community REACH Greater Mekong Region Associate Award	\$80,800
11582	11582.07	U.S. Agency for International Development	Pact, Inc.	5816	5816.07	Community REACH Greater Mekong Region Associate Award	\$141,350

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$29,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$2,900

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$11,600

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5777.09	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 26557.09	Planned Funds: \$257,000
Activity System ID: 26557	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$128,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$12,850

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$51,400

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 11397.09	Mechanism: Health Resources and Services Administration I-TECH CoAg Supplement to Existing HRSA CoAg
Prime Partner: International Training and Education Centre for HIV	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 27312.09	Planned Funds: \$90,000
Activity System ID: 27312	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$45,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$4,500

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$18,000

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5585.09	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 10839.26103.09	Planned Funds: \$50,000
Activity System ID: 26103	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17471	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17471	10839.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	\$225,800
10839	10839.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	\$346,050

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$2,500

Food and Nutrition: Commodities**Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$10,000

Water**Table 3.3.09: Activities by Funding Mechanism**

Mechanism ID: 5586.09	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 26580.09	Planned Funds: \$80,000
Activity System ID: 26580	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$4,000

Food and Nutrition: Commodities**Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$16,000

Water**Table 3.3.09: Activities by Funding Mechanism**

Mechanism ID: 5606.09	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 26158.09	Planned Funds: \$55,000
Activity System ID: 26158	
Activity Narrative: n/a	
New/Continuing Activity: New Activity	
Continuing Activity:	

Of the estimated 700,000 HIV infections in China at the end of 2007, approximately 7,000 (1%) occurred through MTCT. By the end of June 2008, there were 4,200 cumulative pediatric HIV/ AIDS cases reported in China. Of these, 80% were from six provinces (Anhui, Guangxi, Henan, Shanxi, Xinjiang, and Yunnan). The majority of pediatric HIV/AIDS cases are reported from counties supported by China CARES or other government-led HIV/AIDS treatment and care programs.

Pediatric HIV/AIDS care policy is under the “Four Frees and One Care” policy issued by GoC in 2003. Due to limited capacity at each level in implementing this policy, China initiated a pediatric HIV care program in several China CARES counties in Anhui and Henan provinces in 2004, and then combined these with pediatric treatment programs (including OI prophylaxis) and expanded to six GFATM Round 3-supported provinces in 2005 (resulting in the National Free HIV/AIDS Pediatric Treatment Program). By the end of 2005, approximately 150 HIV- infected children were receiving ART. By August 2008, the program expanded to 22 provinces with approximately 1,200 infected children (ages 0-14 years) receiving ART. Of the children on ART, 91.8% are from seven provinces: Henan (53.4%); Yunnan (10.6%); Guangxi (9.9%); Hubei (5.3%); Xinjiang (4.4%); Anhui (4.2%); and Shanxi (4.2%).

Challenges faced by GoC in rolling out pediatric HIV/AIDS care and treatment include: 1) lack of capacity at the county level to manage pediatric HIV care and support programs; 2) delay in early case finding; 3) poor adherence to medication in mostly rural counties; 4) lack of linkages between PMTCT and pediatric programs; 5) late diagnosis and other factors leading to the median age of HIV-infected children in HIV care to be 8 years; 6) lack of family and community support; and 7) stigma and discrimination in communities and families.

Gaps in the National Free Pediatric AIDS Treatment program include: 1) poor integration of pediatric treatment with local pediatric health services system; 2) limited cooperation between PMTCT and pediatric HIV treatment programs; 3) lack of capacity at the county level to manage children infected with HIV; 4) lack of follow-up resulting in many HIV-infected children dying before they can be put on ART; 5) poor ARV drug adherence for children and their family members, especially in rural areas; 6) lack of funds for laboratory testing, regular clinical monitoring, and OI management; 7) poor quality of pediatric HIV treatment in Henan province, where most of the cases are currently located; and 8) limited early case finding and referral for ART, which remains an issue in high epidemic provinces such as Guangxi, Guizhou, Sichuan, Xinjiang, and Yunnan.

To help address these challenges and gaps, USG will work with Maternal and Child Health (MCH) and CDC systems on strengthening cooperation between PMTCT and pediatric HIV/AIDS programs, and supporting development of a referral mechanism between these two critical programs. USG will assist GoC in developing technical guidelines for early infant diagnosis (EID) and transport of DBS specimens, and implementing the EID guidelines in at least the 333 PMTCT program counties. The Clinton Foundation is providing regular monitoring, mentoring, and direct program support for pediatric HIV/AIDS care and treatment in five provinces (Anhui, Guangxi, Henan, Xinjiang, and Yunnan). USG is working closely with the Clinton Foundation in addressing gaps and barriers in pediatric HIV care and infant diagnosis by polymerase chain reaction (PCR).

USG will work with GFATM Round 3 and 4 offices (including the top six pediatric HIV/AIDS case load provinces) on strengthening the three-tier health network system and involving families in providing quality care including OI management and medication adherence support for HIV-exposed and -infected children. At the provincial level, USG will pilot home-based VCT and PITC approaches in several high epidemic areas (e.g., Xinjiang and Yunnan) for early case detection and enrollment of more needy children on care and treatment. USG will support all 15 USG-supported provinces in implementing the PwP strategy and improving case management mechanisms for all HIV-infected children and their families to increase follow-up rates.

USG will continue to support graduates from the Lixin Rural AIDS Clinical Training Center on providing facility-based care and support (including cotrimoxazole prophylaxis) to HIV-positive children in their respective provinces, including Anhui, Gangsu, Guizhou, Heilongjiang, Henan, Hunan, Inner Mongolia, Jiangsu, Ningxia, Qinghai, Shandong, Sichuan, Tibet, Xinjiang, and Yunnan. At least 24 physicians will be trained in pediatric HIV care and treatment each year. USG will also provide technical assistance to NCAIDS on analysis and utilization of pediatric ART follow-up data.

The second-line ARV program started in Henan province in December 2007, and includes Abacavir (ABC), lamivudine (3TC), and Kaletra. Tenofovir will become available before the end of 2008. GoC and the Clinton Foundation anticipate that approximately 200 children in five to six provinces will be on second-line therapy by December 2008. One national ARV drug resistance study in 2007 showed that the genotypic resistance to NRTI/NNRTI among HIV- infected children on first-line ARV therapy was quite high. USG will assist in efforts to improve ARV drug adherence among HIV-infected children and their families.

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5586.09	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 26581.09	Planned Funds: \$50,000
Activity System ID: 26581	

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5777.09

Prime Partner: Chinese Center for Disease Prevention and Control

Funding Source: GAP

Budget Code: PDCS

Activity ID: 26560.09

Activity System ID: 26560

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: C-CDC COAG

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$70,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$14,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$7,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$145,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5586.09	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 26582.09	Planned Funds: \$30,000
Activity System ID: 26582	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$9,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$3,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$6,000

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 11397.09	Mechanism: Health Resources and Services Administration I-TECH CoAg Supplement to Existing HRSA CoAg
Prime Partner: International Training and Education Centre for HIV	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 27313.09	Planned Funds: \$30,000
Activity System ID: 27313	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$9,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$3,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$6,000

Economic Strengthening**Education****Water**

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5777.09	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 26562.09	Planned Funds: \$85,000
Activity System ID: 26562	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

China accounts for nearly 17% of the world's TB burden, which includes an estimated 1.5 million new cases and 270,000 deaths each year, 80% of which are in rural areas where public health systems are not optimally functioning. There is a significant increase in the incidence of multidrug-resistant TB (MDR-TB) (up to 8.9% of new cases), particularly in regions of the country without a DOTS program. The State Council created the National TB Control Program (2001-2010) with an annual disbursement of 400 million RMB by the central government. Since 2005, the Global Fund has also provided significant support for TB control in China, leading to the expansion of DOTS coverage from 68% to 90% of the population, an increase in the detection rate of new smear-positive cases from 29% to 70%, and maintenance of a cure rate of at least 85% for smear-positive cases treated in the DOTS program. Financing from the Global Fund will ensure that eight provincial governments working in 536 counties can deliver diagnostic services to detect TB and offer DOTS free of charge for infectious cases. Within three years, China anticipates that an additional 930,000 infectious TB cases will be detected and treated. National data in 2006 showed that the prevalence of isoniazide (INH) drug resistance was about 19% in China. As a result, Chinese policy makers have been reluctant to implement intermittent preventive therapy (IPT) using INH for TB prophylaxis among HIV- positive patients.

The prevalence of active TB among HIV-positive patients is geographically heterogeneous in China. Based on 2006 data from Guangxi and Yunnan field tests by USG-supported China CDC TB/HIV co-infection programs, the prevalence of active TB among HIV-positive patients is between 10% and 20% while the prevalence of HIV among TB patients nationwide is only 1.3% -2.2%.

At the national level, the separation of TB and HIV/AIDS health systems poses a major barrier to improving TB service coverage for HIV/AIDS patients. Much assistance is needed to improve the collaboration between these two systems. USG assisted GoC in developing national guidelines for TB/HIV co-infection, and will work closely with the National AIDS Treatment Taskforce to improve linkages between the TB and HIV systems and enhance the current national diagnosis and treatment guidelines for TB in PLHA. The implementation of these national guidelines is conducted through GFATM Round 5. USG supported the field testing and scaling-up of TB/HIV co-infection programs in 134 GFATM Round 5 counties. These programs focus on HIV testing and counseling for clients in TB clinics through opt-out strategies, referral mechanisms for HIV-positive TB patients to HIV/AIDS prevention, care, and treatment programs (including ART and cotrimoxazole prophylaxis), TB screening of PLHA, and referral of HIV-positive patients diagnosed with TB to clinics for treatment through DOTS.

To assist GoC in better implementation of the national TB program, including the TB/HIV co- infection program, China CDC has requested USG to recruit a senior TB clinical scientist under the umbrella of the USG Emerging and Re-emerging Infectious Disease Program in China. If fully agreed upon during the CDC Directors' meeting in Beijing later this year between US CDC and China CDC, this person will provide daily technical assistance and support to the National TB Center as well as NCAIDS on TB/HIV-related policy.

In FY 2009, USG will continue to work with GoC to promote PITC programs at TB clinics located in high HIV endemic provinces such as Anhui, Guangdong, Guangxi, Guizhou, Henan, Xinjiang, and Yunnan. In response to the IDU-driven epidemic in the southwest and northwest of China, USG will work on an operations manual with GoC that includes the development and field testing of optimal HIV care and treatment models for TB/HIV co-infected IDU (with first implementation in Hunan province).

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5606.09	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 17517.26112.09	Planned Funds: \$13,000
Activity System ID: 26112	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17517	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17517	17517.08	U.S. Agency for International Development	Family Health International	7772	5606.08	TASC3	\$20,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$2,600
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5585.09	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 10986.26104.09	Planned Funds: \$13,000
Activity System ID: 26104	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17472	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17472	10986.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	\$127,800
10986	10986.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	\$100,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$2,600
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5586.09	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 26583.09	Planned Funds: \$15,000
Activity System ID: 26583	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$3,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5777.09

Mechanism: C-CDC COAG

Prime Partner: Chinese Center for Disease
Prevention and Control

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GAP

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 26564.09

Planned Funds: \$25,000

Activity System ID: 26564

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

Not applicable

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: \$793,000

Program Area Narrative:

Counseling, testing, and knowing one's HIV status is one critical element in behavior change and the main entry point for care, support, and treatment. Of the estimated 700,000 PLHA as of 2007, about 30% know their current HIV status. GoC has positioned counseling and testing as one of the major components of its national comprehensive AIDS program and, as a result, more than 5,000 stand-alone VCT sites have been set-up nationwide. Approximately 1,000 of these are special counseling and testing clinics in hospitals. However, uptake of the service is still low, especially by MARPs. The current stand-alone VCT is sub-optimal because it emphasizes the number of VCT sites rather than the quantity and quality of services delivered. Testing at VCT sites and routine health facilities is hampered due to the national testing algorithms, reflective of GoC's commitment to expensive confirmatory Western Blot testing which limits MARPs' access to VCT and "confirmed" results and, therefore, severely restricts the

proportion of PLHA who receive free government ART. The result is a 2-to-6 week waiting period before test results can be given to patients, which translates into many MARPs being lost-to-follow-up. Instead of the stand-alone VCT clinic model, USG is advocating for linking HIV counseling and testing with other program components such as surveillance, health education, peer education, STI services, care, outreach, and behavior change interventions, including, where feasible, within NGO facilities targeting MARPs. Currently, USG supports the establishment of linkage mechanisms to bridge VCT sites with local CDCs, which provide counselor training and quality assurance/quality improvement (QA/QI) guidance.

USG is advocating for making HIV testing routine and simple through rapid HIV testing models and USG participation in the Revision of the National HIV Laboratory Testing Guidance. For instance, USG is improving the rate of status-learning by field testing rapid tests. In an IDU peer-driven VCT site, the percentage of people tested who know their status increased from 35% to 74% with the application of rapid tests. In Shandong, the reach-in method is being field tested to bring counseling and testing services to facilities commonly visited by MSM through a local CBO (Jinan)-CDC partnership. By advocating for the use of rapid tests in Shandong, the proportion of clients who know their status on-site reached 100% in 2008. USG has successfully used data from these models to advocate for the use of rapid tests at the national level. At present, however, the Chinese central government is providing direct financial support for only 10% of the rapid test kits used in the provinces. Based on these results, USG will assist in scaling-up the outreach-based and reach-in models in the 15 USG-supported provinces targeting IDU, FSW, and MSM through partnerships between local CDCs, MMTs, STI clinics, CBOs, and other local organizations, and will continue to advocate for the use of rapid tests at the provincial level to improve status learning rates. This will address the existing lack of linkages between testing and knowing one's HIV status, and also allow for better linkages to care, treatment, and support services through local CDC involvement.

Some provinces have introduced policies and regulations that reduce demand for VCT, which could also be addressed with the introduction of rapid testing. For example, the Yunnan government and a number of other provinces introduced new regulations that require state-issued identification be shown by persons seeking HIV confirmatory testing, ostensibly to improve follow-up for those who test positive. However, once a person knows they are HIV-positive, they have to provide their "real name" to access free government services. For many MARPs, this requirement to reveal their full name and address for confirmatory tests causes them to doubt the confidentiality of their results as well as whether they will not be discriminated against if they test HIV-positive. For some MARPs, such as IDU and FSW, there is a corresponding fear of arrest and detention linked to this "real name" policy. In Yunnan, to influence VCT policies and operations, USG will support the operational cost of a Counseling and Testing technical working group (TWG) under the auspices of Yunnan CDC to actively review related issues and establish measures to counter the "counseling and testing bottleneck" at both policy and operation levels, as well as work with all partners to increase demand for VCT through effective promotional strategies and activities. The success of efforts to scale-up VCT for MARPs and OI prophylaxis, OI treatment, and ART for PLHA in China will depend, in large part, on whether senior health officials can be influenced to break through this "bottleneck" by exempting MARPs from the Western Blot confirmatory requirement, and phasing-in confirmatory rapid testing (using a second and/or tie-breaker rapid test algorithm) beginning with MARP-targeted VCT sites. This will reduce costs, ensure more people tested actually leave VCT services knowing their HIV status, and incidentally eliminate MARPs' concerns about "real name" testing at VCT sites. USG will continue to persistently promote the importance and responsibility of knowing one's sero-status as a consequence of engaging in high risk behaviors. With ART becoming more widely available, and some prefectures turning to rapid tests or ELISA for confirmation, some of the barriers to VCT service utilization should weaken. Through a renewed emphasis on VCT, USG support will help to significantly accelerate the transition to greater sero-awareness and reduced risk.

To better target MARPs, USG is promoting outreach-based, confidential HIV VCT with peer educators or specially trained health professionals as outreach staff in 15 provinces. USG is also providing assistance to NCAIDS to pilot VCT and follow-up services provided by MSM CBOs in two sites in Sichuan province in which MSM counselors are trained by and work in cooperation with local CDCs, especially in HIV testing and case reporting. In addition, USG is providing assistance to GoC in better targeting IDU, FSW, and MSM through the MPS model targeting MARPs in Guangxi and Yunnan. USG will work with GoC to provide VCT, as appropriate, within the MARP drop-in centers in the MPS sites, and strengthen government testing linked to MARP outreach at the sites. In Guangxi, USG will continue to play a leading role in provision of province-wide VCT training through the USG-supported Center of Excellence on Counseling and Testing. In addition, USG will provide direct technical assistance and quality assurance for VCT sites supported by USG partners in Guangxi. The MSM VCT clinic located in the MPS drop-in center and managed by a sub-grant to the Nanning CDC in Guangxi province was nominated in 2008 as one of the best MSM-friendly VCT sites in China by the UN TWG on Counseling and Testing.

In detoxification facilities, all attendees are tested for HIV upon entry. In Guizhou, USG has facilitated partnerships between CDC, MMT, and PSB (which runs the detoxification facilities) to allow CDC staff to enter into the facilities and conduct counseling sessions. This has led to better follow-up of HIV-positive attendees after they exit the facilities. Detoxification facilities are also linked with MMTs through pre-registration for services of willing detoxification attendees. USG will scale-up this model in Xinjiang and Yunnan provinces with a large IDU-driven epidemic.

To better target MARPs through the routine health system, USG is assisting GoC in drafting PITC guidelines to be included in the revised national HIV testing and counseling guidelines. PITC guidelines will encourage VCT in routine health facilities in areas with high HIV prevalence among MARPs, hospital departments commonly visited by MARP patients (such as STI, Ob/gyn, urology, infectious disease), and TB institutes. The draft guidelines are being field tested in Guangdong, Liaoning, and Shandong provinces, and USG will provide direct support to sites in these provinces through NCAIDS. In FY 2009, together with the local CDC and hospital authorities, USG will develop a PITC pilot for children hospitalized in Luzhai County, Guangxi province (an area with particularly high HIV prevalence).

A current barrier in the hospital system is the lack of incentives for doctors to counsel HIV-positive patients and their lack of capacity and time to conduct counseling. USG has addressed this issue by developing the Clinical-setting-CDC-Connection (C3) Model to create linkage mechanisms through a hotline for hospital staff to call the city CDC to come to the hospital to counsel HIV-

positive patients and provide follow-up services. Field testing of the model in Guangdong City in 2007 showed that knowing one's HIV status increased from 11% to 34%. Field testing will expand to three provinces in FY 2009 to improve status disclosure of PLHA in clinical settings.

USG will support GoC in building counseling and testing capacity at all levels, providing training to improve counseling skills, providing training to local CDC, hospital, and detoxification facility staff, and assisting GFATM Rounds 3, 4, 5, and 6 to better target MARPs for VCT at the national, provincial, and local levels.

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5777.09	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 26565.09	Planned Funds: \$318,000
Activity System ID: 26565	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$95,400

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$31,800

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5586.09	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 26584.09	Planned Funds: \$215,000
Activity System ID: 26584	

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$64,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$21,500

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7329.09

Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 26133.09

Planned Funds: \$17,500

Activity System ID: 26133

Activity Narrative: n/a

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,250

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$1,750

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7779.09	Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 26139.09	Planned Funds: \$17,500
Activity System ID: 26139	
Activity Narrative: n/a	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$5,250
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Estimated amount of funding that is planned for Education \$1,750
Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5585.09	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 17521.26105.09	Planned Funds: \$125,000
Activity System ID: 26105	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17521	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17521	17521.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	\$78,400

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$37,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$12,500

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5606.09	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 17515.26111.09	Planned Funds: \$100,000
Activity System ID: 26111	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17515	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17515	17515.08	U.S. Agency for International Development	Family Health International	7772	5606.08	TASC3	\$50,000

The USG China Five-Year Strategy for HIV/AIDS (2006-2010) aims to assist GoC in maintaining the HIV/AIDS prevalence below 1 per 1000 or 1.5 million HIV-infected persons nationwide by 2015 (in line with GoC, USG recently updated this to 2015). By the end of 2007, China established an HIV testing network with 6,918 HIV antibody screening laboratories; and by August 2008, there were 201 HIV antibody confirmatory laboratories in operation. There are 435 local CDC offices in generally low HIV prevalence areas with no laboratories for HIV antibody screening.

The National AIDS Reference Laboratory (NARL) in NCAIDS is the HIV/AIDS Reference Laboratory in the China CDC system and coordinates the network of HIV/AIDS laboratories nationwide. According to the most recent MoH strategy (2008), NARL is also responsible for hepatitis C virus (HCV) testing, quality assurance/quality control (QA/QC), and syphilis QA/QC in the HIV laboratory network. Since 2003, CDC China and USG have collaborated extensively on HIV BED incidence testing, HIV-2 diagnosis, and ARV drug resistance testing on DBS. Until recently, USG had limited involvement in other laboratory areas such as evaluation of rapid test algorithms, rapid test reagent quality, and support for monitoring HIV treatment and care for patients.

In 2007, about 85,000 CD4 tests were conducted in China by laboratories nationwide. In the 24 provinces that have initiated viral load testing, about 29,000 viral load tests were carried out in 2007. However, there are concerns about the test accuracy and quality of training received by laboratory technicians in several of the provinces. Along with expanding the National Free ART Program, by early 2008, 190 and 120 laboratories were equipped with instruments for CD4 and viral load testing, respectively. In FY 2009, USG will focus on expanding and enhancing the QA/QC for HIV diagnosis and clinical monitoring, including HIV rapid, CD4, and viral load testing at the provincial, prefecture, and county levels.

Along with the rapid expansion of these testing networks, personnel training and QA are critical for successful implementation at all levels. At the national level, USG has assisted NARL in participating in a number of international QA networks. At the provincial level, USG is supporting 15 provincial CDC laboratories to conduct QA twice a year. Since 2004, USG, through NARL, has supported QA covering 2,987 laboratories, among which 2,927 (98%) were found to be qualified and 60 (2%) unqualified.

In FY 2009, USG will continue to support NCAIDS on the development of the most optimal HIV rapid testing algorithms, and help implement standardized record keeping at HIV testing sites. In addition, QA elements and practical proficiency testing approaches, such as the use of dried tube specimens, will be piloted. USG will provide technical assistance for post-marketing surveillance of test kits to ensure the consistent quality of kits. USG will also work with NCAIDS to improve national CD4 testing guidelines, and extend a proficiency testing system to the county level. USG will assist NCAIDS to revise and update the National Guidelines for Detection of HIV/AIDS. In FY 2009, USG will assist NARL in developing national HCV testing guidelines. Along with expansion of the National Free ART Program (by the end of August 2008, 52,191 persons had been enrolled on ART), USG will support NARL to enhance the monitoring of drug resistance testing at the national level. At the provincial level, USG will support Guangdong province and one other province (TBA) as a pilot to establish a network of drug resistance testing, appropriate specimen transportation, and reporting.

USG has supported the implementation of BED-CEIA for HIV incidence estimation in seven provinces (Chongqing, Guangdong, Guangxi, Guizhou, Sichuan, Xinjiang, and Yunnan) since 2005. In FY 2009, USG will support the development and implementation of the national protocol for BED testing, including QA/QC, and extend this technology to one or two more provinces. USG will focus on capacity building at the provincial and national levels in advanced statistical analysis and estimation of HIV incidence trends among MARPs using BED data from multiple cross-sectional surveys. These estimations improve projections of the spread of HIV regionally in China, and provide important feedback on the effectiveness of HIV prevention programs such as those among IDU in different cities.

To strengthen early infant diagnosis of HIV, USG will support NARL and several provincial CDC laboratories in the use of DNA PCR on infant DBS. Currently, very few HIV-infected infants in China are diagnosed in a timely manner to start ART in the first year of life. The average age of children initiating ART in the past three years has been 8 years of age (see Pediatric Care, Support, and Treatment narrative). As of September 2008, fewer than 10 out of more than 1,000 children on ART (<1%) are infants. In FY 2009, USG will collaborate with the Clinton Foundation and NARL to develop a workable system for transportation of specimens and timely return of PCR results to the field. Seventeen technicians in six provinces (Guangxi, Henan, Hubei, Shandong, Shanghai, and Yunnan) have been trained on performing DNA PCR and the equipment has been installed; in addition, NARL can provide regular QA/QC for all provincial EID laboratories.

To help achieve the above objectives, a senior laboratory scientist has been recruited and will join the USG China team in January 2009 to work closely with the NARL, Clinton Foundation, and other partners. CDC Atlanta is assisting NARL to create a medium- and long-term plan for strengthening HIV/AIDS laboratory capacity in China, and develop an HIV national laboratory strategic plan for the next five years. In FY 2009, USG support will focus on: training a laboratory scientist on HIV drug resistance genotyping using DBS; assisting with data analysis and timely delivery of HIV drug resistance data to practicing clinicians; providing technical assistance on establishing a provincial HIV drug resistance testing network; assisting with BED-CEIA incidence estimation and QA/QC; implementing new easy-to-use and cost-effective proficiency testing methods for HIV serologic diagnostic QA; assisting with laboratory information systems; providing guidance to NARL in pursuing accreditation by international laboratory accreditation agencies; and assisting with an evaluation of HIV rapid test and HCV test algorithms.

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5777.09

Mechanism: C-CDC COAG

Prime Partner: Chinese Center for Disease Prevention and Control

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 26567.09

Planned Funds: \$360,000

Activity System ID: 26567

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$72,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5586.09

Mechanism: C-CDC COAG

Prime Partner: Chinese Center for Disease Prevention and Control

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 26586.09

Planned Funds: \$100,000

Activity System ID: 26586

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: \$1,197,350

Program Area Narrative:

In China, the USG strategic information (SI) strategy focuses on providing SI technical assistance and support for HIV/AIDS prevention, care, and treatment activities conducted by GoC, GFATM, and other donors while strengthening linkages between the national and provincial levels. For FY 2009, the major SI priorities will be to: 1) support SI capacity building and technical transfer among national, provincial, and GFATM counterparts; 2) ensure full collaboration and partnership between GoC and other donors (particularly GFATM) to integrate second generation surveillance among MARPs including estimating new HIV infections; 3) increase data analysis and use for strategic planning; 4) strengthen existing health management information systems (HMIS); and 5) expand the implementation of proven SI models at the provincial level.

The USG SI Team is currently composed of three staff members: 1) a Medical Epidemiologist who works closely with the CDC/GAP China project officers and serves as the SI Liaison; 2) an ASPH Fellow who concentrates on M&E and surveillance, and 3) a SI Specialist who works with the USAID RDM/Asia HIV/AIDS team and serves as the SI point person for USAID activities in Guangxi and Yunnan provinces.

During the FY 2009 Mini-COP development process, target setting was undertaken by the USG SI Team members from CDC/GAP China and USAID RDM/Asia and reviewed by the SI Advisor from CDC/GAP Atlanta. Meetings and discussions were held with USG technical project officers and partners to set downstream (direct) and upstream (indirect) targets for FY 2009 and FY 2010 based on their FY 2008 program results, projected programmatic growth, and expected expansion. The USG SI Team also met with MoH and GFATM to discuss their program results, future plans, and targets; their targets were used to estimate USG China's upstream targets.

China CDC identified data systems integration as a priority for better program management and, since 2006, USG has provided technical assistance and support to China CDC on the development of a new Comprehensive Response Management Information System (CRMIS) for HIV/AIDS, which was officially launched in January 2008. USG helped to improve data collection forms and questionnaires, conduct a pilot study of CRMIS, and develop the system infrastructure. This HIV/AIDS Web-based information and reporting platform covers all levels (national, provincial, prefecture, and county), and improves the efficiency of data collection, reporting, analysis, and use as well as security. CRMIS also produces electronic HIV/AIDS statistics on a monthly, quarterly, or annual basis. In FY 2009, USG will support China CDC to strengthen its training activities for CRMIS.

China's first National HIV/AIDS M&E Framework was approved by MoH in June 2007 as part of China's Action Plan for Containment and Control of HIV/AIDS (2006-2010). The M&E framework uses existing data collection systems as its major source of information, and investigates specific topics or issues when needed. Seventeen major indicators measure four areas: 1) implementation of guarantee measures, 2) implementation of prevention and care activities, 3) knowledge and behavior change, and 4) impact of prevention and care efforts. Coordination and harmonization between organizations and projects is of high priority in the national M&E framework; and, multiple sectors, NGOs, and affected populations are actively represented. In FY 2008, the USG provided technical assistance for a mid-term evaluation of China's Action Plan using the new M&E framework and indicators. USG assisted with the evaluation design and methodology and training of the data collectors, and will continue to provide assistance in FY 2009 with the analysis and interpretation of the data. Results of the evaluation will guide the strategic

direction of the next five-year action plan. USG will also support the development of a national M&E framework for the National Free ART program.

China CDC also convenes multi-sectoral NGOs or TWGs on an ad hoc basis. For example, a few MSM NGOs actively participated in the first round of the recent national MSM survey; and a multi-sectoral TWG was formed to assist with projections of the number of HIV/AIDS cases by 2020 using five different methods (the Delphi method, Asian Epidemic Model, SPECTRUM, workbook method, and rough estimation).

In FY 2007, a baseline HMIS assessment in Guangxi and Yunnan provinces (using Lot Quality Assurance Sampling [LQAS] to validate routine facility- and county-level information systems) found fragmented HIV/AIDS information systems, low knowledge and skills in data analysis, interpretation, and use, limited technical supervision and feedback, poor quality software, and limited linkages between different HIV/AIDS services and integration of their available information. During FY 2008, the USG developed and piloted a training curriculum (entitled Continuous Improvement of HMIS Performance: Quality and Information Use) in Guangxi and Yunnan to improve knowledge and skills in data analysis, interpretation, and use and strengthen the VCT, MMT, PMTCT, ART, and HIV/AIDS case reporting systems. The curriculum was well received by the two provincial CDCs and implemented in 12 counties, which showed marked improvements when evaluated in early October 2008. In FY 2009, implementation of the training curriculum will be expanded to additional counties in Guangxi and Yunnan and offered to other USG partners including GFATM.

During FY 2008, USG provided technical assistance and support to strengthen HIV/AIDS information systems in Guangxi and Yunnan provinces, which can serve as models of how to successfully implement solid information systems at the national level. In FY 2009, USG will help establish a data warehouse to integrate different types of HIV/AIDS information into a unified system, and initiate and facilitate dialogue among the GoC, GFATM, and NGOs in the need to develop a community-based information system for HIV/AIDS services in the two provinces. At the national level, USG will provide technical support to scale up the use of LQAS as a baseline assessment tool to identify critical gaps in existing information systems and recommend potential interventions. In FY 2009, USG will also support the NARL to develop an electronic information management system for internal quality control and expand its use to the provincial level. In the USG-supported provinces, USG will strengthen the capacity of provincial laboratories to standardize procedures and organize and manage the internal quality control system more efficiently.

USG is committed to ensuring the successful implementation of the national M&E framework and indicators at the provincial level, as well as supporting the institutionalization of standard M&E definitions, clear and consistent data collection and reporting procedures, and routine data quality assessments. In FY 2009, USG will support strengthening the provincial M&E frameworks in Guangxi and Yunnan, and improving the quality of services in eight provincial "hot spots" for MARPs. USG will also support the development and implementation of M&E frameworks in the other 13 USG-supported provinces.

The Integrated Analysis and Advocacy (A2) project successfully used data to develop five-year HIV/AIDS operational plans in Guangxi and Yunnan provinces. In Guangxi, as a result of the A2 project, the provincial AIDS committee received increased funding from the provincial authority. In FY 2008, the USG assisted the Guangxi and Yunnan CDCs in applying the Asian Epidemic Model (AEM) as part of the A2 project to organize data, refine trend analyses, and validate forecasts to effectively allocate and maximize resources for provincial HIV/AIDS programming. Currently, AEM and other tools are being used by GoC to project HIV/AIDS epidemic trends at the national level. USG will continue to build capacity among its government counterparts in using modeling and forecasting tools. In FY 2009, USG will develop and pilot a simplified A2 module (A2 Lite) with more limited data inputs needed for local analysis to help increase its accessibility and usability at the provincial level in Guangxi and Yunnan and other USG-supported provinces.

USG recognizes the importance of having evidence-based data to enhance and improve HIV/AIDS interventions. In FY 2009, USG will support a "tracking" survey among FSW and IDU in the cities of Kaiyuan, Kunming, and Mengzi to measure the intensity and impact of their exposure to BCC interventions. In FY 2010, USG will synthesize and share lessons learned, as well as analyze the cost effectiveness of the "tracking" survey methodology within the China context. If this methodology works well, its use will be expanded to other USG-supported sites in Guangxi and Yunnan provinces.

USG works closely with China CDC to implement surveillance and survey activities by improving national protocols, piloting new methods such as Respondent Driven Sampling (RDS) and Time-Location Sampling (TLS), providing quality assurance during implementation, helping with data analysis and interpretation, and linking surveillance and survey results with HIV/AIDS programming.

USG will continue to provide technical assistance and support for strengthening surveillance systems and size estimation for MARPs at the national and provincial levels. In FY 2009, USG will focus on improving second generation surveillance among MARPs, and helping to establish and refine the MARP surveillance network in each of the 15 USG-supported provinces. The networks will gradually be handed over as local governments guarantee continued financial support for them.

To estimate the population size for MARPs, USG advocates using the multipliers method within existing surveillance systems or undertaking MARP mapping as an integral part of community-based prevention activities. In FY 2008, USG used the multipliers method by adding special questions to FSW, IDU, and MSM questionnaires implemented in some major cities. In FY 2009, USG will expand its use of the multipliers method to additional populations and USG-supported provinces. In FY 2010, the USG will undertake MARP mapping in select counties in Guangxi and Yunnan provinces.

China CDC established the national Behavioral Sentinel Surveillance (BSS) system in 2001. In FY 2009, USG will provide technical assistance to China CDC to refine the protocol for integrating current surveillance systems with a focus on BSS, simplify and improve the surveillance questionnaires, sampling methods, and data collection procedures, and expand the system to more sites. USG will continue to mentor the Guangxi and Yunnan CDCs and build their technical capacity to refine questionnaires,

select sampling methods, implement data collection procedures, and analyze, interpret, and use the data collected.

During FY 2008, USG supported NCAIDS in using RDS in 10 major cities and TLS in Shenzhen as part of the national MSM survey. USG also developed and piloted Integrated Biological and Behavioral Surveillance (IBBS) studies using RDS among MSM in the cities of Beijing, Guangzhou, Jinan, and Yunnan. In FY 2009, USG will work with China CDC to expand the MSM IBBS surveillance protocol to at least 5 other major cities in the USG-supported provinces.

In FY 2008, USG supported NCAIDS to conduct a social network analysis among newly- identified HIV/AIDS cases in Chongqing, Guangdong, Henan, and Yunnan provinces to better understand the social networks of cases, strengthen the epidemiologic investigation of HIV- positive contacts, and identify major sources of the HIV/AIDS epidemic. In FY 2009, USG will continue to support NCAIDS' expansion of social network analysis to additional provinces and provide technical assistance for data analysis.

During FY 2008, USG conducted special surveys among other locally significant populations at risk for HIV/AIDS, including women from high HIV prevalence provinces who marry local men in Shandong, migrant IDU in Guangdong, high-risk heterosexual migrants in Guangzhou, and sexually active male tin miners in Yunnan. USG also supported the NARL's use of BED assay to estimate HIV incidence and project trends among IDU in five provinces (see Laboratory Infrastructure narrative). In FY 2009, USG will expand these special surveys to other provinces and other populations (like pregnant women in high HIV prevalence areas) to detect possible new epidemics and trends. Results from these surveys will form the basis for planning targeted prevention programs.

This PHE activity, "Enhanced Evaluation of ART Program in Guangxi Province, China" was approved for inclusion in the FY09 Mini-COP. The PHE Tracking ID associated with this activity is: CN.07.0012.

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5777.09	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 26568.09	Planned Funds: \$450,000
Activity System ID: 26568	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$225,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$22,500

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11455.09	Mechanism: Measure Evaluation Phase III
Prime Partner: John Snow, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 27886.09	Planned Funds: \$239,227
Activity System ID: 27886	
Activity Narrative: n/a	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$119,614

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$11,964

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11458.09	Mechanism: Measure Evaluation Phase III
Prime Partner: John Snow, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 27891.09	Planned Funds: \$111,162
Activity System ID: 27891	
Activity Narrative: n/a	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$55,581

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$5,558

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 7786.09	Mechanism: Management/Technical Staffing
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 26147.09	Planned Funds: \$31,461
Activity System ID: 26147	
Activity Narrative: n/a	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$15,730

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$1,573

Water**Table 3.3.17: Activities by Funding Mechanism**

Mechanism ID: 7329.09	Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 26134.09	Planned Funds: \$26,250
Activity System ID: 26134	
Activity Narrative: n/a	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$13,125
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Estimated amount of funding that is planned for Education \$1,313
Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5586.09	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 26587.09	Planned Funds: \$150,000
Activity System ID: 26587	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$75,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Estimated amount of funding that is planned for Education \$7,500
Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5606.09 **Mechanism:** TASC3
Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Strategic Information
Budget Code: HVSI **Program Budget Code:** 17
Activity ID: 17523.26113.09 **Planned Funds:** \$83,000
Activity System ID: 26113
Activity Narrative: The PHE activity, "Enhanced Evaluation of ART Program in Guangxi Province, China" was approved for inclusion in the FY09 Mini-COP. The PHE Tracking ID associated with this activity is: CN.07.0012.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17523

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17523	17523.08	U.S. Agency for International Development	Family Health International	7772	5606.08	TASC3	\$10,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$83,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5585.09 **Mechanism:** TASC3
Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Strategic Information
Budget Code: HVSI **Program Budget Code:** 17
Activity ID: 10849.26106.09 **Planned Funds:** \$40,000
Activity System ID: 26106
Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17473

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17473	10849.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	\$94,000
10849	10849.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	\$175,200

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$2,000

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 7779.09

Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 26140.09

Planned Funds: \$26,250

Activity System ID: 26140

Activity Narrative: n/a

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$13,125
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Estimated amount of funding that is planned for Education \$1,313
Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5606.09	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 29187.09	Planned Funds: \$40,000
Activity System ID: 29187	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$20,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Estimated amount of funding that is planned for Education \$2,000
Water

Total Planned Funding for Program Budget Code: \$1,316,326

Program Area Narrative:

Strengthening health systems within China is essential for sustaining the low prevalence of HIV/AIDS in the country. The Chinese health infrastructure operates vertically, with each administrative level possessing firm command over the next lower level, from the national to the provincial, prefecture, county, and township levels. Under this framework, USG-supported HIV/AIDS policy activities work closely with GoC at all levels to effectively improve China's capacity to control this epidemic. In the USG China Five-Year Strategy for HIV/AIDS (2006- 2010), a set of principles has been identified to accelerate and complement an effective national response, which include supporting government policy development, building capacity for policy analysis, and fostering an enabling environment at the community level.

At the national level, USG supports capacity building activities such as assisting NCAIDS divisions with annual work plans and providing program management training. In addition, USG supports NCAIDS' efforts to pay close attention to capacity development at the lower levels. Institutional capacity building of government partners is supported through the development of management skills which are more participatory, inclusive, and respectful of the community's contribution.

In FY 2008, USG continued successful communication of the PwP strategy to GoC. Additionally, in a multi-year effort to change the national MMT policy of NCAIDS, USG supported advocacy of recommendations to preferentially enroll PLHA in national MMT programs. GoC's adaptation of the strategy is reflected in issuing national-level HIV/AIDS indicators that measure the number of PLHA enrolled in MMT and the number of PLHA receiving palliative care and support. USG also supported NCAIDS in developing national guidelines for the implementation of rapid testing, TB/HIV co-infection treatment, and ARV adherence. In FY 2009, USG will initiate dialogue with NCAIDS to discuss how HIV/AIDS is financed in China and develop a plan for policy advocacy to increase the amount of public financing. Through this effort, a better understanding of total resource mobilization towards HIV/AIDS programming at the national, provincial, and county levels will result.

At the provincial and county levels, USG has focused efforts to address the lack of trained management and operational personnel in underserved areas. USG's main strategy is to strengthen the public health system through two training programs to improve human capacity: 1) the Lixin Anhui Rural AIDS Clinical Training Center, and 2) the Provincial Program Management Training Program (PPMTP). Both programs are practical internships and provide comprehensive clinical home-based care, support, and treatment under the mentorship of an HIV/AIDS US-trained clinician.

In its sixth year of operation, the Lixin Anhui Rural AIDS Clinical Training Center program is implemented through partnerships with the Clinton Foundation, National Division for Care and Treatment, and the Anhui provincial health bureau. At the end of FY 2008, 71 clinicians from 31 provinces had been trained to better care for people with advanced HIV/AIDS. This is the only practical clinical training program focused on the rural HIV/AIDS epidemic. In FY 2009, the training curriculum will be strengthened by the involvement of the University of Washington's International Training and Education Center on HIV (I-TECH). The hope is to double the number of participants by launching a second training center focused on advanced HIV disease among IDU. This activity will be supported by a consortium of technical resources from the National Division of HIV/AIDS Care and Treatment, Gates Foundation, and the local implementing unit.

PPMTP supports capacity building through a 6-month practical internship for 16 provincial HIV/AIDS personnel. Trainees identify specific projects managed by technical experts in NCAIDS and are mentored under individual divisions. Because the Chinese health system does not permit the transfer of provincial personnel to the national level, this training gives participants the opportunity to learn from national programs, strengthen their contacts at the national level, improve their skills, and enhance implementation at the provincial level. In FY 2009, PPMTP will expand the number of participants to include junior- and second-level managers responsible for implementing HIV/AIDS activities.

USG will continue to assign technical advisors to GoC to better integrate USG efforts with the Chinese national and provincial needs, ensure USG participation in HIV/AIDS annual provincial planning meetings, participate in strategic planning with the NCAIDS, support NCAIDS' efforts to implement the "Three Ones" in every province, and assist in the acceptance of rapid testing at the lower levels.

USG continues to provide technical assistance to GoC and other parties to prioritize and address pharmaceutical management needs that have been identified to ensure an uninterrupted supply of quality ARV drugs and other pharmaceuticals and commodities at ARV treatment sites. The ARV distribution system in China operates on five levels – provincial, prefectural, county, township, and village health center. ARV procurement at the provincial, prefecture, county, and township levels operates on a pull basis from the next highest level. The lead time needed to obtain drugs is five to 10 days. Village health centers obtain their ARV supplies on a monthly basis. The system faces challenges as China rolls out ARV drugs on a wider basis; for example, in Yunnan, 100 of 129 counties are currently providing ARV drugs and diagnostics. Establishment of a framework for appropriate drug logistics management has become more important as the number of patients on ARV drugs in China rapidly increases.

In FY 2008, USG worked with local stakeholders in Guangxi province to strengthen ART management by providing technical input, developing or adapting necessary tools and training materials, and providing follow-up support in implementing identified

interventions for ART. In addition, USG, through MSH, worked with WHO and MoH to explore potential technical assistance needs related to the provision of ARV treatment in the GFATM Round 6 award. Based on an assessment conducted in Yunnan in early 2007, serious recordkeeping and reporting issues were identified, such as inconsistent recording of inventory transactions; lack of formal methods to control inventory at all levels; lack of records of consumption figures for ARV drugs; no formal methods for estimating future needs; and weak monitoring of pharmaceutical management below the county level with no standardized procedures.

Potential needs for technical assistance and support include: improving drug management information systems (stock recordkeeping and regular reporting systems); strengthening the flow of information to and from village, township, and county levels; enhancing methods for drug estimation and inventory control; developing monitoring and supervision systems for ARV drugs and other medicines; and developing standard operating systems and providing on-the-job training to reinforce proper procedures. In FY 2009, USG plans to expand the use of technical tools and training materials, while applying lessons learned from Guangxi province, to strengthen ARV management in Yunnan. Specific proposed activities for Yunnan province include conducting a stakeholders meeting, a workshop to assist national and provincial staff in introducing standard operating procedures and tools for ARV management, and a training-of-trainers (TOT) workshop. USG will also provide follow-up support.

USG will focus on improving operational policies to support access to services, protection of rights, and harmonization of HIV legal frameworks and policies that support community participation, including registration of NGOs. Importantly, USG will reposition MARPs and PLHA to enable them to meaningfully participate in the policy process by strengthening their advocacy capacity, supporting community mobilization, and consolidating community structures. All activities are underpinned by a commitment to ensure the best quality data is driving decision making, and data is used for policy analysis, advocacy, and public consumption. USG aims to demonstrate, document, and disseminate successful approaches to policy making and implementation that are supportive of MARP and PLHA. USG works with the Chinese government to advocate that successful approaches to HIV policy be replicated beyond Guangxi and Yunnan provinces.

In FY 2008, USG efforts at the community level focused on facilitating linkages between current community-level indigenous organizations and provincial and county CDCs and health bureaus, particularly in Guangxi and Yunnan provinces where USG supports many CBOs. USG has encouraged CBOs and GoC to engage in increased dialogue with provincial and local CDCs and health bureaus to influence the policy process.

By providing small grants to regional PLHA networks to work with their national member organizations to transfer policy analysis skills, USG has increased the ability of county networks to participate in national policy dialogue activities. To complement this activity, USG assisted newly-formed networks to establish steering committees, and provided training to these groups in advocacy, organization and financial management, and HIV/AIDS awareness. USG emphasizes the bottom-up approach to build advocacy skills among local PLHA networks and MARP peer groups. Progress has been made on training and mobilizing them, and ensuring buy-in and support from local governments to sustain indigenous organizations and link services they provide to current government and other donor-provided services.

Strengthening local CBOs continues to be a focus of the USG China program. Adaptation of CBO capacity tools to the China context is being carried out, and USG will use the CBO analysis toolkit to assess group development needs, analyze group capacity, and assist groups in devising work plans focused on building capacity. Given the unique situation in China where it is not possible for CBOs and NGOs to register unless they are affiliated with a government partner or agency, USG will simultaneously build the capacity of government partners to enable them to effectively support these groups, which will require a similar assessment and capacity building process as well as development of tailor-made tools for these partners. Given the relative newness of CBOs among MARPs, many groups lack the expertise that could make them more sustainable and improve the quality of life for their members. To address this situation, USG will begin building their expertise around savings-led, income-generation options, micro-finance group mobilization and development, business planning, and simple marketing and accounting skills.

In FY 2009, USG will support a variety of new and continuing efforts to support the strengthening of China's health system at the national, provincial, county, and community levels. USG will continue its work on reducing stigma and discrimination against MARPs and PLHA by measuring the extent to which national policies are known and understood. USG will employ MARPs and PLHA to measure discrimination by health care providers after this year's implementation of the stigma and discrimination curriculum in Guangxi. USG will measure discrimination among providers who have not been trained, and the range and effectiveness of current incentives and sanctions for health care providers and public service personnel when discrimination does occur. Results of this analysis will be incorporated into policy dialogue and advocacy activities.

USG will also work with local PSBs to improve their treatment of IDU and foster partnerships between local PSBs and CDCs to increase referrals of IDU to MMT, thus complementing and building on the PwP work. USG will create opportunities for PSBs and CDCs to engage in dialogue and harmonize public health and policing practices. Building on past regional meetings, USG will convene groups of police and public health officials from the model communities to share emerging "best practices" on interagency coordination and communication. Through joint efforts with GFATM Rounds 4 and 5, USG will support activities to reduce stigma and discrimination specifically among MSM.

USG will support ongoing staff development activities and capacity building of local implementing partners in the areas of advocacy, effective use and dissemination of data, and public relations. USG will support the brokering and provision of grants to establish 'twinning' relationships between young organizations and more established and accepted ones. USG will also monitor developments in the formation of NGOs as the 10-year national poverty alleviation plan explicitly calls for increased NGO involvement in anti-poverty activities.

USG will also continue to assist local policy makers, planners, and public officials in applying strategic information in planning and

advocacy for adequate HIV/AIDS resources with the A2 project. These types of activities are having tremendous impact, as noted during a recent MoH presentation in Yunnan province where a decision to realign the HIV/AIDS budget was made after receiving technical assistance from USG in this area.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5816.09	Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 17503.26127.09	Planned Funds: \$50,210
Activity System ID: 26127	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17503	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17503	17503.08	U.S. Agency for International Development	Pact, Inc.	7775	5816.08	Community REACH Greater Mekong Region Associate Award	\$20,400

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$35,147

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5815.09	Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 11580.26122.09

Planned Funds: \$192,283

Activity System ID: 26122

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17482

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17482	11580.08	U.S. Agency for International Development	Pact, Inc.	7774	5815.08	Community REACH Greater Mekong Region Associate Award	\$202,800
11580	11580.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	\$304,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$134,598

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5587.09

Mechanism: Strengthening Pharmaceutical Systems

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 10842.26116.09

Planned Funds: \$68,350

Activity System ID: 26116

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17477

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17477	10842.08	U.S. Agency for International Development	Management Sciences for Health	7773	5587.08	Strengthening Pharmaceutical Systems	\$100,000
10842	10842.07	U.S. Agency for International Development	Management Sciences for Health	5587	5587.07	Strengthening Pharmaceutical Systems	\$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$47,845

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5585.09	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 17504.26107.09	Planned Funds: \$48,000
Activity System ID: 26107	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17504	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17504	17504.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	\$25,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$33,600
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5606.09	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 17524.26114.09	Planned Funds: \$30,000
Activity System ID: 26114	
Activity Narrative: n/a	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17524	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17524	17524.08	U.S. Agency for International Development	Family Health International	7772	5606.08	TASC3	\$50,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$21,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5589.09	Mechanism: Health Policy Initiative
Prime Partner: Research Triangle Institute	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 26142.09	Planned Funds: \$444,277
Activity System ID: 26142	
Activity Narrative: n/a	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$310,994
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11658.09	Mechanism: Health Policy Initiative
Prime Partner: Research Triangle Institute	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 28494.09	Planned Funds: \$206,445
Activity System ID: 28494	
Activity Narrative: n/a	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$144,512

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11659.09	Mechanism: Strengthening Pharmaceutical Systems
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 28495.09	Planned Funds: \$31,761
Activity System ID: 28495	
Activity Narrative: n/a	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$22,233
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5777.09	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 26569.09	Planned Funds: \$245,000
Activity System ID: 26569	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$171,500
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: \$1,088,986

Program Area Narrative:

The USG management and staffing plan is designed to work ourselves out of a job, and to ensure that China's HIV/AIDS program has the technical and management competence to successfully contain and control the epidemic. USG will accomplish this goal by providing technical assistance to public and private sector partners to carry out innovative and replicable demonstration projects; jointly collect and analyze data to demonstrate effectiveness; facilitate the policy process, both formally and informally; and integrate and provide incentives for the Chinese health system to adopt effective HIV control strategies based on cost-effective and "best practice" evidence. To achieve this goal, the USG HIV/AIDS program incorporates the strengths and comparative advantages of all USG agencies working in HIV/AIDS in China.

The Embassy AIDS Committee (EAC), headed by the Deputy Chief of Mission (DCM), plays a coordinating role for the USG agencies working on HIV/AIDS in China. Under DCM's direction, the Science Counselor and Health Attache serve as the official liaisons with the Chinese MoH and other implementing agencies to ensure proper follow-through on the "One USG" policy. As a member agency, HHS/CDC works closely with China CDC and NCAIDS, the Chinese government agency that coordinates the national response to HIV/AIDS. HHS/CDC has direct relationships at the national and provincial levels, with eight Divisions of NCAIDS (Behavioral Intervention, Data Integration and Evaluation, Epidemiology, Laboratory, Policy and Information, Treatment and Care, International Cooperation, ChinaCARES, and the Center Office for Training), the National Center for Women and Children's Health (NCWCH), and 15 provincial CDCs. HHS/CDC has technical and management staff that provide timely and strategic direct technical assistance to China CDC and its partners to help China adopt comprehensive and cost-effective control strategies and facilitate adoption at the national and provincial levels. Through its involvement in the planning process for each round of GFATM, NCAIDS division, and annual national planning processes, HHS/CDC has effectively influenced national policy with minimal resources.

USAID works closely with NGOs and the provincial and the local MoH, focusing its efforts primarily in two provinces. Providing technical expertise and oversight, it funds international and local non-governmental organizations to implement programs focused on community-based support, follow-up, and care for people most affected by HIV/AIDS. Currently, USAID partners also implement activities aimed at strengthening the capacity of local governments and civil society to implement client-friendly supportive services and outreach activities which link to available government services. USAID's goal is to develop effective, non-duplicative, cost-effective, and sustainable models for adoption by GoC.

The majority of the USG team is located in Beijing with three at the US Embassy, 13 current and four vacant CDC staff, one USAID technical advisor and two planned USAID local staff co-located at the HHS/CDC GAP office in the Dongwai Diplomatic Office Building, a CDC GAP office located at NCAIDS of China CDC, and another office located at the UNAIDS office to facilitate USG program planning within the multilateral community. Four additional staff members are located at the USAID Bangkok-based Regional Development Mission Asia (RDM/A). The regional platform at RDM/A continues to exercise overall management responsibility, budgeting and financial management, procurement, and technical assistance to China since it does not have a bilateral USAID Mission. Except for the two persons highlighted in the staffing chart and the one USAID technical advisor in the GAP office, all other persons at RDM/A dedicate less than 20% of their time on the China program.

The USG China HIV/AIDS program is supported by 45 persons. Of those 45 persons, 24 are dedicating 100% of their time to the program, and the others dedicate anywhere from 20% to 50%. This equates to 33.8 Full-Time Equivalents (FTEs). Many staff are responsible for providing assistance and oversight in more than one technical area. Currently, 0.8 FTEs on PMTCT, 1.3 FTEs on Other Sexual Prevention, 2.5 FTEs on Injecting and Non-Injecting Drug Use, 1.5 FTEs on Adult Care and Support, 1.0 FTEs on Adult Treatment, 1.0 FTEs on Pediatric Care and Support, 1.0 FTEs on Pediatric Treatment, 0.8 FTEs on TB/HIV, 3.0 FTEs on Counseling and Testing, 2.5 FTEs on Laboratory Infrastructure, 5.6 FTEs on Strategic Information, 2.0 FTEs on Health Systems Strengthening, and 10.6 FTEs on Management and Staffing. Of the 10.6 FTEs, three are related to management and the rest are support staff. During the next planned retreat in June 2009, one of the tasks will be to revisit the current staffing pattern and propose revisions if deemed necessary. It is envisioned that some support from RDM/A will decrease next year as the Beijing staff acquire the experience needed to manage the program.

Processes have begun over the last two years to improve coordination, and the agencies will continue to set up more effective mechanisms for information sharing, facilitating interagency communication, and managing the overall program. This is the first year where USAID and HHS/CDC are co-located in China. This strategy of co-location has already assisted USG in improving communication, coordination, and overall management of the program.

In addition to co-location, HHS/CDC and USAID will continue several co-management mechanisms and strategies to reinforce the one USG HIV/AIDS control program and draw upon each agency's relative strengths. These include: team input on government and non-government contract and cooperative agreement development and implementation (including joint reporting and technical monitoring trips), sharing quarterly and annual partner reports, and joint meetings with key counterparts; conducting all-team meetings every quarter; orienting new staff to PEPFAR in an interagency approach; involving counterparts and partners, when appropriate, in strategic planning meetings; instituting joint site visits and partner work plan meetings; conducting joint evaluations; and holding joint meetings with key counterparts.

In FY 2009, the USG team plans to form TWGs around the key areas of USG intervention. This will substantially enhance our

ability to provide technical support as well as monitor progress and fine tune our supported interventions, as needed. The four planned TWGs are: Prevention (sexual and IDU), Counseling and Testing, Treatment and Care, and Strategic Information. These groups will be made up of representatives from GoC, HHS/CDC, USAID, and partners.

The USG HIV/AIDS team seeks permission to hire three persons during the FY 2009 implementation year. Currently, the team lacks adequate personnel to provide quality assistance to the GoC in prevention, counseling and testing, and care and treatment. We propose to fill these positions with junior project officers who will work under two seasoned CDC GAP employees already on staff. In addition, the USG team proposes to hire two locally employed staff (LES) through a USAID mechanism. There are currently only 1.5 FTE administrative assistants funded by CDC GAP and available to assist all the USG HIV/AIDS staff located in Beijing. This is not adequate given the number of persons requesting these types of services. It is of growing importance to have strategically placed, highly adaptable, and qualified staff throughout the Chinese health system as USG continues provision of timely advice to GoC counterparts. The continued expansion of technical assistance provided by USG in China has led to a greater need for more strategically placed staff.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11066.09	Mechanism: Management and Staffing
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 11463.26596.09	Planned Funds: \$276,000
Activity System ID: 26596	

Activity Narrative: The management and staffing budget for HHS/CDC GAP is used to ensure adequate support for PEPFAR-related activities is provided as detailed in the Mini-COP and not already accounted for in the program areas. Program management and administrative staff are funded under this activity, including the following positions:

Current and Vacant Positions:

Director (USDH) – CDC/GAP Beijing – 20%
Deputy Director (USDH) – CDC/GAP Beijing – 20%
Laboratory Chief (USDH) – CDC/GAP Beijing – 20%
Administration Chief (LES) – CDC/GAP Beijing – 50%
Administrative Assistant (LES) – CDC/GAP Beijing – 50%
Executive Assistant (LES) – CDC/GAP Beijing – 50%
Executive Assistant (UNAIDS) – 50%
Janitor 1 (LES) – CDC/GAP Beijing – 50%
Janitor 2 (LES) – CDC/GAP Beijing – 50%
Chauffer 1 (LES) – CDC/GAP Beijing – 50%
Chauffer 2 (LES) – CDC/GAP Beijing – 50%
Chauffer 3 (LES) – CDC/GAP Beijing – 50%
Chauffer 4 (LES) – CDC/GAP Beijing – 50%
Chauffer 5 (LES) – CDC/GAP Beijing – 50%
Information Specialist (Program) (LES) – CDC/GAP Beijing – 50%
Program Management (LES) – CDC/GAP Beijing – 100%
Program Management Assistant (LES) – CDC/GAP Beijing – 100%
Program Management (LES) – CDC/EID Beijing – 50%
ASPH Fellow 1- Program Management (US Contractor) – CDC/GAP Beijing – 20%
ASPH Fellow 2- Epidemiology (US Contractor) – CDC/GAP Beijing – 25%

Proposed New Positions:

Chief Management Officer (LES) – CDC/GAP Beijing – 25%
Information Specialist (Hardware) (LES) – CDC/GAP Beijing – 50%
Program Management (LES) – CDC/EID/IEIP Beijing – 50%

Collectively, this team provides managerial and administrative support for CDC/GAP activities to ensure smooth operation of PEPFAR-funded programs in China.

Current and Vacant Positions:

Positions under other program areas of the Mini-COP include:

Director (USDH) – CDC/GAP Beijing – 80%
Deputy Director (USDH) – CDC/GAP Beijing – 30%
Associate Director for Science (LES) – CDC/GAP Beijing – 100%
HIV Advocate (LES) – CDC/GAP Beijing – 100%
Laboratory Chief (USDH) – CDC/GAP Beijing – 80%
Training/Care and Treatment Chief (LES) – CDC/GAP Beijing – 100%
Care and Treatment Project Officer (LES) – CDC/GAP Beijing – 100%
Risk Reduction Chief (LES) – CDC/GAP Beijing – 100%
Risk Reduction Senior Project Officer (LES) – CDC/GAP Beijing – 100%
Strategic Information Chief (LES) – CDC/GAP Beijing – 100%
Surveillance Project Officer (LES) – CDC/GAP Beijing – 100%
Surveillance Project Officer Assistant (LES) – CDC/GAP Beijing – 100%
ASPH Fellow 1- Program Management (US Contractor) – CDC/GAP Beijing – 30%
ASPH Fellow 2- Epidemiology (US Contractor) – CDC/GAP Beijing – 75%

Proposed New Positions:

Chief Management Officer (LES) – CDC/GAP Beijing – 25%
Statistical Data Analyst (LES) – CDC/GAP Beijing – 100%
Laboratory Project Officer (LES) – CDC/GAP Beijing – 100%
HIV/AIDS Resource Center Manager (LES) – CDC/GAP Beijing – 100%
Training Project Officer Assistant (LES) – CDC/GAP Beijing – 100%
Counseling and Testing Project Officer (LES) – CDC/GAP Beijing – 100%
Risk Reduction Project Officer Assistant (LES) – CDC/GAP Beijing – 100%
Management and Evaluation Project Officer (LES) – CDC/GAP Beijing – 100%

New/Continuing Activity: Continuing Activity

Continuing Activity: 18028

Activity Narrative: In FY 2008, USAID RDM/A successfully recruited and placed a full-time US PSC HIV/AIDS Program Manager in Beijing. The USAID HIV/AIDS China Program Manager collaborates closely with the HHS/CDC, US Department of State, and other USG agencies working in HIV/ AIDS to ensure a coordinated USG China program. This person also works closely with counterparts in the GoC. Overall program management and oversight will be provided by the Director of the Office of Public Health and HIV/AIDS Team Leader both based in Bangkok at USAID RDM/A. Additional technical and management support will be provided as needed by USAID RDM/A staff. In FY 2009, two LES will be recruited to support the HIV/AIDS China Program Manager in Beijing (these two positions were already approved in the FY08 China Mini-COP). Once this staff is hired, the percentage of staff time from USAID RDM/A will be reduced. The management and staffing costs in China funded under this program area also include travel costs for US Embassy Beijing personnel to participate in USG China HIV/AIDS-related activities.

Positions funded under other program areas of the FY09 China Mini-COP include:

Other Sexual Prevention:
 HIV/AIDS Team Leader (US) - USAID RDM/A Bangkok - 20%
 Project Management Specialist (LES - China) – USAID – 50%

Adult Care and Support:
 Project Management Specialist (LES – China) - USAID – 50%

Strategic Information:
 Strategic Information Specialist (LES) - USAID RDM/A Bangkok - 20%

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5607.09	Mechanism: Management/Technical Staffing
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 10841.26145.09	Planned Funds: \$213,400

Activity System ID: 26145

Activity Narrative: In FY 2008, USAID RDM/A successfully recruited and placed a full-time US PSC HIV/AIDS Program Manager in Beijing. The USAID HIV/AIDS China Program Manager collaborates closely with the HHS/CDC, US Department of State, and other USG agencies working in HIV/ AIDS to ensure a coordinated USG China program. This person also works closely with counterparts in the GoC. Overall program management and oversight will be provided by the Director of the Office of Public Health and HIV/AIDS Team Leader both based in Bangkok at USAID RDM/A. Additional technical and management support will be provided as needed by USAID RDM/A staff. In FY 2009, two LES will be recruited to support the HIV/AIDS China Program Manager in Beijing (these two positions were already approved in the FY08 China Mini-COP). Once this staff is hired, the percentage of staff time from USAID RDM/A will be reduced. The management and staffing costs in China funded under this program area also include travel costs for US Embassy Beijing personnel to participate in USG China HIV/AIDS-related activities.

Positions funded under other program areas of the FY09 China Mini-COP include:

Other Sexual Prevention:
 HIV/AIDS Team Leader (US) - USAID RDM/A Bangkok - 20%
 Project Management Specialist (LES - China) – USAID – 50%

Adult Care and Support:
 Project Management Specialist (LES – China) - USAID – 50%

Strategic Information:
 Strategic Information Specialist (LES) - USAID RDM/A Bangkok - 20%

New/Continuing Activity: Continuing Activity

Continuing Activity: 17489

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17489	10841.08	U.S. Agency for International Development	US Agency for International Development	7778	5607.08	Management/Technical Staffing	\$9,600
10841	10841.07	U.S. Agency for International Development	US Agency for International Development	5607	5607.07	Management/Technical Staffing	\$26,250

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 11660.09

Mechanism: Cost of Doing Business

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 28498.09

Planned Funds: \$215,086

Activity System ID: 28498

Activity Narrative: The cost of doing business associated with the staff positions described in the USAID management and staff entry includes ICASS costs and the IRM tax. RDMA ICASS costs and the IRM tax are approximately \$23,000 and are proportionate to the FY 2008 costs to support three Bangkok-based staff. China ICASS costs to support three Beijing-based staff are approximately \$73,700. Capital Security Cost Sharing charges are not applicable for USAID.

The planned funding also includes a proportional amount of funding for non-health USAID offices which support PEPFAR programs (Regional Office of Procurement, Executive Office, Program Development Office, and the Office of Financial Management).

New/Continuing Activity: New Activity

Continuing Activity:

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2009?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2009?	Yes	X	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2009?	Yes	X	No

Other Significant Data Collection Activities

Name: Integrated biomedical and behavioral surveillance among MSM

Brief Description of the data collection activity:

Expand MSM IBBS surveillance to at least 5 other major cities in USG- supported provinces.

Preliminary Data Available:

1/1/2010

Name: Social and sexual networking study among newly-identified HIV/ AIDS

Brief Description of the data collection activity:

NCAIDS is planning to undertake a special study by using social network analysis among newly-identified HIV/ AIDS case.

Preliminary Data Available:

1/1/2010

Name: A behavioral survey among potential high risk populations

Brief Description of the data collection activity:

NCAIDS is planning to undertake special surveys to other populations (like pregnant women in high HIV prevalence areas) to detect possible new epidemics and trends.

Preliminary Data Available:

1/1/2010

Supporting Documents

None uploaded.				Supporting Doc. Type	
USG China FY 2009 Executive Summary.doc	application/msword	11/10/2008	Executive Summary	Executive Summary	APoon
USG China 5 Year Strategy Update FINAL 11-6-08.doc	application/msword	11/10/2008		Other	APoon
USG China FY 2009 HIVAIDS Supporting Map.doc	application/msword	11/10/2008		Other	APoon
USG China FY 2009 Mini COP Summary Targets and Explanations FINAL11-06-2008.xls	application/vnd.ms-excel	11/10/2008	Summary Targets and Explanation of Target Calculations	Summary Targets and Explanation of Target Calculations	APoon
USG China FY 2009 Human Resource for Health.doc	application/msword	11/10/2008	Human Resources for Health	HRH Program Area Narrative*	APoon
Acronyms List for USG China FY 2009 Mini-COP.doc	application/msword	11/10/2008	Acronyms	Other	APoon
FY09 China mini-COP Gender Narrative 11-14 FINAL.doc	application/msword	11/14/2008	Gender Program Area Narrative	Gender Program Area Narrative*	APoon
2009 Global Fund Supplemental 14.10.08.doc	application/msword	11/14/2008	Global Fund Supplemental	Global Fund Supplemental	APoon
FY09 Budgetary Requirements Worksheet_CHINA_11_13_08.xls	application/vnd.ms-excel	11/14/2008	Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	APoon
2009 Proposed Management and Staffing Budget Table for Other Bilat_CHINA.xls	application/vnd.ms-excel	11/14/2008	Management and Staffing Budget Table	Management and Staffing Budget Table	APoon
FINAL FY 09 Mini-COP staffing spreadsheet (China)_USG_11_7_08.xls	application/vnd.ms-excel	11/14/2008	Staffing Analysis	Staffing Analysis	APoon
China Mini COP 09 Budget Justifications.doc	application/msword	11/14/2008	Budgetary Requirement Justifications	Budgetary Requirement Justifications	APoon
Letter to Ambassador Dybul for FY09 Mini-COP.doc	application/msword	12/4/2008	Ambassador Letter	Other	AConforto