With the Compliments
of the
MASITHANDANE ASSOCIATION

P O Box 2240 Grahamstown 6140
Telephone (0461) 25944 / 28735
Fax (0461) 25944

provide traditional meals for visitors. Undaunted by the fact that they had no suitable premises, they prepared al fresco meals, cooking over open fires. These "Xhosa picnics" have become a popular adjunct to their crafting activities and several tour groups now visit regularly.

No longer a strictly female preserve, the Association now has several male members - including an Imbongi (Xhosa praise singer), a herbalist, a pipe-maker and an artist.

Members of the Association are working hard towards the acquisition of a building to use as a tourist centre-cum-community training centre, where visitors can see the members at work, enjoy a traditional meal and purchase handicrafts. Visitors wishing to visit a Shebeen or overnight in the township can be accommodated in members' homes by arrangement.

Your support of the Masithandane Association will help its members realise their dream - to create a sustainable community project and encourage other community groups to do likewise.

For more information, contact the co-ordinator, Erica McNulty at telephone/fax (0461) 25944; telephone (0461) 28735.

MASITHANDANE

Winner of the 1997 Women in Tourism Award in the Eastern Cape

A Brief History .....

For more information, please contact The Co-Ordinator Erica McNulty (Mamcira) at Telephone / Fax: (0461) 25944; Telephone: (0461) 28735

A group of indigent women, a heap of used plastic litter, a crochet hook or two, a pair of scissors and plenty of determination. That, in a nutshell, is how Grahamstown's Masithandane Association began.

Born of a need to empower township women with skills which would enable them to generate their own income instead of depending on hand-outs, the Association was formed after a group of six women were encouraged to turn used plastic bags into attractive hats, bags and mats.

Grahamstown - like many other South African towns - is plagued by the plastic litter problem. In an effort to clean up the township environment, needy folk obtaining meals from community soup kitchens in the area were encouraged to "pay" for their meals by picking up a plastic bag and handing it in at the kitchen.

With more than enough raw material to work with, the women set to work with a will to master a new skill. With great ingenuity and imagination, they were soon creating a variety of headgear, which found a ready market in the community.

More women joined the group, and began experimenting with traditional beadwork. This too, proved to be saleable. Outlets for their goods were found locally and overseas, and several large commissions for specific items were fulfilled - creating much-needed income for the women involved as all funds generated by the sale of goods revert directly to the individual crafters.

Along with their newly-acquired skills with hooks, plastic, beads and needles, the women rekindled a pride in their traditional Xhosa culture, and expanded the Association's activities to include making and wearing their traditional garments.

Word of their achievements spread. Visitors to Grahamstown - overseas tourists in particular - who purchased the Masithandane goods from local gift shops were keen to meet the women and see how the goods were made.

Visits to the converted shipping container in the township in which the women gathered to work were arranged. For many tourists, being greeted in song by women in traditional dress in an authentic township setting was their first taste of the "real" South Africa. Thus a new tourist attraction for the city was created.

Encouraged by their success, and keen to increase their involvement in tourism, the Masithandane Association decided to spread its wings a little further and

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EZAKWANTU
GENUINE HANDMADE XHOSA CRAFT FROM THE
PROVINCE OF THE EASTERN CAPE
IN SOUTHAFRICA

Although at present the project is guided and administered by the GADRA Feeding Division, the Division's Committee has long recognised the need for the organisation, which is genuinely "community-driven", to assert its own identity and form itself into an independent organisation. This will be done by breaking away from the Grahamstown Area Distress Relief Association - a move which has already been approved by the Association in terms of its constitution. **There will be no change in the organisation's objectives.** The needy will still be fed, and we shall continue to work from our offices in the grounds of the Day Hospital (Cobden Street), in co-operation with doctors, nurses, and social and community workers; but more emphasis will be given to development and self-help. All the proper steps including the appointment of auditors have been taken to establish the organisation as an independent "association not for gain".

We believe that our generous donors will support this shift in emphasis as well as the organisation's planned independence. Our heartfelt thanks to all the good people and organisations who have given and continue to give us a gift of money. If any of you would care to take a look at our activities, please contact us. We would be happy to arrange a tour.

ERICA McNULTY
Manager, GADRA Feeding Division

May 1997

GADRA
FEEDING DIVISION

P O Box 2240
Grahamstown
6140

REPORT
1995 - 1997

GADRA FEEDING DIVISION

REPORT: 1995-1997

During 1995 to 1997 the work of the Feeding Division of the Grahamstown Area Distress Relief Association has been carried on uninterrupted, even though funds due to us from the NNSDP (Department of Health and Welfare) were often received months after the relevant expenditure, if at all. We used our own funds in the interim. Food was provided daily for 266 children on average in the 2 to 6 year old age bracket at our usual feeding points at the beginning of the day. The number of children did not increase during 1996, as predicted, as the municipal clinics received funds from the government for 2-to-6-year-olds as well as babies up to 2 years of age. Numbers started increasing in 1997 due to the Eastern Cape Nutrition & Immunisation Project which has health workers visiting homes, identifying malnourished children and referring them to us.

The feeding at the six community kitchens in Grahamstown East continued as before, with an average monthly attendance of more than 12 500 children and some 16 000 adults overall. Daily attendance depends on school and other holidays, the weather and other factors. The kitchen in the Alicedale township suffered from local political pressures for quite some time and from the changes due to the demise of the Algoa Regional Services Council as such. The Council used to oversee the kitchen's operations. Two new soup kitchens will service the Silvertown, Fingo Village and Pumlani (Joza) areas, hopefully from about mid-1997. Four of the kitchens were open during the December/January holiday period for the first time. Two were not able to stay open as the cooks were otherwise committed during the holidays and could not find temporary stand-in replacements. The Cobden Street kitchen has been open on Saturdays throughout the year and one kitchen in Extension 7 also stayed open during the disastrous rains in November/December 1996/97, as this area was particularly badly affected. Extensive relief work was undertaken by the Division during this period and a number of families were housed in the old fire station for several weeks while they rebuilt their homes.

The Masithandane women's self-help project continued to strengthen during the year, working from a converted shipping container in the grounds of the Extension 7 Clinic in Joza. Five members were selected by the Director of Arts and Culture in Bisho to represent Eastern Cape "rural" crafters at an international trade fair in Germany during August/September 1996.

The Masithandane group was founded in 1992 when six women were taught how to turn plastic bags into useful, saleable items. The many disadvantaged people who obtained food from soup kitchens were encouraged to collect used plastic bags and present these as "payment" for their meal. By getting together regularly to clean, cut and crochet strips of the used plastic into hats, bags, mats and baskets the women made new friends and developed a sense of pride in their achievements.

The group soon discovered that there was a market for their products and that for the first time in their lives they were able to generate their own income without being dependent on hand-outs. The importance of this discovery cannot be over-stressed. Grahamstown has one of the highest unemployment levels in the Eastern Cape because the city offers few employment opportunities for unskilled or semi-skilled people. The group expanded rapidly and now about 100 women are involved in the project.

Once they had honed their crocheting skills, the women were encouraged to try their hand at traditional beadwork. This was an instant success. In addition to plastic goods and beadwork, some of the women now produce traditional clothing as well. All these products have proved popular with tourists wishing to purchase genuine Xhosa handwork and curios.

An unexpected spin-off from the revival of traditional beadwork and garments has been an additional source of income, as the group is in demand to sing and dance in traditional dress at ceremonies to welcome dignitaries and tour groups visiting our city, as well as at concerts. They are also called upon to conduct workshops to teach their crafts to others.

In its small way the Masithandane project has already proved that co-operative self-help schemes can foster a sense of pride, build self-confidence and provide motivation to earn, learn and prosper together. Two members were invited to be part of the Eastern Cape Tourism Board's Road Show to Singapore in 1997. They were away for three weeks - a wonderful experience.

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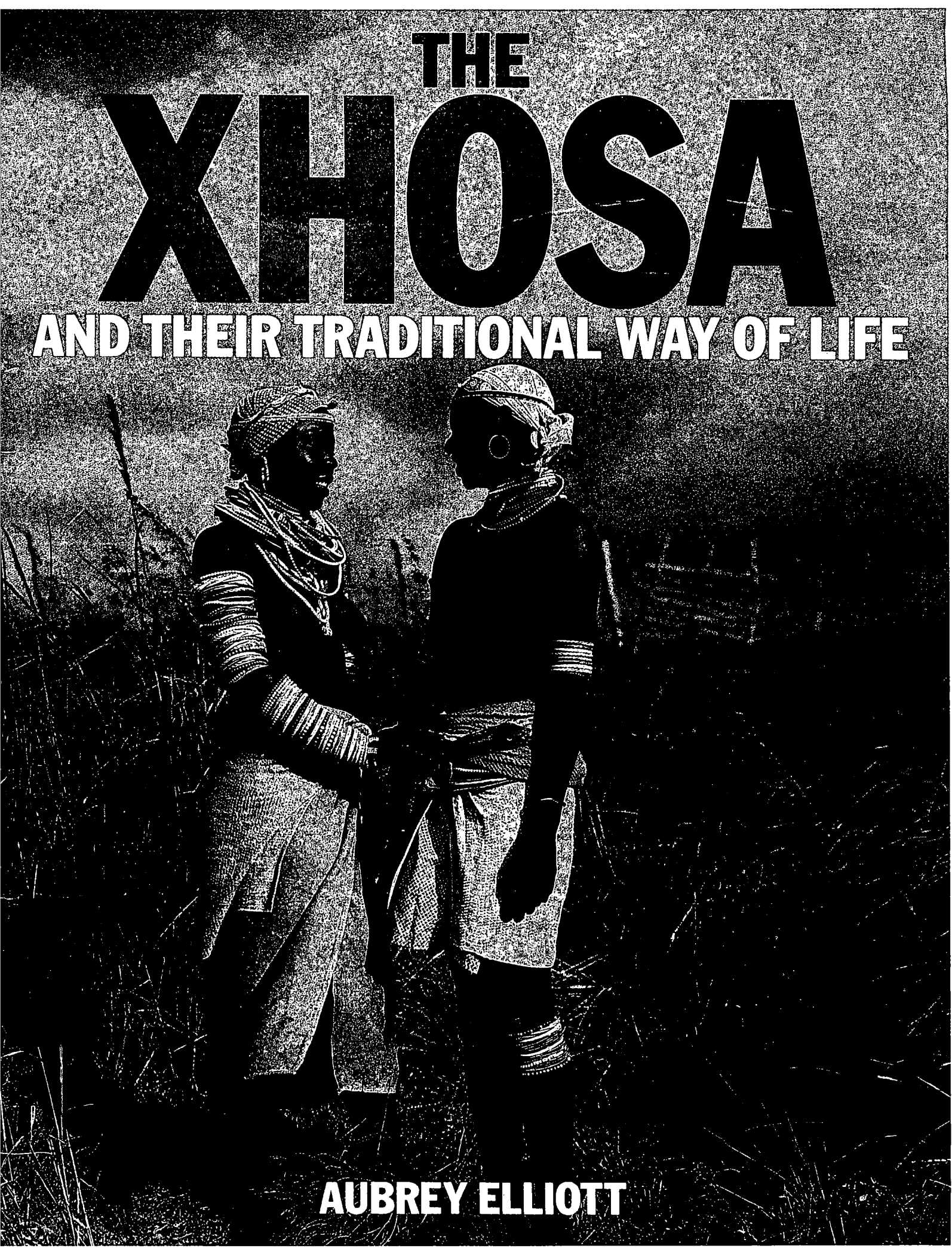
THE XHOSA

AND THEIR TRADITIONAL WAY OF LIFE



AUBREY ELLIOTT

Masithandane Women's Group

The Masithandane Women's Group was founded as a result of mothers [illegible] to make various items [illegible] bags [illegible] Others having learnt to crochet [illegible] Others knit and sew [illegible] garments and beadwork are also made thereby reviving a dying art [illegible]

By buying some of the articles you have helped women to help themselves in a town with a 60% unemployment rate.

For more information, contact: Mrs E McNulty, Co-ordinator of Masithandane Women's Group at P.O.Box 2240, Grahamstown 6140 or telephone (0461) 25944

44974

UNAIDS
UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK

Facsimile

To:	Ms Sandra Thurman Director, Office of National AIDS Policy Washington D.C.	Fax No:	(202) 632 1096
		Pages:	21
		Ref.:	exr
From:	Manager, Communication and Public Information, External Relations	Date:	26 November 1997
Subject:	REPORT ON THE GLOBAL HIV/AIDS EPIDEMIC - DECEMBER 1997		

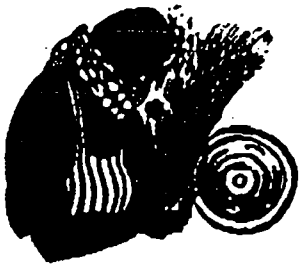
Please find attached the press release and "Report on the Global HIV/AIDS Epidemic" which were released today at the international World AIDS Day press conference in Paris.

D. DeSantis
Anne Winter

ENCL.

UNAIDS

20, avenue Appia • CH-1211 Geneva 27 • Switzerland • Tel: (+4122)791.3666 • Fax: (+4122)791.4187 • e-mail UNAIDS@UNAIDS.ORG



IHRG

INDUSTRIAL HEALTH RESEARCH GROUP

Protem 1
Barrier Road
Lower Campus
University of Cape Town
Phone (021) 650-3508
Fax (021) 685-5209

POSTAL ADDRESS
Protem
University of Cape Town
Private Bag
Rondebosch 7701
South Africa

20 January 1998

URGENT

Attn: Fisseha Tekie
ACILS

Fax: 011-4031101

Dear Fisseha

As discussed yesterday, here is a very short briefing on the idea we discussed with Sandy Thurman on Sunday. I haven't yet sent this to her yet, obviously, but perhaps you could pass on a copy when you see her this evening.

I've also attached a short paper on the Workers' Clinic, prepared for a conference last year, which I thought would be useful, as it gives some facts and figures.

Have a good dinner!

Greetings

Jud Cornell

7 pages, including this one

Motivation for support for an exchange program for occupational health doctors: Industrial Health Research Group

The Industrial Health Research Group provides a unique range of occupational health and safety services for South African trade unions. The IHRG was established in 1980 and is one of the oldest labour service organisations in the country.

During the apartheid era, the IHRG developed services to meet needs which in most developed countries would be catered for by government and/or employers. Thus, for example, the IHRG established the Workers' Clinic in 1989, to assist workers with occupational diseases and the after-effects of industrial accidents because there was no public occupational service in this province. Since the change of government, fiscal constraints have limited the extent to which government can fund new areas in health care. The only full-time public occupational services are provided by the National Centre for Occupational Health and the Medical Bureau for Occupational Diseases, both based in Gauteng province, a thousand miles from the Western Cape. In our province, there is one session a week in a clinic at Groote Schuur hospital to which patients can be referred for tertiary care.

In addition to the clinic, the IHRG conducts workplace-based screenings and medical surveillance programs in a range of industries. Though the clinic is locally based, the screenings are conducted around the country, in areas ranging from the far northern Cape to Natal.

Against this background, there is a vital need to maintain our medical services. The IHRG receives no university or government funding. Throughout its existence, it has been supported by the international trade union movement. In recent years, the group has made concerted moves towards self-sufficiency, charging for certain of its services and securing funded contracts for research and worker education. However, the IHRG still operates within serious financial constraints, and cannot match even public sector salary levels, which makes it increasingly difficult to attract and hold experienced doctors. We currently have only one doctor on staff, a situation which will force us to mothball or even close our clinic in the second half of 1998.

To address this problem, we would like to explore the possibility of an international exchange program with the U.S. In broad outline, this would involve the placement of an occupational health doctor from the U.S. in the IHRG, for a period of at least a year, preferably longer and preferably also as part of an ongoing program. This doctor would be part of the IHRG team, running the Workers' Clinic (examination, diagnosis, processing of compensation claims) and conducting workplace screenings, medical audits and surveys. A further element to the work is involvement with various stakeholders in developing the occupational health services of the province.

The provincial department of health is strongly supportive of the Workers' Clinic and has given practical weight to this support by giving the Clinic free premises in a local community hospital. The IHRG is also involved in training public sector nurses in occupational health, an ongoing programme which will be extended to other provinces this year at their request.

The placement would offer a U.S. doctor a unique experience:
- the opportunity to hone clinical skills by intensive exposure, given South Africa's high burden of occupational disease
- the potential for interesting and rewarding epidemiological research
- a base in a stimulating multi-disciplinary environment
- the challenge of combining advocacy and high quality research and interventions
- the chance to contribute to the process of rebuilding South Africa

From the IHRG side, it would enable us to keep the Workers' Clinic from closing and to continue to provide a range of occupational health and safety services for the trade union movement.

This brief document can do no more than outline an idea for a co-operative program for international support. (The attached document 'Stories for Change...' provides some additional background information on the operation of the Workers' Clinic.) We would be happy to discuss possibilities and to expand this briefing into a proposal.

STORIES FOR CHANGE: THE WORKERS' CLINIC OF THE INDUSTRIAL HEALTH RESEARCH GROUP (IHRG)

Mohamed Jeebhay, Sophia Kisting, Danielle Edwards, Hilda Mtwebana
Industrial Health Research Group, University of Cape Town

Presented at the International Conference on
"The New World Order: A Challenge to Health for All by the year 2000"
29-31 January 1997, University of the Western Cape, South Africa

A) Introduction

Why was the Workers' Clinic set up?

- Established in 1989 in Woodstock (industrial area) as there were no state occupational health services (OHS) in Western Cape at the time
- Provide OHS for members of progressive trade unions & for under-served groups: unemployed & ex-miners
- Project of the IHRG: multidisciplinary unit based at UCT
- One of only two regional worker-based OHS in S. Africa
- Pioneered regional OHS delivery model at primary level

Goals of the project

- Promote the occupational health of Western Cape workers
- Provide a regional occupational health service :
  - * Diagnostic service (occupational diseases)
  - * Assessment of disability (occupational injury/disease)
  - * Compensation support (advice/processing claims)
  - * Workplace investigations (liaison with occupational hygienist of IHRG)
  - * Rehabilitation (counselling, job placements, grants)
- Monitor trends in occupational diseases seen at clinic
- Develop capacity among trade union officials/shopstewards in recognising and dealing with occupational health problems
- Promote efficient networking of service providers: trade union offices, legal aid agencies and advice offices, specialist clinics, health and safety inspectors

B) Description of activities

Clinic activities

- ❑ Located at Woodstock Community Health Centre (primary level public sector health service)
- ❑ Attendance through appointment-booking system according to specific referral guidelines
- ❑ After assessment patients are:
  - * Managed at the clinic (treatment, rehabilitation)
  - * Referred to Groote Schuur hospital (tertiary level special investigations)
  - * Referred back to trade union for further follow up
- ❑ Information of consultations captured onto a database
- ❑ No direct user fees charged to workers

Resources available

- ❑ Staff (part-time): two occupational health doctors, compensation officer, administrator
- ❑ Equipment: lung function machine & audiometer and general medical equipment
- ❑ Specialist laboratory services: chest x-rays, blood lead determinations/allergy tests) purchased from state & private providers
- ❑ Medication: purchased from private providers
- ❑ Funds: mainly external trade union donors & some income from Workers' Compensation Fund (successful claims)

Who comes to the clinic?

- ❑ Mainly men (78%), though proportion is changing
- ❑ More than half of these workers have no workplace OHS
- ❑ Common industries: clothing & textiles, metal, chemical, construction, transport, food
- ❑ Hazards: mineral dusts (asbestos, silica), vegetable dusts (grain, wood), metal exposures (lead, chrome), chemicals (paints, solvents, acids, alkalis), ergonomic & accidents
- ❑ 75% of referrals from trade union officials & shopstewards
- ❑ Other referrals: self referrals, advice offices & legal aid agencies, IHRG workplace surveys, workplace-based OHS

Clinic experience ....

- ❑ Occupational disease or work-related symptoms (50%)
- ❑ Late effects of occupational injury (25%)
- ❑ Health problems related to work ability (25%)
- ❑ Common occupational diseases:

* Chest diseases: occupational asthma, TB, chronic bronchitis, pneumoconioses eg. asbestosis, silicosis (40%)
* Musculo-skeletal disorders: back problems (20%)
* Skin diseases: allergic and irritant dermatitis (20%)
* Noise-induced hearing loss, depression/stress etc. (20%)

Changing focus of the clinic

- ❑ Encouraging referral of women workers, farmworkers & ex-miners
- ❑ Improving capacity among staff to investigate/assist workers who have occupational diseases eg. occupational asthma &/or disability
- ❑ Increasing emphasis on mental health, rehabilitation & ergonomics
- ❑ Revising the data collection system procedures with regard to both quality of information collected and processes involved
- ❑ Employing occupational health nurse to join the multi-disciplinary team
- ❑ Attempting to obtain funding from Workers' Compensation Fund for providing the service
- ❑ Promoting the development of a provincial occupational health unit to be staffed and supported by Provincial Health Department
- ❑ Strengthening enforcement activities by engaging with Department of Labour inspectors
- ❑ Designing education and training programmes for trade union officials/health and safety reps/shopstewards as well as primary level health service providers in the public sector to identify and refer workers with occupational diseases

C) Looking Back .....

Main successes

- ❑ Increasing number of successful workers' compensation & disability claims
- ❑ Securing workers' jobs through appropriate placement
- ❑ Preventing worsening of occupational health problems through negotiating removal of workers from exposure
- ❑ Successful implementation of recommendations made to union/employer in instituting controls to reduce the risk of other workers developing health problems
- ❑ Increasing awareness among workers around health & safety issues and their legal rights
- ❑ Influencing government policies on OHS provision

Main problems

- ❑ Lack of speedy and appropriate enforcement from Department of Labour inspectors
- ❑ Decreased staffing capacity in clinic to cope with increasing referrals
- ❑ Inadequate capacity in dealing with rehabilitation & factory site visits
- ❑ Lack of funds to ensure long term sustainability
- ❑ Lack of awareness amongst doctors and nurses in identifying occupational health problems
- ❑ Decreasing activism among workers/trade unions due to changing nature of trade unions post 1994

AIDS MEETING DELEGATES - Rhodes University - 22 January 1998

NAME	COMPANY / ORGANISATION	ADDRESS	FAX NO	TEL NO	E-MAIL ADD	ATTEND
Mrs Adar			24354			
Emily Amos	DramAide					
Moira Archibald	Catholic Diocese, PE, Care Minstry					
Esther Baxter	PE Technikon		041-504 3422	041-504 3280		
Penny Bernard	Rhodes University		23948			
Antoinette Bouwer	Good Samaritan Hospital			082 202 4087		
Lisa Brown	Social Worker, Hospice		29676			
Sister Buchner	Rhodes University					
Cpt V da Llacia	6 SA Infantry Bn		22011 ext 2112	22011 ext 2104		
Lawrence Doro	NAPWA					
Dr Thanduxolo Doro	National Assoc of People with Aids		041-544 083	041-573 397		
Dr C Gazi	Cecilia Makiwane Hospital		0403-618 2264			
Nombulelo Habana	Umthathi Training Prog					
Haynes, J	Metropolitan Life					
Timothy Hebblewhite	ATTIC, PE Municipality					
Revd Denis Herbert	Anglican Cathedral			25633		
The Very Revd C Hewett	Dean, Anglican Cathedral			25633		
Dr Celia Jameson	Specialist Physician		28627			
Johnstone, Daniel	Metropolitan Life					
Dr Kevin Kelly	Rhodes University		24032			
Mrs Thembeka Kuboni	Red Cross, PE		041-564 334			
Mr Mike Lazar	Provincial Manager, SANTA, EC		26676	082 565 4653		
Le Grange, K	Metropolitan Life					
Penny Leonard	Care Ministry, PE					
Sr Glenn Madlingozi	TANTYI Clinic		29488	306 077		
Shirley Mandy	Care Minsitry, PE					
Margie Coutts	St Marys Homes, EL					
Marietjie Bezuidenhout	Settlers Hospital					
Marion Hendry	Settlers Hospital					
Sister Matebese	GTN Municipality, Health Department					
Daniswa Mbolekwa	Umthathi Training Prog					
Tobeka Meshe	Health Dept, King Williamstown		0433-22147	0433-22794		
Dr Clarence Mini	EQUITY					
Chief L Mlanjeni	S A Traditional Healers Council		0451-6758			
Hilary Mnyanda	Grey Hospital		0433-22147	082 202 1398		

Robin Mosdell	FAMSA		22580			
Nomatamsanqa Mountain	Umthathi Training Prog					
Sister Mpati	Settlers Hospital					
Mbuleli Mpokela	Hospice					
Gladys Mtimkulu	School Sister, Albany District			24485		
Mr Pasika Nontshiza	Transkei Red Cross		04741-350961			
Nomathamsanqa Ntoyake	Umthathi Training Prog					
Dr E M Nxiwueni	Community Health Forum Help Desk		041-692 079			
Val Pillay	The Aids Haven					
Sister Pinini	GTN Health Dept			082 202 1398		
Melanie Pleaner	Planned Parenthood Assoc of S A			041-572 672		
Marlene Poolman	Dep Dir of Comunicable Diseases		0401-950 072	0401-993 463		
Bernadette Ranchod	Care Ministry, GTN					
Dr Reuben	Homeopath			083 750 5664		
Dr Jill Rink	General Practitioner					
Dr J Rohde	EQUITY			29112		
Phindeka Sandi	Umthathi Training Prog					
Dr A P A Santos	Blood Transfusion Services, PE			041-331201		
Schmidt, Mike	Metropolitan Life					
Dr Scritch	Cecilia Makiwane Hospital		0403-618 2264			
Dr Robert Shell	Rhodes University, East London					
Sister Win Simpson	St Johns Ambulance Foundation		25670			
Sarah Smiles	FACES of Aids					
Trudie Thomas	MEC for Health		0401-950 327			
Sister Tikana	Aids Counsellor,		0431-51057 (H)			
Thembela Tokwe	Umxhasi Project					
Sr Titalia Tshanga	Good Samaritan Hospital			082 202 4087		
Tshenge, J	Metropolitan Life					
Jean Underwood	The House of Resurrection Haven		041-813115	041-811515		
Elyse van Houten	Talking Hands Education Puppetry Prog		311104	082 202 0166		
Allan Vos	EQUITY		041-554 138	041-345 703		
Irene Walker	Umthathi Training Prog					
Prof Michael Whisson	Rhodes University					
Alan Wild			0401-950 072	0401-956 4304		
Buyiswa Yako	Albany District Office, Health & Welfare			24901		

FACSIMILE

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

808 17th Street NW, Suite 820
Washington, DC 20006

Phone: (202) 632-1090
Fax: (202) 632-1096

TO:	Sandra Thurman c/o Dr. Woods, Rhodes University
FAX NUMBER:	27-461-28-444
FROM:	Todd Summers
DATE:	January 21, 1998
PAGES:	(including cover sheet)
COMMENTS:	Please deliver to Ms. Thurman at The Lodge before Grahamstown tour with Mrs. Helen Holleman. Thank you

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR SANDRA THURMAN

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 632-1090

Date: January 21, 1998

Re: Update

Hey! Wooooshhhhh! Jeeeezeee Peezeeeeeeee! Ok, those are the missing sounds in the office. Things are going fine here, if you were wondering.

I wanted to add a few folks to the vaccine meeting - had a conversation with Helen and she agreed that we should add:

- Helene Gayle
- Jack Weitzcarver or someone from OAR
- Debbie Birx or someone from DoD
- Helen and I didn't discuss, but what about David Baltimore?

She also mentioned Max Essex from the Harvard AIDS Institute but I didn't think that would be great for an internal meeting. Sensing that you want this to be a small meeting, I wanted to hold off asking more folks until you approved them. Let me know what you think. By the way, we thought about Satcher but then figured he's trying to keep a low profile lately so it might be better to ask Helene instead.

I'll be working with Michael on drafting a couple of sentences for the State of the Union - Bruce suggested we take the "look what we've done with science" route. OMB stuff is quiet. I'll deposit the check for Patrick (he's out of town for 2 weeks). Got a meeting with the acting director of the Francis Xavier Bagnoud Center during Boston trip (same guy who runs their AIDS programs). Working on others with Harvey Fineberg at Harvard, John Auerbach, etc.

Paul DiDonato asked if I could confirm you for a conference in Florida in March - it would be Thursday afternoon through Sunday, the weekend before PACHA meeting starts. Lots of bigwig international folks there, including Minister Zuma - lots of internation foundations as well. Paul Delay's coming. It's at a place called White Oak - private island resort. You'd be giving the keynote on Friday dinner - prestigious slot. I'd recommend it. Lemmie know - they need commitment ASAP to hold the keynote slot.

Hope you're having a fabulous trip.

new USAID Health Officer

RESUME

S. KEN YAMASHITA
(December 1997)

Address:
14504 Melinda Lane
Rockville, MD 20853

Telephone:
(W) 703-712-5004
(H) 301-871-3251

SUMMARY

Over fifteen years of post doctoral experience in health and population programs in developing countries. Provided technical assistance to over 20 countries in Latin America, Asia, and the Near East; As CDC Technical Advisor was assigned to Ecuador to assist the government in the formulation of health policies and programs and to improve key child survival interventions - as a result of these efforts received the Government of Ecuador Meritorious Honor in Health Award.

EXPERIENCE

1997 - Present — *U.S. Agency for International Development*
Chief, Health Policy and Sector Reform Division
Office of Health and Nutrition
USAID/Washington

1995 - 1997 — *U.S. Agency for International Development*
Deputy Chief, Health and Family Planning Division,
Office of Population
USAID/Washington

1993 - 1995 — *U.S. Agency for International Development*
Chief, Health and Family Planning Division,
General Development Office
USAID/Ecuador

1989 - 1993 — *U.S. Centers for Disease Control*
Technical Advisor for Health and Population Policy

1983 - 1989 — *Futures Group, Washington DC.*
Senior Economist

1981 - 1983 — *United Nations, New York*
Population Affairs Officer, Population Division.

EDUCATION

Ph.D. School of Hygiene and Public Health.
The Johns Hopkins University. May 1980

B.A. The Johns Hopkins University. May 1975

Awards

USAID Meritorious Honor Award
USPHS/CDC Superior Service Award
Government of Ecuador, Ministry of Public Health Meritorious Decoration.

Christmas  Greetings

NYUMBANI

Dear Friends,

The spirit of Christmas includes selfless giving primarily but gratitude as well. That an Infinite, Almighty God would, for no advantage, but only selfless love - give His only Son to bring us back to Himself - is beyond our comprehension. After 2000 years that often told message is still a source of great joy even though not so often emulated. But often enough for us at NYUMBANI, we are the recipients of overwhelming generosity from so many, near and far. So it behooves us to complement the Christmas spirit by acknowledging that great kindness by extending a prayerful word of sincerest thanks. The list is too long to itemize here, but you are known to God - and to us - and we leave it to Him to bless and reward you for your giving to His 55 special HIV+ orphans at NYUMBANI.

It has been a good year beyond imagining: The 10 family units are complete, the sisters residence and school are in good use, the warehouse is serving its purpose well, the playground is almost finished and all that needs to be completed is the staff quarters.

With the increase in numbers of children, we have to increase our supplies of food, medicine, staff, etc. to keep up a quality of care that is appropriate. The Board of Directors have guided, counseled, facilitated and in so many ways supported and enhanced the vision of NYUMBANI. A special thanks is in order and a special reward deserved by each of them for their selflessness.

Despite the generosity of many small and large individuals and organizational donors, we still lack the security of a major donor or a sufficient endowment to insure the proper future of NYUMBANI - until a cure is found and it is no longer needed. Until then, we still require that the same spirit of Christmas will inspire you and many others to assist us as we attempt to provide a bit of joy and happiness to our children who certainly need it in their short lives.

We pray daily for all the benefactors o f NYUMBANI and we see daily the answers to those prayers for you and all of them and we rest assured that His Providence - with you as His instruments - will never fail us. May the Peace and Joy of Christmas that is beyond any human gift be yours during this season and throughout the year.

Fr. Angelo D'Agostino S.J.,M.D. A. D'Agostino, SJ, MD
Founder

THE CHILDREN OF GOD RELIEF INSTITUTE - A registered Charity in Kenya & USA
P. O. Box 21399, Nairobi - Office Tel: (254) 716829, Fax: (2542) 718711. Hospice Tel: 884303, 882371
Home page: http://www.nyumba.com. E-mail: nyumbani@africaonline.co.ke

(continued from page 3)

All our children are HIV positive - that is one of the criteria for admission, besides being orphans. Now, despite our best effort, they do succumb at a rate of about one a month or six weeks, though, I believe, that rate will increase as our population increases. If we could contribute a bit to their living a symptom-free existence, we could feel we were really fulfilling the vision and philosophy of NYUMBANI. Well, we may be able to do just that - and more - before long:

It all started some 8 months ago when two highly trained and widely recognized Kenyan medical scientists approached us with a proposal to use a combination of drugs that had proven successful in obliterating HIV in primates. To attempt to use it here would require a very expensive, high tech laboratory and Ministry of Health approval. Thanks to some generous donors during Fr. D'Agostino's U.S. tour this past summer, enough funds were garnered to buy the essential lab equipment. The Becton Dickinson Company donated a $50,000 fax count apparatus and a PCR (Polymerase Chain Reaction) apparatus was given by Rotary International and it is being used at the University of Nairobi.

To compliment that effort, another fortuitous meeting occurred when Fr. D'Agostino attended a conference in Crystal City, Virginia. The meeting was devoted to the reporting on studies concerning HIV Maternal/Child transmission and scientists world-wide attended. During the course of the meeting, a discussion was held with Dr. Paulo Rossi who is a leading researcher in the use of the "cocktail" in children. As a result of our conversation, NYUMBANI has been invited to collaborate with Dr. Rossi's study which means that our children will be given medication which costs over $20,000 per year for each patient.

The laboratory should be up and running by 1 January 1998 and, hopefully, the children will be "enrolled" in the Italian study by February.

Say a prayer, please. Who knows what great results we may get?

CONTACT NYUMBANI
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Hospice: - (254-2) 884303, 882371
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Home page: http/nyumba.com

TO BECOME A FRIEND OF THE CHILDREN OF NYUMBANI...

Name.....

Physical Address.....

Postal Address.....

Telephone & Fax..... E-Mail Address.....

To assist our daily upkeep I/We enclose a cheque of .....

(For Annual Contributions)

◯ **Corporate (Kshs. 10,000)** ◯ **Family (Kshs. 5,000)** ◯ **Individual (contribution)**

In addition to the contribution and joining "FRIENDS OF NYUMBANI" I/We would like more information on how to:

◯ Help at Nyumbani
◯ Help in Nyumbani's Programmes
◯ Sponsor a Child (Kshs 200/= per day)
◯ Be an Instructor
◯ Assist in organising fundraising(s)
◯ Take a child home for several days
◯ Other *please specify*.....
.....

NYUMBANI NEWSLETTER

December 1997

NEW COTTAGES COMPLETED

It's been a year beyond imagining. The 10 family units are complete, the sisters' residence and the school are in good use, the warehouse is serving its purpose well, the playground is almost finished and all that needs to be completed is the staff quarters.

Five of the living units were funded by Caritas Italiana. The other 5 and a six-person sisters' residence plus complete furnishing of the kitchen and bath areas was done by a Swiss Foundation.

Thanks also to the donated services of Triad Architects and the quantity surveyor, Doris Kariuki. Kenital gave us a huge discount on hot water solar systems that have reduced our rather large electricity bill.

This is the third 'NYUMBANI'. New staff had to be enrolled and trained. Thanks to Mrs. Nzinzi, a remarkable Kenyatta Hospital paediatric nurse we were able to select a high caliber staff of nurses, enrolled nurses and care-givers. Drivers, askaris, gardeners, administrators came along.

Perhaps the least expected, though most needed and appreciated gift of all was the arrival of the 5 sisters from South India. As members of a large local congregation (Adoration Sisters of the Blessed Sacrament), they are highly trained as nurses, teachers, social workers, etc. Sister Teresa, though diminutive, is the very effective and always cheerful, Matron and community superior.

Sister Teresa *"Communicating"* with Joseph

The British Airways Connection

"When will this program be aired" I asked the producer of BBC documentary on NYUMBANI in February 1993, "I don't know , I just make them and send them to London and forget them" she said. Well, so did I until I heard my name through the earphones of my headset while dozing on the London/Washington BA flight that May. Was I surprised to see the children and myself in full color on the screen!

One of the hostesses recognized me and notified the captain who asked me to join him and suggested I write to the editor of the BA in-house magazine *Contact*; which I did. She very kindly printed my letter and since that time we have been the recipients of at least 3 or 4 weekly visits by BA crews who come directly to the home or else leave for collection at their hotel large parcels of clothes, shoes, medicines, toys, books, food, etc. - all collected from crew members and well-wishers.

Outstanding in all the years, have been the remarkably effective work of: Chris Lowthian, Richard Mc Michael, Helen Mann and Captains Mike Johnson and Nick Shah.

Chris has made innumerable visits and set up a bank accont

(continued on page 2)

A day on 747 - British Airways

(continued from page 1)

for funds garnered from crews and other sources. Richard and Mira Mc Michael have spent many days in Nairobi, organized a very creative fund raiser at Gatwick Airport, and set in motion a much needed playground which is now well underway.

Capt. Mike Johnson's daughter, Amy ran a dance marathon at her school and raised over 3,000 sterling pounds to buy and deliver a very valuable, rarely found, oxygen concentrator which precludes the need for oxygen tanks - a real blessing.

John Roadnight's cousin ran a marathon across the Sahara and raised 10,000 sterling pounds which bought us a much needed industrial sized washer and drier. Now we pray that the Kenya Power & Lighting installation of power will allow us to use it before the new year arrives.

It would be impossible to list all the BA personnel who have signed our guest book on the sides of these pages. We have been adopted as one of their special projects and thank God for it - for them, all.

OF HUMAN INTEREST

JOSEPH ANGELO

Each of our children have a sad, tragic story of abandonment in hospital or of being left destitute by parental demise or discarded by relatives, etc. But perhaps the most touching is the story of our recent admission (12th September 1997) Joseph Angelo (the staff gave the name without my knowledge!). It seems that a policeman in Gilgil found this 4 day old infant buried up to his neck, but still alive. We presume that a distraught mother, knowing she was HIV+, wanted to put the child out of misery of a similar fate, but didn't quite have the courage to bury him completely. Well, for the first two weeks it was nip and tuck, but thereafter he has thrived so much that he seems to be joining the group which we feel will convert to a negative status! Who knows what God has in store for him?

SHOSHO

From the time when NYUMBANI moved to Dagoretti Road, we have been visited very frequently by our next door neighbour, Hanna Pollman. Despite painful knees, Shosho (grandmother in Swahili) as she is affectionately called by the children and staff, comes slowly with her walking stick to talk with the children and play with them. Her two daughters, Sally and Nancy, often visit the children although they live in town. The French volunteer, Geraldine Fauret is very gifted and left her work by painting colourful murals a few months ago. On mural has an unmistakable likeness of Shosho coming to visit a "NYUMBANI"! While she certainly helps the morale of all, I'm sure her coming back means that she enjoys the children even though it is painful getting from her house to ours.

ADOPTIONS

There is a happy phenomenon associated with paediatric AIDS and that is: not all HIV+ new-borns remain so; in fact, our experience has been that after 10 to 12 months only 25% are HIV+. What happens to the others?

Since our policy is to keep only HIV+ children, we discharge them. Without having planned such a program, we have already placed in adoption 10 such children. Again, each has a story to tell - this time a very happy one.

Suffice it to say now without going into details about their family placements, they are all very well-cared for and loved. They can be found far and wide: 1 in Canada, 3 in USA, 1in Italy, 2 in Dubai and 4 locally in Kenya. At the moment three

Shelly comes back

are being processed. We hear frequently from our "graduates" and their grateful adoptive parents and are visited often by our local "grads".

One couple from Dubai - he is Kenyan born and she American - adopted 2 of our girls even though they already had 4 of their own naturally. In gratitude, they have contributed a most significant gift which is most appreciated: a Nissan urvan which is a real Godsend. Thank you Issa and Shelly Baluch.

May God continue to bless you and your family for your great kindness.

This issue Kindly produced by

SPECIAL DONORS

CGIL & CINZIA PATRIAN

For non-Italians who might not now it, CGIL is the most influential union in the part of northern Italy which is the most industrialized zone in all of Europe. Thanks to Mr. Roberto Molinari, its Secretary General, the organization has initiated the support of 12 children annually at a rate of $100 a month. He most graciously presented a plaque of honour to NYUMBANI on which is a beautiful photo of 3 racially different children and inscribed: "Solidarity is a precious gift, thanks to the possibility of sharing with you". His lovely daughter is planning a photo exhibition in Milan as a fund-raiser.

Another very enthusiastic fan of NYUMBANI is a wonderful Alitalia hostess: Cinzia Patrian who together with Mrs. Adrianna De Pero Lodi also of Alitalia has contributed many valuable wonderful Christmas packages as well as sizeable funds gathered from their many friends and relatives.

NOEL GROUP

Perhaps the most unusual group of contributors who actually came, worked and donated funds were the "Make-a-Mark" tour group organized by John and Patty Noel of Stevens Pt. Wisconsin.

After having built a clinic in Russia, John found NYUMBANI on the Internet. He visited in November of 1996 and recruited 10 extraordinary people who not only went on safari but spent 3 full days painting, digging, sweating and just enjoying the children.

Most famous among the group was Dr. Art Uline a nationally recognized (in USA) NBC-TV medical commentator. His remarks on KBC-TV were a real boon for NYUMBANI. His managerial know-how, together with John Noel's bodes well for our future administrative restructuring. Other members of the group were a neurosurgeon from New Orleans, a lawyer film maker from Hollywood - and their wives amongst others. We haven't heard the last of them; we will probably see them again next year.

KLM

From time to time we have KLM personnel that come to spend time with the children and bring useful donations. About 2 years ago they formed an NGO to help Kenya children in need by various fund-raising programs

For the last 6 months they have been soliciting coins and any foreign currency from their KLM passengers world-wide and NYUMBANI has been designated the beneficiary. Mr. Jan Visser who is the Chairman is expected in Nairobi to report and make the presentation. Besides the Kenya Airways partnership with KLM, we at NYUMBANI are happy to add another Kenyan associate to the Royal Dutch Air Family.

H.E. Dr. S. Honuchu, the Japanese Ambassador had visited us two years previously and saw the little blue tent that served as a very inadequate school. He set in motion the mechanism for making The Paul Mike School a reality (The Ambassador himself suggested the name. Paul Mike, a Jesuit, and his companions were among a large number o Christians martyred at Nagasaki in 1597). It has two large rooms separated by a folding partition and two smaller office/classrooms as well as appropriate toilet facilities. It doubles very well for Mass and other events when the partition is folded open.

A joyful joint-venture

WHERE THERE IS LIFE THERE IS HOPE!

Since it was first recognized as a clinical entity in 1981, HIV infection has ineluctably lead to a fatal AIDS outcome. For years it defied medical science. There seemed to be no light at the end of a long dark tunnel. Then for the first time 2 years ago we began seeing a glimmer at the end of that tunnel when we heard of a *cocktail* that would reduce the *viral load*. Although it did not insure a cure, it did seem to allow a longer symptomless life for many of those harbouring the virus.

(continued on page 4)

Ethembeni - Place of Hope
SOUTHERN AFRICA
The Salvation Army

ADCOCK INGRAM HOUSE
63 SHERWELL STREET
DOORNFONTEIN
2094
TEL: (011) 402-8101
FAX: (011) 402-3293

4 December 1997

Dear friends,

We have been asked by many people to inform them of any planned projects for 1997. The following are some of the projects we have been discussing.

Suggested Projects for 1998

These are some of our hopes, dreams, and projects that we are planning for. If you can help us with any of these we will be most grateful.

Hospital

As many of our babies are abandoned at our local hospital after birth, we want to work with the hospital Social Workers. If they identify a mother as being "at risk of abandoning" her child, the Social Workers, or our Hospital visitor, would present the mother with a League of Mercy Kit which would include the following:

4 nappies, 2 waterproofs, small tin of baby milk powder, cream for mother and child, small packet of washing powder, babygro and vest, 2 bottles, small sterilizing kit; Mycostatin ointment, Gentian Violet, Cotton buds, baby blanket.

Included in the kit will be vouchers from Ethembeni which you invite the mother to contact Ethembeni for free medical advice and counselling. If they do contact us they will be seen by the Social Worker or Community Worker who will interview them and assess what their needs are. While they are being interviewed our Nursing Sister will assess the baby. If necessary they will be asked to come back on a regular basis, or we will do a home visit.

Home-based care

There is a very strong move in both the Health and the Welfare Government Departments to prepare for the number of people who will be requiring home-based care due to Aids-related infections. Our local hospital has a critical shortage of beds available even now, with over 50% of hospital deaths already being due to AIDS.

The home-based care programme is dependent on: a carer who will live with the infected person and see to their day-to-day needs, and Nurse Aids, appointed by the Province or funded by NGO's, who will see to the nursing needs of the patients.

The government has acknowledged that in their planning there is a "Care gap". This is the gap that the church needs to get actively involved in. There is more to patient care than nursing and daily needs.

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We envisage the extension of the existing League of Mercy programmes - with a very active group based at Ethembeni. Here the "care packs" will be collated, and the visits to the patients will be arranged.

The League of Mercy kits should include:

* Basic Groceries: Whatever surplus Ethembeni has, plus: Mielie Meal, Sugar, milk powder, dehydrated vegetables, pasta, tea, rice, baked beans, peanut butter, margarine, soya, sweets, cordial.

* Stationary Kit: (where there are school-going children) Exercise books, pens, pencils - both coloured and lead, ruler, rubber, scissors, glue.

* Basic medication: Vaseline, aqueous cream, lip ice, vitamin tablets, basic First Aid kit, sanitary towels, toilet soap, washing powder, shampoo, toilet paper.

Basic clothing: as needed.

Ethembeni crèche

A crèche has been opened at Ethembeni. All our toddlers attend this every week-day. It is planned to open this up to the children of HIV+ mothers, and to the small children of the Hawkers who are in our neighbourhood. There will be a nominal charge of R3.00 per child per day if the parent can afford this. As the crèche provides a fully cooked meal the R3.00 charge will never cover our expenses, but the reality is that for these people the R3.00 is a lot of money.

HIV training

We need some equipment to aid us in our training presentations: An overhead projector, white board, posters, stationary, t.v. and video machine, printed notes and leaflets, computer and printer.

We realize that these are big expenses, and will only be able to buy them as fund-raising money comes in.

Medical Equipment

As our hospital becomes less accessible to us we are having to equip ourselves with more and more medical equipment. Our local hospital has on average two to three beds for emergency care - and an HIV+ baby goes right to the bottom of the list for admission. Whilst we have been discouraged from setting up a medical clinic by THQ, we still need to extend our medical resources.

We need: oxygen (either piped, tent or nasal) drip stands, kidney bowls, equipped dressing trolley, steralizer, heating pad, nasal feeding tubes, stethoscope, suction equipment and points, pulse oxymeter, pus swabs, urine bags and bottles and

dipsticks, fans and heaters, basic medications, and nursing staff for night duty (when necessary).

Webb site, Internet connection and E-mail

* For publicity - to reach possible local and overseas donors
* For easier and cheaper correspondence with local and overseas donors
* For research purposes

A modem has been donated, a webb-site has been designed for us, and three months free internet services has been given to us.

Building maintenance and equipment

* Old wooden parquet flooring to be replaced with vinyl
* Trailer needed for jumble and grocery pick-ups
* Hot water system capacity needs to be increased
* Babies cots need to be replaced - (many of the cots are donated, and are old)
* Flooring in the toddlers rooms is rotten, and in the process of being replaced.

Income-generating schemes

We have two schemes working already:

* Badge making: We have purchased a small badge making kit, and have started making and selling our badges.
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We would welcome sponsorship of the paper and fittings needed for the badges. The jumble scheme is self-sustaining until we get to the stage that we need to advertise for jumble, and to arrange collection on a daily/weekly basis.

Conclusion

We thank you for your interest. We aim to work all our projects around sustainable work. The need in our area is great - laborers are few - finance is almost non-existent! But still, the work must be done....

Please contact me should you require any further details - or have any suggestions for us.

May God bless you.

MRS G. SCHULTZ
COMMUNITY CARE WORKER

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May God bless you.

Schultz

MRS G. SCHULTZ
COMMUNITY CARE WORKER

Proposed site visit\meeting schedule
for U.S.G. Delegation to Kenya
November 19 - 20, 1997

Wednesday, Nov. 19

10:00 - 11:00	visit to MAP international (Departure from USAID/Kenya at 9:30)
11:30 - 12:30	site visit to Matatu touts project
12:30 - 2:30	lunch
3:30-4:00	courtesy call by Sandra Thurman on Charge d'Affaires, Michael Marine (Dana Vogel, Chief Office of Population and Health to accompany); Departure from USAID/Kenya at 3:00

Thursday, Nov. 20

8:30 - 10:30	site visit to Kariobangi Counselling and Testing Center (Departure from USAID/Kenya at 8:00)

Participants:

Dr. Sandra Thurman, White House
Dr. Marsha Martin, HHS
Ms. Linda Reck, NIH
Dr. Paul Delay, USAID/W

Contact Information:

Janet Hayman, Family Health International/AIDSCAP, Resident Advisor
Office: 71-39-11
Home: 56-63-31

Hanna Dagnachew, USAID/Kenya, University of Michigan Population Fellow
Office: 75-16-13
Home: 71-22-89

Paul 454
Linda 509
Marsha 503

Dr. Sandra Thurman

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

FAX CORRESPONDENCE

DUFF G. GILLESPIE
DEPUTY ASSISTANT ADMINISTRATOR
POPULATION, HEALTH AND NUTRITION
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

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WASHINGTON, DC 20523-3600
INTERNET: dgillespie@usaid.gov

STREET: 1300 Penn. Ave. NW
Wash. DC 20004
PH: (202) 712-4120
FAX: (202) 216-3046

DATE: 10-15-97

TO: Mr. Todd Summers

ORGANIZATION:

FAX PHONE (202)632-1096 OFFICE PHONE:

FROM: Duff Gillespie

ORGANIZATION:

FAX PHONE: OFFICE PHONE:

SUBJECT:

NUMBER OF PAGES (including this cover sheet): 3

COMMENTS:

October 15, 1997

Todd,

Attached is a copy of the email I sent UNAIDS. If Sandy cannot make the PCB meeting, we will make a suitable correction in the formal response. I hope she can work the meeting into her schedule. Feel free to call me if you have any questions.

I'll check back with you next week on here plans.

Duff

To: internet[neracherj@who.ch]
From: Duff Gillespie@G.PHN.DAA
Cc: internet[cowals@who,ch],Sally Shelton@G.AA,Paul Delay@G.PHN.HN
Bcc:
Subject: PCB
Attachment:
Date: 10/15/97 12:31 PM

The US Delegation to the PCB will have four members. From USAID, Dr. Paul Delay and myself. Ms. Sandy Thurman, Director, the White House's National AIDS Policy Office, and one representative from the Department of Health and Human Services. A formal response will follow shortly.

A copy of this email is being faxed to Dr. Ken Bernard

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

FAX CORRESPONDENCE

DUFF G. GILLESPIE
DEPUTY ASSISTANT ADMINISTRATOR
POPULATION, HEALTH AND NUTRITION
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

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PH: (202) 712-4120
FAX: (202) 216-3046

DATE: 10-15-97

TO: Dr. Todd Summers

ORGANIZATION:

FAX PHONE: (202) 632-1096 OFFICE PHONE: (202) 632-1090

FROM: Duff Gillespie

ORGANIZATION: DAA/G/PHN

FAX PHONE: (202) 216-3046 OFFICE PHONE: (202) 712-4120

SUBJECT:

NUMBER OF PAGES (including this cover sheet): 5

COMMENTS:

Sandy -
Info on
Kenya -

Todd

UNAIDS
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Joint United Nations Programme on HIV/AIDS

Telephone line: 41 22 791 4762

Reference: exr/pcb05

Ambassador Sally Shelton
Assistant Administrator
Bureau for Global Programs
U.S. Agency for International Development
State Department Building
320 21st Street, N.W.
Washington, D.C. 20523

17 September 1997

Dear Ambassador Shelton,

With reference to our note verbale dated 15 July 1997, the next meeting of the Programme Coordinating Board (PCB) will be an *ad hoc* thematic meeting and will take place from 16 - 18 November 1997 in Nairobi, Kenya. It will be held at the United Nations Office in Nairobi in conference room N° 1 and the opening session will take place at 16h00 on Sunday 16 November with registration starting at 15h00. Simultaneous interpretation will be provided in Chinese, English, French, Russian and Spanish.

I have pleasure in inviting you to attend this *ad hoc* thematic meeting of the PCB and it would be appreciated if you could confirm your attendance and inform us of the name(s) of any other person(s) in your delegation no later than 1 October 1997.

It is important to note that this deadline must be respected since arrangements have been made for a block booking at the Safari Park hotel for all participants at the meeting, for which we have been able to negotiate preferential rates (see general information sheet attached). These reservations will have to be either confirmed or cancelled at the beginning of October. Therefore, in the case of any replies received after 1 October from anyone wishing to attend the meeting, the person(s) concerned would have to make their own arrangements for accommodation.

I am enclosing herewith the provisional agenda for the meeting. Other documents are being prepared in English and French and will be despatched to participants mid-October.

I look forward to seeing you at the meeting.

Yours sincerely,

Sally Cowal
Director
External Relations

cc: Dr Kenneth Bernard, International Health Attaché, United States Mission to the United Nations Office and other International Organizations at Geneva

Permanent Mission of the United States to the United Nations in New York

ENCL.: as mentioned

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ENCL.: as mentioned

UNAIDS
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Joint United Nations Programme on HIV/AIDS

UNAIDS/PCB(5)/97.1
17 September 1997

***Ad hoc* thematic meeting of the**
Programme Coordinating Board
Nairobi, 16-18 November 1997

Place of meeting: Conference Room N° 1, United Nations, Gigiri, Nairobi

Provisional Agenda

Sunday, 16 November 1997

Opening Session (16.00 - 18.30)	Reference documents
• Opening of the meeting and adoption of provisional agenda	UNAIDS/PCB(5)/97.1
• Report of the Executive Director	UNAIDS/PCB(5)/97.2
• Report by the Chairperson of the Committee of Cosponsoring Organizations	
• Report by the NGO representative	

Monday, 17 November 1997

Session 1 (8.30 - 12.30 and 13.30 - 14.30)

Item 1: Access to drugs for HIV/AIDS — UNAIDS/PCB(5)/97.3

Session 2 (15.00 - 17.30)

Item 2: Support to country-level response to HIV/AIDS

2(a)	National strategic planning	UNAIDS/PCB(5)/97.4
2(b)	UN Theme Groups on HIV/AIDS	UNAIDS/PCB(5)/97.5

Tuesday, 18 November 1997

Session 3 (morning)

Field visit

Session 4 (13:30 - 15:30)

Item 2 (continued)

Closing session (16.00 - 18.00)

- Next PCB meeting
- Other business
- Conclusions of the meeting

■ LOCATION

Nairobi, Thika Road. 15 minutes from City Centre, 30 minutes by car from Nairobi's National Park and 20 minutes from Jomo Kenyatta International Airport.

■ GENERAL INFORMATION

INTERNATIONAL RATING

Five Star Deluxe of two storey buildings beautifully spread over 64 acres of landscaped gardens.

OWNING COMPANY

Paradise Group International, Inc.

■ ACCOMMODATION

204 Rooms consisting of:

- 83 Luxury ensuite twin/double rooms
- 85 Luxury ensuite double rooms
- 19 Deluxe Suites
- 8 Business Suites
- 6 Executive Suites
- 1 Japanese Suite
- 1 Korean Suite
- 1 Presidential Suite

Preferential Rate for PCB participants: US $ 100 per single room per night including breakfast.

All rooms with individual balcony overlooking the gardens

■ CHECK - OUT TIME

10.00 a..m.

■ TRANSPORT

Free Shuttle bus to and from the city centre.

■ RESTAURANTS & BARS

Café Kigwa	International	24 hours
Nyama Choma Ranch	African	1930 - 2300
Chiyo	Japanese	1930 - 2300
Winner's Pavilion	Chinese	1930 - 2300
La Piazzetta	Italian	1200 - 1500
		1930 - 2300
Mamta	Indian	1930 - 2300
Hemingways	Cocktail Bar	1100 - 2300
Bamboo Bar		1200 - 0300
Piano Bar		1900 - 0200
Swimming Pool Deck	Snacks	0900 - 1800

(Restaurants open 7 days a week)

■ ROOM SERVICE

24 hours

■ IN-ROOM AMENITIES

Refrigerated minibar
Television with CNN, Super Sport, MNET, Movie Magic, KTN, KBC and inhouse video
Same day laundry service, 7 days a week

■ NIGHT LIFE

- Club Sting Discothéque
- Casino Paradise — American Roulette, Black Jack, Pontoon
- King Solomon's Mine
  200 Computerised Slot Machines

■ HEALTH

Safari Fitness Club - Jacuzzis, Saunas, Steam Baths, Gymnasium, Aerobics Studio

■ RECREATION

- 2000 sq mt tropical swimming pool (the largest in Africa)
- One other swimming pool
- 3 tennis courts - 2 flood lit
- 2 squash courts
- 5 top quality, 18 hole golf courses nearby (10 mins by car)
- Horse riding

■ SHOPS

A total of 14 shops such as bookshops, African Carvings, Jewellers, Curio Shop, Boutique, Children's Handcrafted Toys, Gift Items

■ GUEST SERVICES

• Guest Relations Desk • Safari Car Rental / Sightseeing tours • 24 hour taxi service • Parking for over 300 cars

MINUTES OF THE USAID / SOUTH AFRICA STAKEHOLDERS MEETING

Holiday Inn Garden Court, Isando
12 November 1997

PRESENT:

Morna Cornell	-	AIDS Consortium Centre for Applied Legal Studies, WITS
Gary Adler	-	AIDS Foundation of SA
Saul Johnson	-	Baragwanath Hospital
Helen Rees	-	Baragwanath Hospital
Margie Schneider	-	CASE
Carl Campbell	-	U S Centers for Disease Control and Prevention
Tim Rogers	-	Center for International Health Information
Bishop Ruben Phillip	-	Church of the Province of Southern Africa
Major Dr C J Engelbrecht	-	Civil Military Alliance
Sylvia Abrahams	-	Department of Health
Xoli Bikitsha	-	Department of Health / HSRE Pretoria
Niko Knigge	-	Department of Health
Ria Schoeman	-	Department of Health
Dr Rose Smart	-	Department of Health
Dr Hennie v Rensburg	-	Department of Health
Marlene Poolman	-	Department of Health Eastern Cape
Carol Mokobe	-	Department of Health Free State
Wilson Mashaba	-	Department of Health Gauteng
Lolo Dlamini	-	Department of Health KwaZulu/Natal
Coin Quala	-	Department of Health Northern Cape
Solomon Resego	-	Department of Health Northern Cape
Lorna Papo	-	Department of Health Northern Province
Cornelius Lebeloe	-	Department of Health North West
Johanna de Beer	-	Department of Welfare
Atim Ogunba	-	Environment Science & Technology Officer, US Embassy PTA
Lizzie Thebe	-	ESKOM
Dr Tony de Coito	-	Harmony G M Co Ltd
Joseph Lazarus	-	Hospice Association
Barry Smith	-	Interfund
Janet Frölich	-	Medical Research Council
Estelle van Eetveldt	-	NACOSA
Dr Clarence Mini	-	NACOSA
Peter Busse	-	NAPWA
Dr. Karl Western	-	National Institutes of Health
Rosemary Arthur	-	National PRO/Development Officer
Khathatso Mokoetle	-	National Progressive Primary Healthcare Network
Aloma Foster	-	PPASA
Dr Phillip Coetzee	-	Religious AIDS Programme
Dr Nelda Swart	-	Religious AIDS Programme
Mopholosi Morokong	-	SACWO
Karen Bulsara	-	Society for Family Health
Alfred Mikosi	-	UNAIDS
Richard Delate	-	UNFPA
Ian MacLeod	-	UNICEF
Alex Ross	-	USAID Bureau for Africa
Melinda Wilson	-	USAID / REDSO
Maggie Diebel	-	USAID / REDSO
Elaine Bosman	-	USAID / South Africa
Alan Foose	-	USAID / South Africa
James Harmon	-	USAID / South Africa
Zozo Mamabolo	-	USAID / South Africa
Anita Sampson	-	USAID / South Africa
Renée Saunders	-	USAID / South Africa
John Wooten	-	USAID / South Africa
Gayle Martin	-	World Bank

1. OPENING AND WELCOME

Mr Alex Ross, USAID Bureau for Africa, in his capacity as Chairperson, opened the meeting and welcomed all those present. He introduced members of the panel who would be making some introductory remarks to set the stage for the day's proceedings and who would outline what it was hoped would be achieved by the end of the day.

2. PRESENTATION BY ALAN FOOSE - USAID/SOUTH AFRICAN MISSION

Mr Foose is the USAID/South Africa Health Officer and Team Leader for the Strategic Objective Team 3, which is the Health team within the mission.

Many of the participants were already familiar with USAID and their involvement with national programmes in health, mostly involving the EQUITY Project, other primary health care projects, as well as the HIV/AIDS activities that USAID has funded thus far (largely with NGOs and CBOs in the country). Mr Foose felt it would be useful to elaborate on the main programmatic areas of operation of the entire USAID mission. Mr Foose outlined the six priority within the mission, and identified how the health program fitted into these overall areas.

Mr Foose explained the use of the USAID terminology, 'strategic objective' as referring to the main strategic areas of focus - Health Development being Strategic Objective No. 3. The other two objectives which had received USAID support since the Mission programme began in 1984, were Democracy/Governance and Education. Since then, three more strategic objectives had been added:

- economic policy capacity,
- private sector development, and
- housing and urban development or urban environment.

Mr. Foose indicated the importance of seeing how the overall USAID programme is structured so that one can see where Health development fits in'o that picture. The majority of the USAID programme resources (including staffing) are focused on the first two strategic objectives, i.e. Democracy/Governance and Education. The breadth of programmes is also much broader in those two areas.

Mr Foose mentioned the EQUITY Project which focuses on integrated primary health care. He explained that there were five, key planned results for the EQUITY Project:

- access to an integrated package of PHC services and increasing that access through the seven-year time frame of the project;
- an effective health care referral system, operating;
- improved management of an integrated PHC delivery system at the provincial level;
- a PHC training programme which is both strengthened and institutionalised again at provincial level, and
- increased capacity of the PHC system to deliver appropriate HIV/AIDS and STD prevention and treatment.

Whilst USAID is already involved in HIV/AIDS, both with the old grants referred to and also under the EQUITY Project, they are now planning to expand their support to the South African health programmes, broadly speaking, to include a new activity in HIV/AIDS for the next five years in the amount US $10 Million, currently the equivalent of approximately R47 million. That is in addition to the US $50 million in total for the EQUITY Project itself. The reason for today's meeting is to assist USAID in developing its new HIV/AIDS programme of assistance. The aim of the meeting is to help specify a strategy, in detail, of how USAID resources in this new activity will be used to support high priority areas within the national HIV/AIDS STDs programme. Three preliminary

areas for USAID involvement were identified during recent conferences and workshops within South Africa; more specifically, the National Review in July, and in October, the two-day workshop on Strategic Directions that used the National Review report to determine national priority areas and how these activities would be implemented.

Mr. Foose indicated in planning this new USAID activity, it was important for the audience to note that due to the limited amount of resources available in relation to the total need, it is necessary for USAID to focus on a smaller number of programmatic areas to strategically focus on as well as not to spread resources so thin that they have no impact.

During the past several months and as a result of numerous workshops and discussions, three priority areas for discussion at today's meeting were identified as:

(i) Capacity Building -
capacity development with focus on the provinces

(ii) Advocacy and Leadership -
including political commitment

(iii) Operations/Intervention-linked Research -
high priority research that's related to operations research or intervention-related kinds of activities, choosing the best way to carry out a particular task and choosing the best combination of how to integrate tuberculosis into HIV/AIDS activity.

These areas have already been discussed in some detail with the national Department of Health, as well as with many of the participants present, and are likely to be the focus of continued assistance from USAID in this new activity.

3. PRESENTATION BY MS ROSE SMART

Ms Rose Smart, Director of the HIV/AIDS STD Directorate in the Department of Health, addressed the meeting on the outcomes of the National Review, highlighting some of her reflections and priorities.

Ms Smart referred to the mission statement of the National AIDS Programme which is firmly based within the context of the NACOSA National AIDS Plan.

It was clear from the Review that the National AIDS Plan was very ambitious and it had been necessary to prioritise five key strategies.

At the beginning of last year it had become necessary to expand slightly on those five key strategies. In particular, there was a great need to add advocacy in the context of Public Relations, Advocacy and Partnerships, as an additional activity. This falls in line then with the global thinking on addressing the epidemic and with expanded response becoming more and more of a focus for their efforts.

The National Review also looked at South Africa's response to date in order to more appropriately refocus attention and address the inadequacies of the programme.

They looked at -

- increasing political commitment,
- realising the opportunities that the Review represented to involve major stakeholders and other sectors, and
- evaluating the structures and revisiting the NACOSA National Aids Plan.

It was felt that the review was an incredible process and Ms Smart acknowledged the importance of the all those who participated in the province-by-province review process, including the international participants such as USAID and some of their CDC.

Ms Smart requested that in the day's small group discussions, consideration should be given to the fact that South Africa was still in a process of transformation with much restructuring still to be done. As a result, this had a negative impact on the national capacity to implement; for example, trying to devolve a number of functions from national to provincial level without sufficient capacity to do so.

Ms Smart spoke of the continuing health debate about vertical versus integrated health care delivery program components. Whilst the DOH was beginning to get a clearer sense of the importance of vertical programmes at national level and perhaps even of a vertical focus at provincial level, there was no debate about the importance of integration at the service delivery level which needed to happen, without the service being collapsed in the process.

The review showed very conclusively the importance of an expanded and multi sectoral response with different levels and sectors assuming responsibility and ownership for things which they were best placed to do. This needed to be led by political and public leadership and there were still grave deficiencies in that area.

Following the review at the end of July, the Bi-National Commission (BNC) meeting was held, which looked at the various areas of possible aid between South Africa and the US, such as:

- Provincial capacity building and support;
- collaboration between TB and HIV as an example of integrating HIV/AIDS into service delivery;
- advocacy to mobilise sectors to assume that role described above, and
- partnership projects which would be based on very firm research.

Ms Smart further advised that they were now in the process of defining an operational plan for 1998/99. Some of the key elements would remain unchanged but there were others that had been added, such as:

- advocacy and leadership, which will be assuming a greater role;
- targeted interventions, which have a very fundamental operational component to them.

There were also a number of issues added which related to the actual implementation and these came out directly from the review findings. These were:

- the importance of community mobilisation
- the involvement of people living with HIV and AIDS
- gender in HIV and AIDS
- AIDS and development
- the legal and human rights programme

An overriding issue on every one of these activity areas was the need for capacity building for all sectors, at all levels.

Ms Smart concluded, saying that it would be useful to place the task on hand today into the context of how this will fit in with the broader direction that is being taken by the National AIDS Programme.

4. PRESENTATION BY MR ALEX ROSS

Mr Ross works with the Bureau for Africa in USAID in Washington (as well as with the US Department of Health and Human Services). He has been working on health systems development, as well as with HIV/AIDS. He is helping to co-ordinate the development of this planning process for USAID in South Africa.

Mr Ross outlined the goals, constraints and planning parameters for the new HIV/AIDS programme design. He also highlighted a few specific concepts which he felt were important, and then spoke about the next steps forward.

Mr Ross further outlined the basic principles of the USAID re-engineering process over the last two years. One of these key principles underlying new programme and project development, is the concept of participation which, he stressed, should take place in the initial design stages of a project with the various interest groups working together and sharing in decision-making.

Participatory decision-making is an ongoing process. In order to get this programme underway as quickly as possible, nominations would be called for in the day's small working groups for individuals to continue working with USAID during the next week and a half to further refine and design the HIV/AIDS draft programme.

Continuous discussions with numerous individuals and groups were held throughout the past year, culminating in today's meeting which USAID and the Department of Health saw as a unique planning process, grounded in the National Review and the Stakeholders Strategic Planning meeting (October 1997). Next steps are to narrow the programmatic options and produce a documented outline for the programme ahead. It would then have to go through USAID and DOH bureaucratic channels for final approval before implementation could commence, which would then be subject to an ongoing process of monitoring and evaluation.

The planning process of this programme began about a year ago. In July 1997 USAID was invited to participate in the South African National HIV/AIDS Review. Mr Ross, together with Renée Saunders and Carl Campbell, served as part of this review which USAID saw as a joint discovery process about what was happening on the ground.

Then in October 1997, there was a National Strategic Planning meeting hosted by the DOH, the minutes of which would be made available in the small working groups. This meeting had been critical in pointing out the specific strategic directions and implementation needs for where South Africa was headed.

In terms of the planning parameters, the audience was asked to bear in mind that this programme spans a five-year horizon and USAID therefore needs to plan with a great deal of flexibility in order to cope with the evolving health care system in South Africa. The HIV/AIDS programme may well have to be revisited and revised after the first two to three years.

Approximately US $10 million have been allocated over that five-year period, for which some very specific recommendations and decisions would need to be made.

Mr Ross made the distinction between '"impact" and "outcomes"' explaining that outcomes may be seen as simply the termination of one activity but that "impact" represented a dynamic, measurable impact on people and their health status. This was important to USAID not only for programmatic reasons, but also because of the need for USAID to be accountable to the US Congress. Indicators would need to be developed to measure those impacts and gauge the effectiveness of the programme.

USAID will also be looking at the strategic fit of the HIV/AIDS programme into the overall USAID programme in the broader picture. Finally, the evolving purpose and mandate of the Bi-National Commission between Vice President Gore and Deputy President Mbeki, includes a process that is being set up to co-ordinate the various inputs of US government assistance in South Africa. These include not just those from USAID but also from the US National Institutes of Health which has funded some grants in South Africa, from the US Centres for Disease Control and Prevention, and from various other private and governmental organisations.

Mr Ross then explained some of the key concepts which had been discussed, for example:

- to establish a 'results framework' which represents a package of those results necessary to achieve a higher order goal; this also reflects what USAID and its partners are trying to achieve;

- trying to delineate the above in precise statements;
- they should be significant in order to achieve the desired impact;
- that they consider equity issues such as gender and poverty, and other such issues;
- that the results be feasible, realistic, and are measurable;
- that they have a causal relationship, meaning that when you look at a programme with a number of different elements at different levels, that the results lead to some sort of a result at a higher level;
- that the inputs of other partners (national and provincial governments, NGOs, private commercial sector, donors, etc) are clearly identified.

The result framework is a key tool to ensure programmatic accountability.

Much of today's input will feed the development of results statements for USAID and its partner's purposes. Based on the identified results, USAID can then begin to develop a coherent program that links together, and from that point, move into the 'results package' or project document which would identify the details of the program in terms of:

- what are you going to do;
- how are you going to get there;
- what kinds of people are you going to work with, both internally to the mission as well organisations;
- who are you going to work with;
- when does it have to happen, and
- how are we going to know when we are succeeding - the monitoring aspect.

Mr Ross concluded his address by demonstrating a results framework, and copies of the overhead slides used in the morning's presentations were tabled.

5. THE TASK FOR THE DAY

Mr Ross took the opportunity at this stage to introduce members of the team who would be helping USAID to develop this programme. They are:

- Alex Ross
- Alan Foose
- Renée Saunders
- Melinda Wilson and Margaret Diebel from the USAID regional office in Kenya
- Two members from the domestic US Department of Health and Human Services, namely, Carl Campbell from the Centers for Disease Control and Prevention, and Karl Western from the National Institute of Allergy and Infectious Disease in the National Institutes of Health in Maryland, USA.
- Tim Rogers, a performance measurement and monitoring expert
- Jim Harmon and Zozo Mamabolo from the USAID/South Africa mission
- Rose Smart, National DOH

The participants' task today was to identify specific, key activities and their expected results for USAID to focus on. These activities would be based upon all the work that has been done to date on the National Review and the Strategic Plan and the challenge would be to narrow down and prioritise those activities.

Things to consider in group discussions were:

- what is the highest priority

- what are the most pressing constraints
- how to overcome those constraints
- focus on results and impact
- identify specific level priorities and limitations, eg, the national level, provincial level, district level
- sequencing of activities:
- what else must occur in order to arrive at a given result
- identify who the other partners are
- key strategic directions – more long-term thinking
- any other concerns and suggestions
- any thoughts on how to maximise learning and the sharing of that information.

Mr Ross went on to describe the format for the group discussions, as follows:

- To identify the activities, prioritise and rank order them.
- To decide what one expected to get out of those activities.
- To list any comments in terms of constraints or issues that may surface surrounding those activities.
- To identify the key partners, i.e who else has to be involved in the actual implementation of those activities.

6. SUMMARY OF DISCUSSION ON CAPACITY BUILDING

A summary of the discussion held in the small group session on capacity building is attached as Annexure "6". It attempts to capture the richness of the discussion and gives an insight into the thinking leading up to the conclusions expressed in the report back to plenary.

7. REPORT BACK TO PLENARY

7.1 Report back from Group 1 on Capacity Building

Details of the report back to plenary are attached as Annexure "1". Present were -

FACILITATORS: RENÉE SAUNDERS - USAID/South Africa
MARGARET DIEBEL - USAID/REDSO

PARTICIPANTS:

Sylvia Abrahams	-	Department of Health
Gary Adler	-	AIDS Foundation of South Africa
Rosemary Arthur	-	National PRO/Development Officer
Karen Bulsara	-	Society for Family Health
Maggie Diebel	-	USAID/REDSO
Janet Frolich	-	Medical Research Council
Gayle Martin	-	World Bank
Alfred Mikosi	-	UNAIDS
Carol Mokobe	-	Free State Department of Health
Khathatso Mokoetle	-	National Progressive Primary Healthcare Network
Mopholosi Morokong	-	SACWO
Lorna Papo	-	Northern Province Department of Health
Marlene Poolman	-	Department of Health: Province of the Eastern Cape
Solomon Resego	-	Northern Cape Department of Health
Anita Samson	-	USAID/South Africa
Nelda Swart	-	Religious AIDS Programme
Hennie van Rensburg	-	Department of Health Operations Research
John Wooten	-	USAID/South Africa

7.2 Report back from Group 2 on Advocacy and Leadership

Details of the report back to plenary are attached as Annexure "2". Present were -

FACILITATOR : Alex Ross - USAID Bureau for Africa, Washington
PARTICIPANTS:

Morna Cornell	AIDS Consortium Centre for Applied Legal Studies, WITS
Saul Johnson	Baragwanath Hospital
Tim Rogers	Center for International Health Information
Bishop Ruben Phillip	Church of the Province of Southern Africa
Ria Schoeman	Department of Health
Atim Ogunba	Environment Science & Technology Officer, US Embassy, PTA
Barry Smith	Interfund
Lolo Dlamini	KwaZulu/Natal Department of Health
Dr Clarence Mini	NACOSA
Peter Busse	NAPWA
Aloma Foster	PPASA
Dr Phillip Coetzee	Religious AIDS Programme
Richard Delate	UNFPA
Ian MacLeod	UNICEF
Zozo Mamabolo	USAID/South Africa
	USAID/AFR/HRD (c/o USAID/South Africa)

7.3 Report back from Group 3 on Operations/Intervention-linked Research

Details of the report back to plenary are attached as Annexure "3". Present were -

FACILITATORS : Carl Campbell - Centers for Disease Control
Karl Western - NIH
PARTICIPANTS:

Helen Rees	Baragwanath Hospital
Margie Schneider	CASE
Major Dr CJ Engelbrecht	Civil Military Alliance
Johanna de Beer	Department of Welfare
Xoli Bikitsha	Dept of Health/Health Systems Research and Epidemiology PTA
Lizzie Thebe	ESKOM
Dr Tony de Coito	Harmony G M Co Ltd
Joseph Lazarus	Hospice Association
Estelle van Eetveldt	NACOSA
Coin Quala	Northern Cape Department of Health
Cornelius Lebeloe	North West Department of Health

8. DISCUSSION, QUESTIONS AND ANSWERS

The facilitator thanked the rapporteurs for reporting back on their discussions in the small groups. He was amazed at the excellent information brought out in a very short space of time and congratulated all the groups for their thoughtfulness in providing such useful information, which they would be looking at and analysing during the coming week.

The floor was opened for discussion and the following questions were raised:

Q: After 1994, funding from USAID to CBOs had stopped and the reason given was that funds were being channelled through the government. It now appeared as if USAID were reverting back to their previous strategy of funding NGOs direct. What in fact was their mode of consultation? And did they consult only with national government or did they involve provinces as well?

A: [USAID] Our historic program of AIDS work began prior to the change in the South African government, when it was our policy only to work with NGOs. Since then of course things have changed and we have been evolving with those changes. The National

Department of Health is an initial partner that we must consult with and as they are going through their process of defining future directions for the country with the provinces and the National Review, we will continue that pattern of consulting with the national Departments of Health as well as the provincial Departments of Health.

In terms of future funding, it is not usually our policy to give money directly to the Department. This occurs under a different set of programmatic contexts which do not exist in this case.

To add to that, the decisions to be made about the mechanisms of funding will be made during the course of this planning process. In the past, we have worked primarily with NGOs and we continue to consult with NGOs. They're still our partners, along with the Department of Health.

Q: Can we add something to operational intervention-linked research, ie, the link between TB, HIV and AIDS.

A: On our list of 24 or 25 activities in the intervention-linked research working group, the integration of services, HIV and TB particularly was a point of discussion and it was definitely an area of interest. In the Department it certainly is already an area of interest which has been looked at and worked on.

C: A comment to Group 2 regarding Advocacy: An important target group could be the traditional leaders as they can play a very dominant role, especially in rural communities.

A: Most definitely. In fact, in the multi-sectoral category we identified five priority groups and there was a long list of audiences. Traditional leaders and healers were among those groups.

Q: My question is related to Group 3 and it also came up briefly in Group 1, under Research. There appears to be quite a bit of research which was done already and you have identified further areas for research. But how do we share our findings for research and how do we utilise an action? Has this group looked at this question and what were your comments on that?

A: We looked at activities that were already under way, research that had already been applied, pilot efforts that have been run, and we looked at examples of those, such as the STD presumptive treatment for miners and their community. We had a whole category on evaluation and monitoring and trying to capture best practices. So we did feel that was a very important piece that needed to be brought forward. Much has already been done, there are many good models and good practices and there has to be active dissemination to publicise these.

To add to that, when we looked at the evaluation and monitoring - it was also identified in Group 1 around Capacity Building - one needs to look at methodological questions. Also, with any evaluation, monitoring and data collection, once the research is done, the dissemination of the information will require some capacity building as well. As an example overlapping within the three groups (and the need to make sure that there's a thread running through them), the whole area of surveillance and centralised sites which are now being developed will require training and capacity building, some research, and the use of the data for advocacy purposes.

Dissemination is something that people talk about but they don't really delve into and if you have thoughts about that issue, we're very interested to hear about that, as to how, from your perspective, information is circulated. If it's not circulated, we'd like to know that too, so that we can help in that arena.

Q: Did Group 2 consider targeting prisoners? I know that apart from myself, there's nobody here representing them. They are a high risk group and I think they should have been mentioned by Group 3 as well.

A: That's a very good point. I remember during the National Review it was certainly one of the key audiences that we were looking at. I think the correctional system was not talked about at this meeting and it's a good addition to the list.

Q: A question to USAID. Between the three areas which you have identified, how do see your weighting over the next three years in terms of capacity building, advocacy and operational/intervention-linked research?

A: We were waiting to see what came out of this workshop before taking the next step, which is to take this information and digest it, relook at the strategic plan documents and consultations, have further consultations with individuals, look at who else is involved in some of these areas in terms of other donors at the Department of Health, and where can we maximise other relationships as well. Once we have that sort of tableaux in front of us, we can then apply our minds to questions of how much it is going to cost, for example research can be very expensive. That's one planning parameter.

Another is that capacity building by definition, if it's a long-term relationship, has a cost attached to it and therefore it might be more costly than some other elements. On the other hand, advocacy could be very low cost in terms of packaging of information and workshops. We've discussed these issues internally and we recognised that capacity building clearly came out as an absolute need for the country as identified by the National Review. But it's one of those very large topics so I don't have a specific answer just yet. Perhaps after our discussions next week we'll be closer to having an answer and we'd like to have more input from you on that, possibly next Wednesday morning, when we've specified time for those individuals who would like to be part of a feedback process in this continuous decision making.

The time frame on this is that by the time many of us leave at the end of next week, we ought to have a good draft of what's known as a results package document, which then will go through internal mission review the following week or two. Once it's approved, the process begins to put that into motion. There will be exceedingly close collaboration with the Department of Health, both in terms of guidance to us as well as the other development of this program. This is new for us too and it represents a continuous evolution, as is reflected in the health system in South Africa, of how we can help. There is also the EQUITY Project which has some specific HIV/AIDS activities which are probably more specific to the Eastern Cape Province; we're aware of that. There are additional US Government sources of activity and funds also that will need to be co-ordinated, which we're doing as well. So we're very excited about it and we will try to help as much as we can. We look forward to doing so and to working with all of you.

9. CLOSURE

Mr Foose conveyed his thanks to all the participants for attending and participating in what he felt was a very useful meeting of key stakeholders in the HIV/AIDS area viz-à-viz the USAID plans to carry out their program, which should commence in the very near future. There had been a great deal of very interesting discussion and some of the important priorities would still need to be worked out to a level of detail that would enable them to decide in terms of which activities would be part of the USAID assistance.

Mr Foose looked forward to working with the small task group to be formed, to hold further discussions with them towards finalising formal submissions to the South African government through their normal channels for negotiating these types of programs of assistance.

The meeting closed at 15h40.

ANNEXURE "1"

USAID / SOUTH AFRICA STAKEHOLDERS MEETING ON HIV/AIDS
12 November 1997

REPORT-BACK FROM GROUP 1 ON CAPACITY BUILDING

ACTIVITIES	EXPECTED RESULTS	COMMENTS	KEY PARTNERS
We divided the need for capacity into two issues: Partnerships, and the need to develop better partnerships. • Identify potential partners. • Identify mechanisms to create the partnership. • Provide technical assistance and support (TA). • Create a forum. • Develop communication systems and paid support from management.	• Common vision and shared activity • Optimal results utilisation • Access to expertise • Improved communication • Strengthening of individual components • Improved service delivery • Avoiding duplication and maximise the impact of efforts	• We need to be careful and mindful of mechanisms lacking to support partnership. Often partnerships were put into play but they weren't supported. • There is a need for a neutral third party to intervene when the partnership is not getting off the ground or progressing well. • There is a history of lack of trust and poor delivery of service, particularly with NGOs. • There is a severe lack of human and financial resources.	• Government • Various NGOs • The private sector • Universities • SANCO
What are we looking for in the way of support from USAID? • Training at all levels • National and provincial workshops • Support coalition			
The need for Program Management: • There was a serious need for capacity building. • There was a need for skills training in financial management, planning and reporting. • There needs to be a program with on-going mentorship. (There is an organisation in place already called Sedibeng that actually does this kind of skills training.) • There needs to be monitoring and evaluation • People need to learn self-evaluation tools, how to collect data and how to analyse it properly, and how	• A better use of resources • Outputs linked to plans • We need to be able to identify strengths and weaknesses. • We need models for low-tech management as many CBOs do not have access to sophisticated computers. • We need sustainable programs or we should acquire sustainable programs from better program	The difficulties that we saw were - • Lack of human resources • Lack of awareness of the current state of play • Ability to plan in relation to priorities • It was difficult to measure the impact of good program management • It was often difficult to reach rural communities	• A number of NGOs • The Department of Health • Universities • Business • Donors

to use that data in order to do research. • There needs to be training in how to do appropriate research, once they've got the data. • There needs to be an adequate database that's developed through proper MIS process. • We need to implement lessons that we've learnt. • We need to develop mechanisms for dissemination of the lessons learnt. • There needs to be monitoring and evaluation of partnerships. • There needs to be assessment of the process of evaluation of strategies. It's no good doing monitoring and evaluation without actually doing something about it at the end of the day.	management • We should have improved skills of managers. • We should be able to measure increased organisational capacity.		

Where we saw our priorities:

We looked at the priorities and saw them as being two-fold, i.e. in program management, and then partnerships. We decided that both were equally important.

High priority areas in program management:

- We saw the program management as needing to target government at national, provincial, regional and district level, as well as NGOs.
- There was a need for skills training and the package should also include low-tech models.
- Linked to the skills training should be a mentorship program which should offer training and support on an ongoing basis.
- There is also a need to establish priorities and this would be done through strategic planning.
- We saw training for health care providers also as an important area. Although that's already happening, it needs to continue.

Looking at partnerships:

- There was a general feeling that people are tiring of workshops and wanted to move beyond that.
- A suggestion was made to look at model development, possibly beyond South Africa, to import models that have worked elsewhere in Africa and perhaps seeing if we could apply them, with some flexibility, to the current situation, rather than workshopping yet again.
- There was also a strong sense that there was very little consensus between the provinces, between government and province, between the provinces and regions, regions and districts, and between NGOs and that some really hard work needs to be done on consensus development.

ANNEXURE "2"

USAID / SOUTH AFRICA STAKEHOLDERS MEETING ON HIV/AIDS
12 November 1997

REPORT-BACK FROM GROUP 2 ON ADVOCACY AND LEADERSHIP:

ACTIVITIES	EXPECTED RESULTS	COMMENTS	KEY PARTNERS
1. • Advocay • Skills building. • Fundraising • Evaluation of beyond awarness campaign and existing projects	• Advocacy skills in capacity building, stressing that - - people have to know how to develop a plan - how to craft messages - how to identify audiences - how to implement and recraft messages where necessary - message crafting - Coalition building • Increase in various organisational capacities to advocate • Increase in effectiveness of message delivery.	**Target audiences are:** Government, including the Executive, the Health Dept, other departments, parliament, and political parties - grouped together as political leadership in the country.	Working with - - communities - NGOs - goverment - other organisations and partners - existing organisations that were involved in implementing HIV and AIDS programs - Others that are out there in developmental work who could be brought in to come and assist and accelerate the process.
2. A coherent, comprehensive, and practical advocacy plan with - - clear goals - audience segmentation - coherent messages - dealing with needs - information - skills - flexible implementation	Better coordination and effectiveness in implementation of AIDS advocacy and campaigns.	The plan should be flexible enough to take into account the changed priorities.	• NGOs • Government • Donors • Organisations must come together and agree on messages and the content of the messages.
Some key target audiences would be: • Business • Trade unions • Religious communities • Traditional leaders			

• The media. It was stressed here that when we say the media, we don't only mean that the media should report on AIDS issues but the media to understand what we're talking about, to be won over to the side of the people that are involved in the fight against AIDS. • The term 'community' was used broadly, that everyone in the community to be targeted to be part of this fund. • Donors and funders should be involved as well as the target audience. • All the programs so far have been targeted to women. As a result, men find themselves out of the process and they are told by their women what to do and there is a lot of resistance. • Youth and women, with the emphasis on a bottom-up approach. The military / security services, which is a very important part of the target audience, termed the civil/military interface. In other words, those soldiers or police who are out there alone and then return home to their families.			
3. • Collection of information or information packaging for advocacy. We felt here we should get involved in identification and coordination of information sources and needs to support advocacy and link that to research groups. • Packaging of information for different audiences and decision makers and testing of messages/evaluation of advocac. • Identify channels of communication for different levels and pathways • Identify options and solutions	• An increase in quality and quantity of information to be made available • Measurable impact on behaviour of target audiences.		• Department of Health
4. Multisectoral strategy implementation: • Identify strategies to actually reach other sectors • Carry out impact information studies on other sectors • Suggestions for how to integrate HIV and AIDS into other sectors and why this should be done • Inter-ministerial committee on HIV and AIDS • Linkages to the NGO Coalition and National Poverty Campaign It was felt that in this strategy we should combine our efforts with all the committees and commissions that have been formed.	An effective multi-sectoral set of interventions.		Primary group to be targeted - - the unions - political parties - the media - religious bodies - traditional healers Secondary group to be targeted - - Corporate - Business

5. Campaign against denial and stigma. Here the focus has to be on the invisibility of HIV and AIDS. Many people, when asked, say they've never seen anybody with HIV or AIDS. **Disclosure -** • Concerted effort to increase awareness of HIV and AIDS.	• We need to strengthen information and messages here that are needed for that strategy • Research that is needed and why we need research for up-to-date information. • Lowering of denial of the status of being HIV positive	We think disclosure will be helped by protection of people who are HIV positive from stigma and discrimination.	

ANNEXURE "3"

USAID / SOUTH AFRICA STAKEHOLDERS MEETING ON HIV/AIDS
12 November 1997

REPORT-BACK FROM GROUP 3 ON HIGH PRIORITY OPERATIONS/INTERVENTION-LINKED RESEARCH:

Rapporteur: To start our discussion we decided that we'll have to define basically what Interventions-linked Operations Research is. We agreed that by definition this would be referring to the efficiency, the quality, the effectiveness, the alternative delivery strategies, the development and the implementation of models for best practices, focusing at service delivery level.

Although we had identified about 24 priority areas, we managed, with difficulty, to thin them down into 5. These are:

ACTIVITIES	EXPECTED RESULTS	COMMENTS	KEY PARTNERS
1. Alternative delivery systems to high risk groups, namely - - the migrants - the sex workers - the military - the truckers	Expected result from research would be: • To come up with a model for delivery systems with a view to providing effective services to meet the demand. Specifically, Dr Engelbrecht from the military would be the contact person.		• Department of Health • NGOs • Salvation Army • Mining industry • Department of Transport • Fuel companies • Other non-governmental organisations like Triangle and Sweat • The General Practitioners, together with the Traditional Healers
2. Based on the recent findings by Helen Rees and Helen Schneider's work that they have done, one of the findings was that the GPs are seeing most of the STDs. It was therefore identified by the group that there needs to be research which then would enable training both the GPs and the Traditional Healers on syndromic management, as well as on the operational strategies on syndromic management.	The GPs and the Traditional Healers to change their practices based on the guidelines that are developed by the Department of Health	• Base line data is available from the studies that have already been done • Centre of Health Policy Study • The MRC has done some studies • SAMAR	• Professional organisations • Universities • Medical institutes • Department of Family Medicine • Association of Private Practices • People living with AIDS • MASA
3. Evaluation of newly implemented protocols, namely: • The barium method, referring to both the male and the female condoms			

• Vertical transmission • The workplace guidelines	• Acceptability and use of both the male and the female condoms • Breastfeeding, AZT and douching • Implementation of effective programs in the workplace		
4. • Counselling • care • support strategies	Models to ensure the continuum of care inclusive of referral mechanisms which we know at present are non-existent.	Representation from both district level, i.e. from both the Department of Health and that of Welfare, is expected in the process, as well as insurance companies and religious organisations.	• Department of Health and Welfare • The Social Workers Council • The Nursing Councils • Universities • Meical Councils • PWA
5. Evaluation of the existing rapid testing methods as well as technologies.	• Specificity and sensitivity at low cost • Acceptability of these rapid testing methodologies		• Department of Health • Specifically the laboratory services and other sub directorates that are involved • SAMAR • MRC • Universities

USAID/South Africa
Stakeholders Meeting

Wednesday, November 12, 1997

AGENDA

8:00 am	**REGISTRATION/TEA/COFFEE**
8:30 am	**OPENING**
	Mr. Alan Foose, USAID/South Africa Ms. Rose Smart, Directorate: HIV/AIDS/STD Programme, Department of Health Mr. Alex Ross, USAID Bureau for Africa, Washington
	Questions and Answers
9:00 am	**BREAK**
9:15 am	SMALL GROUPS
	Group 1: Capacity Building (emphasis on provincial level) Facilitator: Renee Saunders & Margaret Diebel
	Group 2: Advocacy/Leadership Facilitator: Alex Ross
	Group 3: Operations/Intervention-Linked Research Facilitator: Carl Campbell
12:00 pm	**LUNCH**
1:00 pm	**SMALL GROUPS RECONVENE**
2:15 pm	**BREAK**
2:30 pm	**PLENARY** Report back from each of 3 groups General Discussion Questions and Answers
	CLOSING REMARKS
3:30 pm	**ADJOURN**

GUIDANCE TO SMALL GROUPS

Thank you for participating in today's stakeholder meeting to assist USAID to identify the key HIV/AIDS/STD programmatic strategic directions and activities for the next five year period. Today's discussions are to be based on the many planning and study documents developed to date in South Africa. In particular, we are basing today's work on the original NACOSA/ National AIDS Plan, the results of the National HIV/AIDS/STD Review, and the follow-up National HIV/AIDS Meeting of October 6-7, 1997. During the October National HIV/AIDS meeting, three preliminary themes were identified for USAID involvement:

- Capacity building, with emphasis on the provincial level
- Advocacy and leadership
- High priority operations/intervention-linked research

A small group will discuss each of these themes. We ask that you discuss, debate, and provide us with your views and recommendations on where USAID assistance can be most effectively used during the next few years. Please keep in mind the limited nature of the resources available (US $10 million, or approximately R 47 million). Hence, we would appreciate if your recommendations were as specific and strategic as possible.

Taking into consideration these themes, today's goal is to **identify and prioritise the key activities and their expected results for** USAID. In doing so, we wish to gain maximum input into answering these questions:

1. What are the specific types of activities that USAID should support?

   In order to answer this question, please consider the following aspects:

   a. Any specific level (e.g., national, provincial, local) priorities or limitations?

   b. What do you expect to get out of these activities, i.e. specific results and impact?

   c. What are the priorities (rank order) and sequencing of these activities?
   When your are considering the prioritisation, please consider:
   -- what are the key constraints preventing progress in South Africa's response to the HIV/AIDS/STD epidemic? [Many are identified in the National Review, but please indicate your opinion about the highest priority constraints to be overcome].
   -- what are the key strategic directions for which USAID should assist to overcome these constraints over the next 3-5 years?

   c. Given that USAID assistance is limited and we cannot support everything, what else would need to occur to achieve these results (by any other actor)? What are specific issues or constraints that you foresee regarding these priority activities?

We are also interested in any ideas you have regarding how we can maximize learning and the dissemination of lessons across organizations from the activities generated above.

Each group should use the attached worksheets to record the summary of its discussion.

Thank you.

DISCUSSION AND REPORT FORMAT
12 November 1997

ACTIVITIES	*EXPECTED RESULTS*	*COMMENTS*	*KEY PARTNERS*

TO OUT WHETHER MORE CONVENIENT OR EXPENSIVE CONNECTING FLIGHTS AVAILABLE YOU MAY TO CONSTRUCT ALTERNATIVE CONNECTIONS AFTER READING THE "HOW TO USE" SECTION

Freq. Leave Arrive Flight Class Eq MI S

To CAPE TOWN, S AFRICA 2:00 CPT

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SA 359 EFFECTIVE 18SEP THRU 5OCT
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2000 JNB 2210 SA 385 JCYSK 73S D 0
7 1505 B 1815 JNB SA 183 JCYMB 767 L 0
2030 JNB 2240 SA 351 JCYSK 320 D 0

NELSPRUIT, S AFRICA 954 MI NLP
12 0615 0715 JNB SA★ 8121 YS D28 0
0955 JNB 1205 SA 333 JCYSK 73S S 0
345 0810 0900 JNB SA★ 8123 YSTL J41 0
1030 JNB 1240 SA 309 JYSKQ 74L S 0
6 0845 0935 JNB SA★ 8125 YST J41 0
1125 JNB 1335 SA 373 YSKQT 74L L 0
X67 0850 1005 DUR SA★ 8203 YST J41 0
1100 DUR 1355 SA 619 JCYSK 73S SL 1
6 1110 1225 DUR SA★ 8205 YST J41 0
1330 DUR 1545 SA 657 JCYSK 73S L 0
7 1110 1225 DUR SA★ 8205 YST J41 0
1425 DUR 1640 SA 635 YSKQT 73S S 0
2 1200 1250 JNB SA★ 8127 YST J41 0
1405 JNB 1615 SA 375 JCYSK AB3 S 0
1 1200 1250 JNB SA★ 8127 YST J41 0
1420 JNB 1630 SA 315 JCYSK AB3 S 0
34 1200 1250 JNB SA★ 8127 YST J41 0
1500 JNB 1710 SA 365 JCYSK AB3 S 0
5 1200 1250 JNB SA★ 8127 YST J41 0
1525 JNB 1735 SA 337 JCYSK AB3 S 0
5 1445 1535 JNB SA★ 8129 YST J41 0
1640 JNB 1850 SA 341 JCYSK AB3 S 0
13 1445 1535 JNB SA★ 8129 YST J41 0
1710 JNB 1920 SA 353 JCYSK AB3 D 0
X1 1445 1535 JNB SA★ 8129 YST J41 0
1730 JNB 1940 SA 327 JCYSK AB3 D 0
7 1550 1640 JNB SA★ 8131 YST J41 0
1800 JNB 2010 SA 387 YSKQT 320 D 0
5 1550 1640 JNB SA★ 8131 YST J41 0
1820 JNB 2030 SA 339 JCYSK 73S D 0
34 1550 1640 JNB SA★ 8131 YST J41 0
1840 JNB 2050 SA 357 JCYSK AB3 D 0
2 1550 1640 JNB SA★ 8131 YST J41 0
1845 JNB 2055 SA 377 JCYSK 320 D 0
1 1550 1640 JNB SA★ 8131 YST J41 0
1850 JNB 2100 SA 345 JCYSK AB3 D 0
5 1730 1820 JNB SA★ 8133 YS J41 0
1930 JNB 2140 SA 371 JCYSK AB3 D 0
347 1730 1820 JNB SA★ 8133 YS J41 0
2030 JNB 2240 SA 351 JCYSK 320 D 0
4 1820 1910 JNB SA★ 8135 YST J41 0
2030 JNB 2240 SA 351 JCYSK 320 D 0

NEWCASTLE, UK 6239 MI NCL
2 1245 1350 LHR BA 1331 SBMLH 737 S 0
1740 LHR 0610 + 1 BA 059 FJSBK 744 M 0
457 1820 1925 LHR BA 1335 SKBML 737 S 0
2115 LHR 0945 + 1 BA 059 FJSBK 744 M 0

NEW YORK, NEW YORK, USA (J-JFK) 7797 MI NYC
457 0845 J 1725 LHR BA 002 R SSC M 0
2115 LHR 0945 + 1 BA 059 FJSBK 744 M 0
35 1820 J 1455 JNB SA 202 FJCYM 744 DB 0
1625 JNB 1838 + 1 SA 325 YSKQT 73S S 0
4 1820 J 1455 JNB SA 202 FJCYM 744 DB 0
1640 JNB 1850 + 1 SA 341 JCYSK AB3 S 0
6 1820 J 1455 JNB SA 202 FJCYM 744 DB 0
1705 JNB 1915 + 1 SA 389 JCYSK AB3 D 0
7 1820 J 1455 JNB SA 202 FJCYM 744 DB 0
1710 JNB 1920 + 1 SA 353 JCYSK AB3 D 0
X27 1820 J 1455 JNB SA 202 FJCYM 744 DB 0
1730 JNB 1940 + 1 SA 327 JCYSK AB3 D 0
2 1820 J 1625 JNB SA 202 FJCYM 744 DBL 1
1840 JNB 2050 + 1 SA 357 JCYSK AB3 D 0

NICE, FRANCE 8384 MI NCE
2 1250 1350 LHR BA 343 CDSBK 767 M 0
1740 LHR 0610 + 1 BA 059 FJSBK 744 M 0
457 1715 1815 LHR BA 345 CDSBK 767 M 0
2115 LHR 0945 + 1 BA 059 FJSBK 744 M 0

ORANJEMUND, NAMIBIA 385 MI OMD
246 1410 1655 SW 852 YSMBV BE1 0
SW 852 DISCONTINUED AFTER 6SEP
2467 1510 1655 SW 852 YSMBV BE1 0
SW 852 EFFECTIVE 7SEP

OSAKA, JAPAN (K-KIX) 8907 MI OSA
1 1900 K 2150 HKG JD 019 CYBK AB3 D 0
2300 HKG 0900 + 1 SA 299 FJCYM 747 DB 1
7 1925 K 0650 JNB SA 291 FJCYM 747 SB 1
0955 JNB 1205 + 1 SA 333 JCYSK 73S S 0
5 1925 K 0650 JNB SA 291 FJCYM 747 SB 1
1030 JNB 1240 + 1 SA 309 JYSKQ 74L S 0

OSLO, NORWAY (F-FBU) 6476 MI OSL
2 1155 F 1305 LHR BA 763 CDSBM 757 M 0
1740 LHR 0610 + 1 BA 059 FJSBK 744 M 0
1 1635 F 1740 CPH SK 471 CSMBH M80 0
1840 CPH 1040 + 1 SK★ 3983 FCMBV 743 SB 2
4 1635 F 1740 CPH SK 471 CSMBH M80 0
1840 CPH 1040 + 1 SK★ 3981 CMBVQ 74L SB 2
457 1740 F 1850 LHR BA 765 CDSBM 757 M 0
2115 LHR 0945 + 1 BA 059 FJSBK 744 M 0

PARIS, FRANCE (C-CDG O-ORY) 5773 MI PAR
1 1810 C 1000 + 1 SA 257 JCYMB 74L SB 2
3 1810 C 1000 + 1 SA 257 FJCYM 747 SB 2
2 2300 C 1240 + 1 AF 438 PJDYK 744 • 1
AF 438 MEALS MB/MB
4 2300 C 1240 + 1 AF 430 PJDYK 744 • 1
AF 430 MEALS MB/MB
6 2300 C 1300 + 1 AF 438 PJDYK 74E • 1
AF 438 DISCONTINUED AFTER 13SEP
AF 438 MEALS MB/MB
6 2300 C 1300 + 1 AF 438 PJDYK 744 • 1
AF 438 EFFECTIVE 4OCT
AF 438 MEALS MB/MB
6 2300 C 1300 + 1 AF 438 PNJDZ 74E MB 1
AF 438 EFFECTIVE 20SEP THRU 27SEP
AF 438 ARRIVES AT 1250 27SEP THRU 27SEP
CONNECTIONS
2 1420 C 1425 LHR BA 309 CDSBK 757 S/ 0
1740 LHR 0610 + 1 BA 059 FJSBK 744 M 0
2 1535 O 1550 LHR BA 335 CDSBK 757 S/ 0
1740 LHR 0610 + 1 BA 059 FJSBK 744 M 0
4 1755 C 0650 JNB SA 275 JCYMB 74L SDB 1
0850 JNB 1100 + 1 SA 367 JCYSK AB3 B 0
457 1900 C 1910 LHR BA 319 CDSBK 757 S/ 0
2115 LHR 0945 + 1 BA 059 FJSBK 744 M 0
457 1910 O 1930 LHR BA★ 3285 CDSBK 737 S 0
2115 LHR 0945 + 1 BA 059 FJSBK 744 M 0

PERTH, WA, AUSTRALIA 5424 MI PER
6 0140 0620 JNB SA 281 FJCYM 747 B 0
0810 JNB 1020 SA 307 YSKQT AB3 B 0
2 0140 0620 JNB SA 281 FJCYM 747 B 0
0955 JNB 1205 SA 333 JCYSK 73S S 0

PHALABORWA, S AFRICA 1030 MI PHW
345 0810 0910 JNB SA★ 8011 YST J41 0
1030 JNB 1240 SA 309 JYSKQ 74L S 0
14 0810 0910 JNB SA★ 8011 YST J41 0
1125 JNB 1335 SA 373 YSKQT 74L L 0
1235 0810 0910 JNB SA★ 8011 YST J41 0
1130 JNB 1340 SA 359 JCYSK 320 L 0
EX 12SEP, 10OCT
346 1410 1510 JNB SA★ 8013 YST J41 0
1625 JNB 1835 SA 325 YSKQT 73S S 0
7 1410 1510 JNB SA★ 8013 YST J41 0
1705 JNB 1915 SA 389 JCYSK AB3 D 0
X15 1410 1510 JNB SA★ 8013 YST J41 0
1730 JNB 1940 SA 327 JCYSK AB3 D 0
5 1740 1840 JNB SA★ 8015 YST J41 0
2000 JNB 2210 SA 385 JCYSK 73S D 0
347 1740 1840 JNB SA★ 8015 YST J41 0
2030 JNB 2240 SA 351 JCYSK 320 D 0

PHOENIX, ARIZONA, USA (P-PHX) 9614 MI PHX
346 2140 P 1550 LGW BA 2276 FJSBM D10 M 0
2115 LHR 0945 + 2 BA 059 FJSBK 744 M 0

PIETERMARITZBURG, S AFRICA 766 MI PZB
[illegible] 1530 1555 DUR SA★ 8225 Y J41 0
1730 DUR 2025 SA 623 JCYSK 73S D 1
1234 1700 1725 DUR SA★ 8229 Y J41 0
1820 DUR 2035 SA 647 JCYSK 73S D 0

PIETERSBURG, S AFRICA 961 MI PTG
345 0840 0930 JNB SA★ 8103 Y J41 0
1030 JNB 1240 SA 309 JYSKQ 74L S 0
14 0840 0930 JNB SA★ 8103 Y J41 0
1125 JNB 1335 SA 373 YSKQT 74L L 0
1235 0840 0930 JNB SA★ 8103 Y J41 0
1130 JNB 1340 SA 359 JCYSK 320 L 0
EX 12SEP, 10OCT
2 1200 1250 JNB SA★ 8105 YST J41 0
1405 JNB 1615 SA 375 JCYSK AB3 S 0
1 1200 1250 JNB SA★ 8105 YST J41 0
1420 JNB 1630 SA 315 JCYSK AB3 S 0
6 1200 1250 JNB SA★ 8105 YST J41 0
1430 JNB 1640 SA 349 YSKQT AB3 S 0
34 1200 1250 JNB SA★ 8105 YST J41 0
1500 JNB 1710 SA 365 JCYSK AB3 S 0
5 1200 1250 JNB SA★ 8105 YST J41 0
1525 JNB 1735 SA 337 JCYSK AB3 S 0
24 1405 1455 JNB SA★ 8107 YST J41 0
1600 JNB 1810 SA 329 JCYSK AB3 S 0
34 1405 1455 JNB SA★ 8107 YST J41 0
1625 JNB 1835 SA 325 YSKQT 73S S 0
5 1405 1455 JNB SA★ 8107 YST J41 0
1640 JNB 1850 SA 341 JCYSK AB3 S 0
7 1405 1455 JNB SA★ 8107 YST J41 0
1705 JNB 1915 SA 389 JCYSK AB3 D 0
13 1405 1455 JNB SA★ 8107 YST J41 0
1710 JNB 1920 SA 353 JCYSK AB3 D 0
5 1750 1840 JNB SA★ 8109 Y J41 0
2000 JNB 2210 SA 385 JCYSK 73S D 0
34 1750 1840 JNB SA★ 8109 Y J41 0
2030 JNB 2240 SA 351 JCYSK 320 D 0
7 1830 1920 JNB SA★ 8111 YST J41 0
2030 JNB 2240 SA 351 JCYSK 320 D 0

PLETTENBERG BAY, S AFRICA 287 MI PBZ
6 1115 1225 SA★ 8311 YST J41 0
1 1220 1335 SA★ 8313 YST J41 0

PORT ELIZABETH, S AFRICA 416 MI PLZ
X67 0810 0925 SA 601 JCYSK 73S S 0
6 0940 1055 SA 613 YSKQT 73S S 0
7 1140 1255 SA 629 JCYSK 73S L 0
X67 1240 1355 SA 619 JCYSK 73S L 0
6 1320 1435 SA 621 JCYSK 73S L 0
6 1430 1610 SA★ 1353 YSKQT DH8 B 0
234 1510 1625 SA 639 JCYSK 73S S 0
124 1510 1650 SA★ 1351 YSKQT DH8 0
7 1705 1820 SA 653 YSKQT 320 S 0
6 1755 1910 SA 633 JCYSK 73S D 0
12 1910 2025 SA 623 JCYSK 73S D 0
345 1910 2025 SA 623 JCYSK 320 D 0
6 1950 2105 SA 643 YSKQT 73S D 0
7 2020 2135 SA 649 JCYSK 73S D 0

RICHARDS BAY, S AFRICA 885 MI RCB
345 0750 0910 JNB SA★ 1602 YSKQT DH8 B 0
1030 JNB 1240 SA 309 JYSKQ 74L S 0
14 0750 0910 JNB SA★ 1602 YSKQT DH8 B 0
1125 JNB 1335 SA 373 YSKQT 74L L 0
1235 0750 0910 JNB SA★ 1602 YSKQT DH8 B 0
1130 JNB 1340 SA 359 JCYSK 320 L 0
EX 12SEP, 10OCT
7 0930 1050 JNB SA★ 1604 YSKQT DH8 S 0
1350 JNB 1600 SA 393 JCYSK AB3 L 0
6 1415 1535 JNB SA★ 1608 YSKQT DH8 0
1730 JNB 1940 SA 327 JCYSK AB3 D 0
13 1450 1610 JNB SA★ 1616 YSKQT DH8 0
1710 JNB 1920 SA 353 JCYSK AB3 D 0
2345 1450 1610 JNB SA★ 1616 YSKQT DH8 0
1730 JNB 1940 SA 327 JCYSK AB3 D 0
7 1750 1910 JNB SA★ 1612 YSKQT DH8 0
2030 JNB 2240 SA 351 JCYSK 320 D 0

SAL, CAPE VERDE 4421 MI SID
3 0455 1625 JNB SA 202 FJCYM 744 LS 0
1840 JNB 2050 SA 357 JCYSK AB3 D 0

SAO PAULO, SP, BRAZIL (G-GRU) 3946 MI SAO
4 1610 G 0800 + 1 SA 207 FJCYM 747 DB 1
SA 207 DISCONTINUED AFTER 2OCT
4 1710 G 0800 + 1 SA 207 FJCYM 747 D 1
SA 207 EFFECTIVE 9OCT

SINGAPORE, SINGAPORE (S-SIN) 6012 MI SIN
245 0110 S 0845 SQ 406 PJY 744 M 1

SPRINGBOK, S AFRICA 293 MI SBU
X67 1605 1730 YJ 102 Y BEC 0

STOCKHOLM, SWEDEN (A-ARN) 6422 MI STO
2 1230 A 1400 LHR BA 777 CDSBM 757 M 0
1740 LHR 0610 + 1 BA 059 FJSBK 744 M 0
1 1630 A 1740 CPH SK 421 CSMBH M80 0
1840 CPH 1040 + 1 SK★ 3983 FCMBV 743 SB 2
4 1630 A 1740 CPH SK 421 CSMBH M80 0
1840 CPH 1040 + 1 SK★ 3981 CMBVQ 74L SB 2
457 1820 A 1950 LHR BA 781 CDSBM 767 M 0
2115 LHR 0945 + 1 BA 059 FJSBK 744 M 0

SUN CITY, S AFRICA 788 MI NTY
5 1150 1225 JNB SA★ 8003 Y J41 0
1335 JNB 1545 SA 335 JCYSK 73S L 0
7 1150 1225 JNB SA★ 8003 Y J41 0
1350 JNB 1600 SA 393 JCYSK AB3 L 0
2 1150 1225 JNB SA★ 8003 Y J41 0
1405 JNB 1615 SA 375 JCYSK AB3 S 0
1 1150 1225 JNB SA★ 8003 Y J41 0
1420 JNB 1630 SA 315 JCYSK AB3 S 0
6 1150 1225 JNB SA★ 8003 Y J41 0
1430 JNB 1640 SA 349 YSKQT AB3 S 0
34 1150 1225 JNB SA★ 8003 Y J41 0
1500 JNB 1710 SA 365 JCYSK AB3 S 0
5 1525 1600 JNB SA★ 1244 YSKQT DH8 0
1730 JNB 1940 SA 327 JCYSK AB3 D 0
7 1615 1650 JNB SA★ 8005 Y J41 0
1800 JNB 2010 SA 387 YSKQT 320 D 0
5 1615 1650 JNB SA★ 8005 Y J41 0
1820 JNB 2030 SA 339 JCYSK 73S D 0
34 1615 1650 JNB SA★ 8005 Y J41 0
1840 JNB 2050 SA 357 JCYSK AB3 D 0
2 1615 1650 JNB SA★ 8005 Y J41 0
1845 JNB 2055 SA 377 JCYSK 320 D 0
1 1615 1650 JNB SA★ 8005 Y J41 0
1850 JNB 2100 SA 345 JCYSK AB3 D 0

SWAKOPMUND, NAMIBIA 808 MI SWP
248 1115 1655 SW 852 YSMBV BE1 2
SW 852 DISCONTINUED AFTER 6SEP
2467 1215 1655 SW 852 YSMBV BE1 2
SW 852 EFFECTIVE 7SEP

From **SYDNEY, NS, AUSTRALIA** (K-SYD) 6854 MI SYD
5 2140 K 0820 JNB SA 281 FJCYM 747 DB
0810 JNB 1020 + 1 SA 307 YSKQT AB3 B
1 2140 K 0820 JNB SA 281 FJCYM 747 DB
0955 JNB 1205 + 1 SA 333 JCYSK 73S S

TEL AVIV, ISRAEL (T-TLV) 4858 MI TLV
1 2035 T 0650 JNB LY 0511 FCYDM 747
E-15SEP 0830 JNB 1040 + 1 BV 709 JCDIZ 72S
2 2115 T 0615 JNB SA 271 JCYMB 767 DB
D- 9SEP 0800 JNB 1010 + 1 SA 383 JCYSK 73S B
7 2115 T 0615 JNB SA 271 JCYMB 767 DB
D- 7SEP 0955 JNB 1205 + 1 SA 333 JCYSK 73S S
7 2115 T 0715 JNB SA 271 JCYMB 767 DB
E-14SEP 0955 JNB 1205 + 1 SA 333 JCYSK 73S S
2 2115 T 0715 JNB SA 271 JCYMB 767 DB
E-16SEP 1030 JNB 1240 + 1 SA 309 JYSKQ 74L S
SPEC 2135 T 0650 JNB LY 0511 CYDMB 757
0830 JNB 1040 + 1 BV 709 JCDIZ 72S
OP 5SEP
4 2200 T 0620 JNB LY 0511 FCYDM 747
E-18SEP 0830 JNB 1040 + 1 BV 709 JCDIZ 72S
EX 2OCT
4 2300 T 0620 JNB LY 0511 FCYDM 747
D-11SEP 0830 JNB 1040 + 1 BV 709 JCDIZ 72S

ULUNDI, S AFRICA 865 MI ULD
X67 0700 0740 DUR SA★ 8220 Y J41
1030 DUR 1245 SA 631 JCYSK 73S S
5 1430 1555 DUR SA★ 8225 Y J41
1730 DUR 2025 SA 623 JCYSK 73S D
1234 1600 1725 DUR SA★ 8229 Y J41
1820 DUR 2035 SA 647 JCYSK 73S D

UPINGTON, S AFRICA 416 MI UTN
X67 0830 1020 SA★ 8341 YST J41
7 1240 1430 SA★ 8343 YST J41

VICTORIA FALLS, ZIMBABWE 1183 MI VFA
6 0945 1310 UM 311 JY 73S
CONNECTIONS
5 1330 1510 JNB SA 041 YMBKH 73S L
1640 JNB 1850 SA 341 JCYSK AB3 S
13 1330 1510 JNB SA 041 YMBKH 73S L
1710 JNB 1920 SA 353 JCYSK AB3 D
2356 1330 1510 JNB SA 041 YMBKH 73S L
1730 JNB 1940 SA 327 JCYSK AB3 D
7 1430 1610 JNB SA 043 YMBKH 73S S
1800 JNB 2010 SA 387 YSKQT 320 D
6 1600 1740 JNB SA 045 YMBKH 73S S
1920 JNB 2130 SA 331 YSKQT 320 D

VIENNA, AUSTRIA 5654 MI VIE
13 2320 1305 + 1 OS 531 JCDYM 340 DB

WALVIS BAY, NAMIBIA 790 MI WVB
35 1100 1400 SW 740 CDYSM 73S
SW 740 DISCONTINUED AFTER 5SEP
1 1125 1425 SW 742 CDYSM 73S
SW 742 DISCONTINUED AFTER 1SEP
357 1200 1400 SW 740 CDYSM 73S
SW 740 EFFECTIVE 7SEP
7 1200 1625 SA★ 1705 YSKQT DH8
1 1225 1425 SW 742 CDYSM 73S
SW 742 EFFECTIVE 8SEP
35 1725 2110 SA★ 1707 YSKQT DH8

WINDHOEK, NAMIBIA (D-WDH) 785 MI WDH
35 0945 D 1400 SW 740 CDYSM 73S
SW 740 DISCONTINUED AFTER 5SEP
1 1010 D 1425 SW 742 CDYSM 73S L
SW 742 DISCONTINUED AFTER 1SEP
2 1030 D 1330 SW 744 CDYSM 73S
SW 744 DISCONTINUED AFTER 2SEP
357 1045 D 1400 SW 740 CDYSM 73S
SW 740 EFFECTIVE 7SEP
1 1110 D 1425 SW 742 CDYSM 73S L
SW 742 EFFECTIVE 8SEP
2 1130 D 1330 SW 744 CDYSM 73S
SW 744 EFFECTIVE 9SEP
3 1240 D 1540 SA 085 JCYMB 73S L
SA 085 DISCONTINUED AFTER 3SEP
5 1315 D 1615 SA 081 JCYMB 320 L
SA 081 DISCONTINUED AFTER 5SEP
3 1340 D 1540 SA 085 JCYMB 73S L
SA 085 EFFECTIVE 10SEP
7 1355 D 1555 SA 083 JCYMB 320 L
5 1415 D 1615 SA 081 JCYMB 320 L
SA 081 EFFECTIVE 12SEP

ZURICH, SWITZERLAND 5632 MI ZRH
1 2030 1000 + 1 SA 257 JCYMB 74L BS
3 2030 1000 + 1 SA 257 FJCYM 747 BS
257 2050 1015 + 1 SR 288 FJCDY M11 DBS
CONNECTIONS
2 1125 1215 LHR BA 711 CSBKM 737 M
1740 LHR 0610 + 1 BA 059 FJSBK 744 M
457 1840 1925 LHR BA 719 CSBKM 737 M
2115 LHR 0945 + 1 BA 059 FJSBK 744 M
4 2030 0650 JNB SA 275 JCYMB 74L DB
0850 JNB 1100 + 1 SA 367 JCYSK AB3 B

To Cape Vogel, Papua New Guinea CVL 10:00

ARPT CAPE VOGEL

From **ALOTAU, PAPUA NEW GUINEA** 48 MI GUR
2 1100 1200 CG 114 S DHT

RABARABA, PAPUA NEW GUINEA 24 MI RBP
2 1145 1200 CG 114 S DHT

WEDAU, PAPUA NEW GUINEA 28 MI WED
2 1125 1200 CG 114 S DHT

To CAP HAITIEN, HAITI 4:00 EDT CAP

ARPT CAP HAITIEN 2.0MI/3.2KM

From **PROVIDENCIALES, TURKS** 137 MI PLS
1246 0915 0958 QW 600 Y BE1
X37 0930 1015 RU 500 Y SH6

To CAP SKIRRING, SENEGAL GMT CSK

ARPT CAP SKIRRING 0.1MI/0.2KM

From **DAKAR, SENEGAL** 169 MI DKR
1 0900 1010 DS 121 Y DHT
6 1130 1240 DS 821 Y DHT
7 1500 1650 DS 723 Y DHT
5 2000 2110 DS 523 Y DHT

ZIGUINCHOR, SENEGAL 33 MI ZIG
7 1630 1650 DS 723 Y DHT

To CAPURGANA, COLOMBIA 5:00 CPB

ARPT CAPURGANA

From **CARTAGENA, COLOMBIA** 176 MI CTG
147 1335 1440 MM 139 Y DHT

MEDELLIN, COLOMBIA (H-EOH) 204 MI MDE
147 1045 H 1200 MM 132 Y DHT
135 1045 H 1205 VX 120 Y DHT
1240 H 1400 VX 128 Y DHT

To CARACAS, VENEZUELA 4:00 CCS

ARPT SIMON BOLIVAR 12.0MI/19.2KM

From **ABERDEEN, UK** 4668 MI ABZ
5 0645 0840 LGW BA 2921 SBMLW 737 M
1000 LGW 1430 BA 2249 FJSBK 744 M
7 0650 0850 LGW BA 2921 SKBML 737 M
D-19OCT 1000 LGW 1430 BA 2249 FJSBK 744 M

ACAPULCO, MEXICO 2244 MI ACA
1155 1250 MEX MX 802 YBMSK 72S S
1400 MEX 2045 VC★ 501 FY 727 B
1155 1250 MEX MX 802 YBMSK 72S S
1400 MEX 2045 MX 1501 FYBMS 72S LD

ALICANTE, SPAIN 4498 MI ALC
X6 0750 0840 MAD IB/AO 5649 CYLWB M80
1240 MAD 1520 IB 6701 PJDYL D10 LS
EX 4SEP, 11SEP, 18SEP, 25SEP, 29SEP-30SEP, 6OCT-7OCT, 13OCT-14OCT, 20OCT-21OCT

USE" SECTION
Freq. A
46 0750
1050 MAD
X67 0950
1240 MAD
AMSTERDAM, NET
1025
1040
1040
1040
5 1000
D-17OCT 1745 MIA
3 1315
D-10SEP 2015 MIA
46 1430
2015 MIA
7 1430
D-14SEP 2015 MIA
35 1430
E-17SEP 2015 MIA
ANTIGUA, WEST
25 0930
1045 SLU
35 1615
D-12SEP 2005 POS
3 1615
E-17SEP 2005 POS
57 1655
2005 POS
ARAUCA, COLOM
X67 0917
1215 BOG
7 0917
D-19OCT 1430 BOG
0917
2025 BOG
AREQUIPA, PERU
357 0730
1115 LIM
16 0730
1115 LIM
COLOM
0705
1105 BOG
7 1240
D-19OCT 1430 BOG
1240
1528 BOG
ARUBA
0530
0738
0855
1325
157 1545
1700
1708
1730
1730
1730
6 1755
4 1755
57 1820
5 1835
3 1930
7 1930
ASTURIAS, SPA
46 0810
1050 MA
X67 0930
1240 MA
ATHENS, GREEC
125 0125
0845 JFK
ATLANTA, GEOF
12 0836
D- 2SEP 1130 MI
0840
E- 3SEP 1130 MI
7 1340
D-19OCT 1930 CU
6 1340
1930 CU
SPEC 1340
2135 CU
12 1401
D- 2SEP 1745 MI
1412
E- 3SEP 1745 MI
1530
E- 8SEP 2015 MI
12 1603
D- 2SEP 2015 MI
7 1615
D-19OCT 2015 MI
X7 1615
E- 3SEP 2015 MI
BARBADOS, BA
1 1500
26 1515
5 1550
25 0745
1045 SL
357 1835
2005 P
BARCELONA, S
X6 1005
BARCELONA,
X7 0640
X67 0650
X7 0730
0940
1119
1215
X6 1240
1421
X6 1600
X6 1900
2036
BARQUISIMET
X7 0700
X67 0910
X7 1000
X6 1250
1458
X6 1730
BARRANQUIL
1810
BILBAO, SPAI
46 0750
1050

Freq · Leave · Arrive · Flight · Class · Eq · MI · S

JOHANNESBURG, S AFRICA (ZAJ) JNB

5 0950 1125 SA 804 JCYSK 320 S 0
SA 804 EFFECTIVE 26SEP THRU 20CT
SPEC 0950 1125 SA 461 JCYSK 320 S 0
OP 19OCT
3 1000 1220 SA★ 8183 YST J41 0
5 1135 1400 SA★ 1394 YSKQT DH8 0
7 1240 1415 SA 824 JCYSK 73S L 0
4 1300 1525 SA★ 1382 YSKQT DH8 S 0
13 1305 1440 SA 818 JCYSK 73S L 0
6 1340 1605 SA 818 JCYSK 320 L 0
2 1455 1725 SA 467 JCYSK 73S S 1
SA 467 DISCONTINUED AFTER 16SEP
2 1455 1725 SA 467 JCYSK 320 S 1
SA 467 EFFECTIVE 23SEP
24 1745 1915 SN★ 4594 CDYML B11 D 0
SN 4594 INT ONLN CNX/STPVR TPC
2345 1800 1945 CE 4594 JCYML B11 M 0
1 1810 1955 CE 509 JCYML B11 M 0
7 1815 2000 CE 4596 JCYML B11 M 0
45 1820 1955 SA 816 JCYSK 73S D 0
7 1820 1955 SA 820 JCYSK 73S D 0
2 1835 2100 SA★ 1372 YSKQT DH8 0
1 1855 2120 SA★ 1392 YSKQT DH8 0
3 1900 2125 SA★ 1384 YSKQT DH8 D 0

GLASGOW, UK (G-GLA) 5968 MI GLA
1815 G 1930 LHR BA 1495 CSKBM 737 M 0
2100 LHR 0850 + 1 BA 057 FJSBK 744 M 0

GOTHENBURG, SWEDEN (G-GOT) 5857 MI GOT
1 1650 G 1740 CPH SK 1443 CSMBH F50 0
1840 CPH 0725 + 1 SK★ 3983 FCMBV 743 SB 1
4 1650 G 1740 CPH SK 1443 CSMBH F50 0
1840 CPH 0725 + 1 SK★ 3981 CMBVQ 74L SB 1
1755 G 1900 LHR BA 793 CDSBM 737 M 0
2100 LHR 0850 + 1 BA 057 FJSBK 744 M 0

GUANGZHOU, P. R. CHINA 6628 MI CAN
357 1820 1900 HKG CZ 305 CY 757 0
2300 HKG 0610 + 1 CX 749 FJCWY 343 DB/ 0

HAMBURG, GERMANY 5606 MI HAM
1750 1825 LHR BA 971 CSBKM 757 M 0
2100 LHR 0850 + 1 BA 057 FJSBK 744 M 0

HANGZHOU, P. R. CHINA 7224 MI HGH
7 1315 1520 HKG KA 621 YQBT 320 L 0
2300 HKG 0610 + 1 CX 749 FJCWY 343 DB/ 0
35 1600 1805 HKG KA 621 YQ3T 320 S 0
2100 HKG 0610 + 1 CX 749 FJCWY 343 DB/ 0

HANOI, VIET NAM 8140 MI HAN
357 0955 1240 HKG VN★ 790 JCWYB 320 0
2300 HKG 0610 + 1 CX 749 FJCWY 343 DB/ 0
VN 790 JOINT OPERATION VN CX
37 1720 2005 HKG VN★ 792 JCWYB 320 0
2300 HKG 0610 + 1 CX 749 FJCWY 343 DB/ 0
VN 792 JOINT OPERATION VN CX

HARARE, ZIMBABWE 602 MI HRE
35 0830 1005 UM 763 JY 767 0
4 0915 1050 UM 365 JY 73S 0
7 1030 1205 UM 371 JY 767 0
6 1100 1245 UM 367 JY 73S 0
2 1140 1325 SA 033 JCYMB 320 L 0
1 1210 1355 SA 025 JCYMB 320 L 0
35 1245 1425 BA★ 6266 CSBKM 737 S 0
3 1345 1530 SA 037 JCYMB AB3 L 0
5 1345 1530 SA 027 JCYMB AB3 S 0
7 1420 1605 SA 039 JCYMB AB3 S 0
6 1425 1610 SA 029 JCYMB 320 S 0
4 1500 1645 SA 035 JCYMB 320 S 0
1 1515 1655 BA★ 6264 CSBKM 737 S 0
7 1600 1735 UM 761 JY 767 0
2 1600 1735 UM 361 JY 73S 0
245 1630 1800 Z7 101 JYS 72S S 0

HARTFORD, CT, USA (B-BDL) 7931 MI HFD
X2 1606 B 1656 JFK TW★ 7655 YBQKV J41 0
1820 JFK 1455 + 1 SA 202 FJCYM 744 DB 0
2 1606 B 1656 JFK TW★ 7655 YBQKV J41 0
1820 JFK 1625 + 1 SA 202 FJCYM 744 DBL 1

HAT YAI, THAILAND 5355 MI HDY
4 1650 1855 KULMH/TG 793 CYBL 734 M 0
0120 KUL 0545 + 1 MH 203 FRCWY 74E 0
26 1650 1855 KULMH/TG 793 CYBL 734 M 0
0120 KUL 0545 + 1 MH 201 FRCWY 74E MB 0

HELSINKI, FINLAND 5953 MI HEL
6 1445 1935 SOF LZ 370 CMKL 735 0
2320 SOF 0835 + 1 LZ 515 CMKL 767 0
1 1555 1640 CPH SK 715 CSMBH M80 0
1840 CPH 0725 + 1 SK★ 3983 FCMBV 743 SB 1
4 1555 1640 CPH SK 715 CSMBH M80 0
1840 CPH 0725 + 1 SK★ 3981 CMBVQ 74L SB 1
1645 1750 LHR BA 797 CDSBM 757 M 0
2100 LHR 0850 + 1 BA 057 FJSBK 744 M 0

HIROSHIMA, JAPAN 8014 MI HIJ
7 1505 1740 HKG KA 351 CYQBT 320 S 0
D-19OCT 2300 HKG 0610 + 1 CX 749 FJCWY 343 DB/ 0

HO CHI MINH CITY, VIET NAM 8852 MI SGN
4 1600 1855 KULVN/MH 751 CWYBL 734 M 0
0120 KUL 0545 + 1 MH 203 FRCWY 74E 0
57 1815 2150 HKG VN★ 768 JCWYB 330 0
2300 HKG 0610 + 1 CX 749 FJCWY 343 DB/ 0
VN 768 JOINT OPERATION VN CX

HOEDSPRUIT, S AFRICA 219 MI HDS
X5 1230 1435 BA★ 6333 SBKML ATR M 1
5 1230 1435 BA★ 6333 SBKML F27 M 1

HONG KONG, HONG KONG 6656 MI HKG
SEE ADVERTISEMENT THIS SECTION FOR:
SAA
47 1605 0015 + 1 RG 829 FCYMH M11 SM 1
RG 829 ONLINE STPVR TPC ONLY
2 2250 0740 + 1 SA 283 FJCYM 747 SDB 1
1 2300 0545 + 1 SA 299 FJCYM 747 DB 0
3 2300 0545 + 1 SA 297 FJCYM 747 S 0
6 2300 0545 + 1 SA 287 FJCYM 747 D 0
357 2300 0610 + 1 CX 749 FJCWY 343 DB/ 0
CONNECTIONS
4 1615 2340 KUL MH 81 CWYBL 734 M 2
0120 KUL 0545 + 1 MH 203 FRCWY 74E 0
6 1615 2340 KUL MH 81 CWYBL 734 M 2
D-18OCT 0120 KUL 0545 + 1 MH 201 FRCWY 74E MB 0
5 1645 2210 KUL MH 59 FRCWY 330 M 1
0120 KUL 0545 + 1 MH 203 FRCWY 74E 0
2 1645 2210 KUL MH 59 FRCWY 330 M 1
0120 KUL 0545 + 1 MH 201 FRCWY 74E MB 0

HOUSTON, TEXAS, USA (I-IAH) 9013 MI HOU
2 1225 1555 MIA SA★ 7318 FYK 72S L/S 0
D- 2SEP 1700 MIA 1540 + 1 SA 204 FJCYM 744 DBS 1
2 1225 IC 1555 MIA AA 813 FYHWV 72S L/S 0
D- 2SEP 1700 MIA 1540 + 1 SA 204 FJCYM 744 DBS 1
X13 1235 I 1555 MIA SA★ 7318 FYK 72S L/S 0
E- 4SEP 1700 MIA 1540 + 1 SA 204 FJCYM 744 DBS 1
X13 1235 I 1555 MIA AA 977 FYHWV 72S L/S 0
E- 4SEP 1700 MIA 1540 + 1 SA 204 FJCYM 744 DBS 1

INDIANAPOLIS, INDIANA, USA 8808 MI IND
X2 1155 1500 JFK TW 776 FYBOX D9S S/ 0
1820 JFK 1455 + 1 SA 202 FJCYM 744 DB 0
2 1155 1500 JFK TW 776 FYBOX D9S S/ 0
1820 JFK 1625 + 1 SA 202 FJCYM 744 DBL 1

ISTANBUL, TURKEY 4624 MI IST
15 2355 0815 + 1 TK 590 FJCYB 310 D 0
CONNECTIONS
5 1558 1755 LHR BA 877 CSBML 757 M 0
D 2100 LHR 0850 + 1 BA 057 FJSBK 744 M 0
X5 1600 1755 LHR BA 877 CSBML 757 M 0
2100 LHR 0850 + 1 BA 057 FJSBK 744 M 0

JACKSONVILLE, FLORIDA, USA (J-JAX) 8226 MI JAX
X13 1425 J 1609 MIA AA★ 5794 YWBHQ SF3 0
E- 4SEP 1700 MIA 1540 + 1 SA 204 FJCYM 744 DBS 1
2 1435 J 1610 MIA AA★ 5794 YWBHQ SF3 0
D- 2SEP 1700 MIA 1540 + 1 SA 204 FJCYM 744 DBS 1

JAKARTA, INDONESIA (C-CGK) 5337 MI JKT
45 1830 C 2130 KUL MH 722 FRCWY 330 0
0120 KUL 0545 + 1 MH 203 FRCWY 74E 0
2 1830 C 2130 KUL MH 722 FRCWY 330 0
0120 KUL 0545 + 1 MH 201 FRCWY 74E MB 0

From **JEDDAH, SAUDI** 3385 MI JED
0250 1025 SV 0447 FY AB3 D 1
UK 5521 MI JER
1745 1840 LHR BA 1373 CSBKM 737 S/ 0
2100 LHR 0850 + 1 BA 057 FJSBK 744 M 0

KAOHSIUNG, TAIWAN 7025 MI KHH
357 1635 1805 HKG KA 437 FYQBT 330 S 0
2300 HKG 0610 + 1 CX 749 FJCWY 343 DB/ 0

KHARTOUM, SUDAN 2892 MI KRT
3 0435 0830 NBO KQ 321 FY 737 0
0930 NBO 1420 KQ 462 FY 737 1

KIEV, UKRAINE (I-KBP) 5277 MI IEV
6 1740 1935 SOF LZ 370 CMKL 735 0
2320 SOF 0835 + 1 LZ 515 CMKL 767 0

KILIMANJARO, TANZANIA 1673 MI JRO
6 0850 1130 TC 767 JYM 737 0

KIMBERLEY, S AFRICA 272 MI KIM
5 0645 0805 SA★ 1132 YSKQT DH8 0
X67 0745 0900 SA★ 1112 YSKQT DH8 0
7 1120 1235 SA★ 1106 YSKQT DH8 0
6 1145 1300 SA★ 1128 YSKQT DH8 0
X67 1450 1605 SA★ 1118 YSKQT DH8 0
7 1825 1940 SA★ 1126 YSKQT DH8 0
X87 1900 2015 SA★ 1108 YSKQT DH8 0
123 1945 2100 SA★ 1124 YSKQT DH8 0
7 1945 2100 SA★ 1122 YSKQT DH8 0

KINSHASA, ZAIRE 1733 MI FIH
4 0900 1545 EQ 042 CY 727 1
7 0900 1615 EQ 044 CY 727 2
3 1355 1900 SA 051 JCYMB 320 D 0
6 1555 2100 SA 053 JCYMB AB3 D 0

KISHINEV, MOLDOVA 5043 MI KIV
6 1710 1915 SOF LZ★ 871 M AN4 0
2320 SOF 0835 + 1 LZ 515 CMKL 767 0

KOTA KINABALU, MALAYSIA 6273 MI BKI
3 1225 1515 HKG MH/KA 60 CWYBL 734 M 0
2300 HKG 0610 + 1 CX 749 FJCWY 343 DB/ 0

KUALA LUMPUR, MALAYSIA 5304 MI KUL
56 0120 0545 MH 203 FRCWY 74E 0
37 0120 0545 MH 201 FRCWY 74E MB 0

KUNMING, P. R. CHINA 6097 MI KMG
7 1610 1810 HKG KA 761 YQBT 320 S 0
D-19OCT 2300 HKG 0610 + 1 CX 749 FJCWY 343 DB/ 0

LARNACA, CYPRUS 4219 MI LCA
6 2255 0630 HRE UM 733 JYMBS 767 0
0830 HRE 1205 + 1 UM 771 JY 767 0

LIBREVILLE, GABON 2221 MI LBV
7 0610 1140 GN 116 FJYBT 74M M 0
GN 116 DISCONTINUED AFTER 19OCT
3 0630 1200 GN 110 FJYBT 74M M 0

LILONGWE, MALAWI 918 MI LLW
7 0915 1135 QM 201 JYMQ 733 0
5 1200 1420 QM 203 JYMQ 733 0
14 1415 1645 SA 171 JCYMB 73S S 0

LISBON, PORTUGAL 5081 MI LIS
7 0015 1055 TP 235 CYDMQ 343 SB 0
TP 235 DISCONTINUED AFTER 28SEP
7 0015 1055 TP 235 CYMQL 343 SB 0
TP 235 EFFECTIVE 5OCT THRU 19OCT.
5 0015 1310 TP 237 CYDMQ 343 SBL 1
TP 237 DISCONTINUED AFTER 28SEP
5 0015 1310 TP 237 CYMQL 343 SBL 1
TP 237 EFFECTIVE 3OCT
1 0015 1315 TP 231 CYDMQ 343 SBL 1
TP 231 DISCONTINUED AFTER 29SEP
TP 231 DEPARTS AT 0030 THRU 22SEP
1 0015 1315 TP 231 CYMQL 343 SBL 1
TP 231 EFFECTIVE 6OCT
CONNECTIONS
1310 1545 LHR BA 501 CSBML 767 M 0
2100 LHR 0850 + 1 BA 057 FJSBK 744 M 0
X1 1800 2035 LHR BA 503 CSBML 757 M 0
D-13SEP 2205 LHR 0955 + 1 BA 055 FJSBK 744 M 0
X17 1800 2035 LHR BA 503 CSBML 757 M 0
E-16SEP 2205 LHR 0955 + 1 BA 055 FJSBK 744 M 0
1800 2040 LHR BA 503 CSBML 737 M 0
E-14SEP 2205 LHR 0955 + 1 BA 055 FJSBK 744 M 0
D-19OCT

LIVINGSTONE, ZAMBIA 599 MI LVI
5 1530 1750 QQ 1522 Y ATR 0
7 1745 2005 QQ 1518 Y ATR 0
1 1845 2105 QQ 1518 Y ATR D 0

LOME, TOGO 2868 MI LFW
7 2135 2240 ABJ RK 875 CYK 737 S 0
D-19OCT 2340 ABJ 0740 + 1 RK 770 FCYKH AB3 D 0

LONDON, UK (L-LHR G-LGW) 5622 MI LON
SEE ADVERTISEMENT THIS SECTION FOR:
SAA
6 1930 L 0720 + 1 SA 235 FJCYM 743 DB 0
SA 235 DISCONTINUED AFTER 19OCT
7 1930 L 0720 + 1 SA 215 FJCYS 743 DB 0
SA 215 DISCONTINUED AFTER 19OCT
2 1930 L 0720 + 1 SA 233 FJCYM 743 DB 0
135 1930 L 0720 + 1 SA 239 FJCYM 743 DB 0
4 2000 L 0750 + 1 SA 235 FJCYM 743 DB 0
7 2035 L 0825 + 1 SA 229 FJCYM 743 DB 0
SA 229 DISCONTINUED AFTER 19OCT
2100 L 0850 + 1 BA 057 FJSBK 744 M 0
36 2130 L 0920 + 1 SA 217 FJCYM 747 DB 0
1 2130 L 0920 + 1 SA 217 FJCYM 744 DB 0
5 2130 L 0920 + 1 SA 227 FJCYS 743 DB 0
6 2130 L 0920 + 1 SA 235 FJCYM 743 DB 0
SA 238 EFFECTIVE 29OCT
4 2145 L 1000 + 1 VS 601 JWYMB 340 DB 0
X1 2205 L 0955 + 1 BA 055 FJSBK 744 M 0
CONNECTIONS
8 1445 L 2000 SOF LZ 496 CMKL 735 0
2320 SOF 0835 + 1 LZ 515 CMKL 767 0
3 1445 L 2000 SOF LZ 496 CMKL 735 0
2350 SOF 1035 + 1 LZ 517 CMKL 767 1
2 1710 G 0630 HRE UM 727 JYMBS 767 0
0830 HRE 1005 + 1 UM 763 JY 767 0
6 1900 G 0620 HRE UM 725 JYMBS 767 0
1030 HRE 1205 + 1 UM 771 JY 767 0
135 1930 L 2240 VIE OS 456 JCDYM 321 D 0
2320 VIE 0900 + 1 OS 531 JCDYM 340 DB 0
2000 L 0900 WDH SW 668 CDYSM 74L DB 1
E- 8SEP 1015 WDH 1200 + 1 SW 734 CDYSM 74L 0
37 2010 L 0655 NBO KQ 101 JY 310 0
0930 NBO 1235 + 1 KQ 462 FY 310 0
2 2010 L 0655 NBO KQ 101 JY 310 0
0930 NBO 1420 + 1 KQ 462 FY 737 1
2100 G 0820 HRE UM 723 JYMBS 767 0
1140 HRE 1325 + 1 SA 033 JCYMB 320 L 0
5 2115 L 1000 NBO KQ 117 JCSBM 310 0
1120 NBO 1435 + 1 KQ 464 FY 310 0
7 2130 L 0950 CPT SA 221 FJCYM 747 DB 0
D-19OCT 1300 CPT 1455 + 1 SA 316 JCYSK 73S L 0

LOS ANGELES, CALIFORNIA, USA (L-LAX) 10382 MI LAX
X13 0725 I 1524 MIA SA★ 7322 FJCYK 767 B 0
E- 4SEP 1700 MIA 1540 + 1 SA 204 FJCYM 744 DBS 1
X13 0725 I 1524 MIA SA 7322 FJCYK 767 B 0
E- 4SEP 1700 MIA 1540 + 1 SA 204 FJCYM 744 DBS 1
X2 0900 I 1727 JFK SA★ 7020 FJCYK 767 B 0
E- 3SEP 1820 JFK 1455 + 1 SA 202 FJCYM 744 DB 0
X2 0900 I 1727 JFK AA 2 PCYHW 767 B 0
E- 3SEP 1820 JFK 1455 + 1 SA 202 FJCYM 744 DB 0
2 0900 I 1727 JFK AA 2 PCYHW 767 B 0
D- 2SEP 1820 JFK 1625 + 1 SA 202 FJCYM 744 DBL 1
2 0900 I 1727 JFK SA★ 7020 FJCYK 767 B 0
D- 2SEP 1820 JFK 1625 + 1 SA 202 FJCYM 744 DBL 1
E- 9SEP 1820 JFK 1625 + 1 SA 202 FJCYM 744 DBL 1

2 0900 I 1721 JFK SA★ 7020 FJCYK 767 B 0
E- 9SEP 1820 JFK 1625 + 1 SA 202 FJCYM 744 DBL 1
2 1905 I 1440 CDG 083 PJDYC 744 M 0
1755 CDG 0850 + 2 SA 275 JCYMB 74L SB 0
5 2035 I 1600 AMS NW★ 8604 JCYBM 74M M 0
1950 AMS 0825 + 2 SA 249 FJCYM 74L SB 0
5 2050 L 1530 LHR VS 024 JWYBL 340 DB 0
D-17OCT 1930 LHR 0720 + 2 SA 235 FJCYM 743 DB 0
6 2050 L 1530 LHR VS 024 JWYBL 340 DB 0
D-18OCT 1930 LHR 0720 + 2 SA 215 FJCYS 743 DB 0
1 2050 L 1530 LHR VS 024 JWYBL 340 DB 0
1930 LHR 0720 + 2 SA 233 FJCYM 743 DB 0
247 2050 L 1530 LHR VS 024 JWYBL 340 DB 0
1930 LHR 0720 + 2 SA 239 FJCYM 743 DB 0
2055 L 1515 LHR BA 268 FJSBK 744 M 0
2100 LHR 0860 + 2 BA 057 FJSBK 744 M 0
6 2200 L 1515 LHR BA 268 FJSBK 744 M 0
E 25OCT 2100 LHR 0850 + 2 BA 057 FJSBK 744 M 0

LUANDA, ANGOLA 1546 MI LAD
25 0900 1320 DT 577 FCY 74M 0
24 1330 1755 SA 055 JCYMB AB3 L 0
CONNECTIONS
6 1345 1600 WDH SW 173 CDYSM 73S 0
D- 8SEP 1645 WDH 1930 SW 736 CDYSM 73S 0
6 1345 1700 WDH SW 173 CDYSM 73S 0
E-13SEP 1745 WDH 1930 SW 738 CDYSM 73S 0

LUBUMBASHI, ZAIRE 1010 MI FBM
4 1315 1545 EQ 042 CY 727 1
7 1345 1615 EQ 044 CY 727 2

LUSAKA, ZAMBIA 745 MI LUN
2 0815 1140 QQ 1518 CY 727 0
0835 1035 Z9 100 JYB 73S 0
6 1300 1625 QQ 1518 CY 727 0
2 1310 1510 Z9 102 JYB 73S 0
34 1320 1520 SA 065 JCMBX 320 S 0
7 1320 1520 SA 065 JCYSM AB3 L 0
5 1400 1750 QQ 1522 Y ATR D 0
5 1610 1810 Z9 104 JYB 73S 0
7 1615 2005 QQ 1518 Y ATR S 0
1 1715 2105 QQ 1518 Y ATR SD 0

LYON, FRANCE 5163 MI LYS
1840 1915 LHR BA 357 CDSBM 320 M 0
2100 LHR 0850 + 1 BA 057 FJSBK 744 M 0

MADRID, SPAIN 5022 MI MAD
1835 1945 LHR BA 461 CSBML 767 M 0
2100 LHR 0850 + 1 BA 057 FJSBK 744 M 0

MAHE ISLAND, SEYCHELLES IS. IND. OC 3338 MI SEZ
6 0900 1205 HM 061 JYBHK 763 0
3 1000 1420 D6 204 JYNML 72S L 0
CONNECTIONS
6 0545 0845 NBO KQ 453 FY 737 0
1130 NBO 1435 KQ 464 FY 310 0

MANCHESTER, UK 5776 MI MAN
6 0640 0855 BRU SN 622 CDYML 73S S 0
1010 BRU 2035 SN 553 FCDYM 743 LS 0
SPEC 1330 2035 LY 0312 CYDMB 757 0
2300 TLV 0620 + 1 LY 0511 FCYDM 747 0
OP 11SEP
4 1330 1935 TLV LY 0312 CYDMB 757 0
E-18SEP 2200 TLV 0620 + 1 LY 0511 FCYDM 747 0
D- 9OCT
EX 20CT
1 1540 1755 BRU SN 618 CDYML 73S S 0
2030 BRU 0655 + 1 SN 549 FCDYM 743 DB 0
3 1540 1755 BRU SN 618 CDYML 73S S 0
2030 BRU 0655 + 1 SN 551 FCDYM 743 DB 0
1630 1720 LHR BA 1399 CSBKM 757 S 0
2100 LHR 0850 + 1 BA 057 FJSBK 744 M 0
X6 1830 1925 LHR BA 1405 CSBKM 757 S 0
2100 LHR 0850 + 1 BA 057 FJSBK 744 M 0
6 1900 1955 LHR BA 1405 CSBKM 757 S 0
2205 LHR 0955 + 1 BA 055 FJSBK 744 M 0

MANILA, PHILIPPINES 6833 MI MNL
4 1230 1805 KUL MH 371 CWYBL 734 M 0
0120 KUL 0545 + 1 MH 203 FRCWY 74E 0
5 1440 2005 KUL MH 703 FRCWY 330 M 1
0120 KUL 0545 + 1 MH 203 FRCWY 74E 0
6 1610 2000 KUL MH 705 CWYBL 734 M 0
D-18OCT 0120 KUL 0545 + 1 MH 201 FRCWY 74E MB 0
2 1620 KUL MH 705 FRCWY 330 M 1
0120 KUL 0545 + 1 MH 201 FRCWY 74E MB 0
357 1935 2130 HKG CX 902 JCWYB 743 D 0
2300 HKG 0610 + 1 CX 749 FJCWY 343 DB/ 0

MANZINI, SWAZILAND 197 MI MTS
48 0715 0800 ZC 011 Y F28 0
125 0800 0845 ZC 013 Y F28 0
123 0930 1035 BA★ 6304 SBKML F27 M 0
7 1515 1600 ZC 017 Y F28 0
34 1715 1800 ZC 015 Y F28 0
6 1730 1830 BA★ 6300 SBKML ATR M 0
125 1730 1835 BA★ 6300 SBKML F27 M 0

MAPUTO, MOZAMBIQUE 276 MI MPM
3 0700 0755 TM 301 CYM 100 0
7 0700 1045 TM 311 CYM 100 0
5 1000 1055 SA 149 JCYMB 73S S 0
4 1125 1220 SA 145 JCYMB 73S S 0
6 1400 1600 OW 101 YM L4T S 0
X6 1600 1800 OW 103 YM L4T S 0
2 1645 1740 TM 303 CYM 100 0
4 1645 1740 TM 317 CYM 100 0
5 1645 1740 TM 305 CYM 73S 0
7 1730 1825 SA 143 JCYMB 320 S 0
1 1800 1855 SA 147 JCYMB 73S D 0
5 1800 1855 SA 141 JCYMB 73S D 0
7 1830 1925 TM 307 CYM 100 0
7 1830 1925 TM 315 CYM 100 0

MARGATE, S AFRICA 348 MI MGH
X57 1315 1445 SA★ 8141 YSTL J41 0
57 1315 1445 SA★ 8141 YST J41 0
57 1700 1830 SA★ 8143 YST J41 0

MASERU, LESOTHO 226 MI MSU
156 0830 0940 QL 330 Y F27 S 0
2347 0830 0950 QL 334 Y DHT 0
X23 1400 1510 QL 332 Y F27 0
23 1400 1530 QL 338 Y DHT 0

MAUN, BOTSWANA 526 MI MUB
3 0700 0755 BP 211 YBQ ATR 0

MAURITIUS, MAURITIUS 1909 MI MRU
2 0810 1030 MK 843 FJDYL 787 BL 1
MK 843 DISCONTINUED AFTER 19SEP
2 0810 1030 MK 843 FJDYL 343 BL 1
MK 843 EFFECTIVE 20SEP
7 0855 1115 MK 847 FJDYL 767 BL 1
MK 847 DISCONTINUED AFTER 14SEP
7 0920 1140 MK 847 FJDYL 343 BL 1
MK 847 EFFECTIVE 21SEP THRU 19OCT
5 0930 1325 MK 845 FJDYL 343 BL 1
3 1330 1800 MK 841 FJDYL 343 BL 1
6 1550 1820 SA 197 JYSKQ AB3 S 0
7 1645 2010 SA 193 JCYMB AB3 DS 0
SA 193 DISCONTINUED AFTER 27SEP

MBUJI-MAYI, ZAIRE 1418 MI MJM
7 1145 1615 EQ 044 CY 727 0

MELBOURNE, VI, AUSTRALIA (L-MEL) 8423 MI MEL
2 1010 L 1555 OF 83 PJYBL 744 M 0
CONNECTIONS
4 1430 L 2030 KUL MH 128 FRCWY 744 M 0
0120 KUL 0545 + 1 MH 203 FRCWY 74E 0
5 1430 L 2030 KUL MH 120 FRCWY 744 M 0
0120 KUL 0545 + 1 MH 203 FRCWY 74E 0
2 1430 L 2030 KUL MH 120 FRCWY 744 M 0
0120 KUL 0545 + 1 MH 201 FRCWY 74E MB 0

MIAMI, FLORIDA, USA (I-MIA) 9067 MI MIA
SEE ADVERTISEMENT THIS SECTION FOR:
SAA
X13 1700 I 1540 + 1 SA 204 FJCYM 744 DBS 1
X13 1700 I 1540 + 1 SA★ 6004 FCYBM 747 DBS 1
CONNECTIONS
2 1335 I 1639 JFK AA 98 FYHWV 767 SB 0
D- 2SEP 1820 JFK 1625 + 1 SA 202 FJCYM 744 DBL 1
2 1335 I 1639 JFK SA★ 7018 FYK 767 S 0
D- 2SEP 1820 JFK 1625 + 1 SA 202 FJCYM 744 DBL 1
X2 1340 I 1635 JFK AA 98 FYHWV 767 SB 0
E- 3SEP 1820 JFK 1455 + 1 SA 202 FJCYM 744 DB 0

Freq. Leave Arrive A/C Flight Class Eq. MI S

MILAN, ITALY (L-LIN) 5077 MI MIL

6 0655 L 0825 BRU SN 810 CDYML 737 B/S 0
1010 BRU 2035 SN 553 FCDYM 743 LS 0
1610 LHR SA 1557 CSBML 757 M 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0
X1 1935 L 2030 LHR BA 589 CSBML 767 M 0
2205 LHR 0955+1 BA 055 FJSBK 744 M 0

EX 755P

Minneapolis/St.Paul, Minnesota, USA 8980 MI MSP
(M-MSP)

X2 0950 M 1500 JFK TW 776 FYBOK D9S S/ 1
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
2 0950 M 1500 JFK TW 776 FYBOK D9S S/ 1
1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1

MMABATHO, S AFRICA 159 MI MBD

X67 0900 1000 SA★ 8191 YST D28 0
X6 1600 1700 SA★ 8193 YST D28 0
45 1850 1950 SA★ 8195 YST D28 0

MOKUTI LODGE, NAMIBIA 874 MI OKU

4 1100 1240 ERS SW 802 YMV BE1 1
D- 4SEP 1900 WDH 2145 SW 726 CDYSM 73S 0
1200 1340 ERS SW 802 YMV BE1 1
E-11SEP 2000 WDH 2145 SW 728 CDYSM 73S 0

EX 255EP

5 1330 1510 ERS SW 401 YSMBV BE1 1
D- 5SEP 1800 WDH 2045 SW 720 CDYSM 73S 0
1330 1510 ERS SW 401 YSMBV BE1 1
D- 3SEP 1815 WDH 2100 SW 728 CDYSM 73S 0
1430 1610 ERS SW 401 YSMBV BE1 1
E-8SEP 1925 WDH 2110 SW 722 CDYSM 73S 0
D-15SEP

MOMBASA, KENYA 1705 MI MBA

3 1130 1420 KQ 462 FY 737 0

KQ 462 DISCONTINUED AFTER 10CT

3 1130 1420 KQ 462 FY 737 0

KQ 462 EFFECTIVE 22OCT

3 1130 1420 KQ 462 FY 310 0

KQ 462 EFFECTIVE 30CT THRU 15OCT

MONTREAL, QU, CANADA (Y-YUL) 8031 MI YMQ

X2 1430 Y 1615 JFK CP★ 6490 YBMHQ SF3 0
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
2 1430 Y 1615 JFK AA★ 4834 YWBHQ SF3 0
1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1

MORONI, COMOROS (H-HAH) 1403 MI YVA

48 0930 H 1146 EK 461 JCYBK 310 0
1520 H 1720 DB 208 JYNML 72S 0

MOSCOW, RUSSIAN FED. (S-SVO) 5666 MI MOW

3 0001 S 1350 SU 481 CYSMK TU5 DL 2

SU 481 EFFECTIVE 10SEP
EX 17SEP, 1OCT, 15OCT

CONNECTIONS

1725 S 1835 LHR BA 873 CSBKM 767 M 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0

MUMBAI/BOMBAY, INDIA 4328 MI BOM

4 0230 0735 SA 279 JCYSM 767 B 0
2 0325 0830 SA 152 JCYSM 767 B 0
6 1300 2005 SA 285 JCYSM 767 LD 1

CONNECTIONS

1 0430 0805 NBO KQ 203 JY 310 B 0
0930 NBO 1235 KQ 462 FY 310 0
3 0430 0805 NBO KQ 203 JY 310 B 0
0930 NBO 1420 KQ 462 FY 737 1

MUNICH, GERMANY (M-MUC) 5233 MI MUC

6 0730 M 0855 BRU SN 488 CDYML 733 B/S 0
1010 BRU 2035 SN 553 FCDYM 743 LS 0
1805 M 1905 SOF LZ 442 CMKL 735 1
2350 SOF 0335+1 LZ 517 CMKL 767 1
1715 M 1810 LHR BA 953 CSBKM 757 M 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0

NAGOYA, JAPAN 8248 MI NGO

1100 1835 KUL MH 57 FRCWY 330 M 1
D-19OCT 0120 KUL 0545+1 MH 201 FRCWY 74E MB 0
357 1620 1930 HKG CX 533 JCWYB 330 D/ 0
2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0

NAIROBI, KENYA (B-NBO) 1811 MI NBO

14 0930 B 1235 KQ 462 FY 310 0
3 0930 B 1420 KQ 462 FY 737 1

KQ 462 DISCONTINUED AFTER 10CT

3 0930 B 1420 KQ 462 FY 737 1

KQ 462 EFFECTIVE 22OCT

3 0930 B 1420 KQ 462 FY 310 1

KQ 462 EFFECTIVE 30CT THRU 15OCT

6 1130 B 1435 KQ 464 FY 310 0
1505 B 1815 SA 183 JCYMB A83 L 0
1505 B 1815 SA 183 JCYMB 320 L 0

BA 183 DISCONTINUED AFTER 15SEP

5 1505 B 1815 SA 183 JCYMB 767 L 0

BA 183 EFFECTIVE 17OCT

2 1505 B 1815 SA 183 JCYMB 320 L 0

BA 183 EFFECTIVE 21OCT

SPEC 1505 B 1815 SA 183 JCYMB 767 L 0

OP 338P

25 1505 B 1815 SA 183 JCYMB 320 L 0

BA 183 EFFECTIVE 12SEP THRU 16SEP

5 1505 B 1815 SA 183 JCYMB 767 L 0

BA 183 EFFECTIVE 19SEP THRU 30CT

2 1505 B 1815 SA 183 JCYMB 320 L 0

BA 183 EFFECTIVE 100CT THRU 140CT

25 1505 B 1815 SA 183 JCYMB 320 L 0

BA 183 EFFECTIVE 100CT THRU 140CT

1 1550 B 1900 SA 185 JCYMB 320 L 0

CONNECTIONS

5 0945 B 1055 LLW QM 181 JYMQ 733 0
1200 LLW 1420 QM 203 JYMQ 733 0

NANJING, P. R. CHINA 7188 MI NKG

3 1410 1635 HKG KA 811 CYQBT 320 L 0
2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0
5 1845 2100 HKG KA 811 CYQBT 320 D 0
2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0

KA 811 OPN SUBJ GOVT APPROVAL

NDOLA, ZAMBIA 912 MI NLA

3 0830 1140 QQ 1518 CY 727 0
2 1010 1220 QQ 1520 JYNML 72S 0
1230 1540 QQ 1522 Y ATR SQ 0
1415 1625 QQ 1518 CY 727 0
1500 2005 QQ 1518 Y ATR S 2
1810 2020 DB 304 JYNML 72S 0

NELSPRUIT, S AFRICA 184 MI NLP

1234 0615 0715 SA★ 8121 YS D28 0
X67 0810 0900 SA★ 8123 YSTL J41 0
0845 0935 SA★ 8125 YST J41 0
1200 1250 A SA★ 8127 YST J41 0
1445 1535 SA★ 8129 YST J41 0
1500 1600 QW 101 YM L4T 0
1550 1640 SA★ 8131 YST J41 0
1800 1850 QW 103 YM L4T 0
1730 1820 SA★ 8133 YST J41 0
1820 1910 SA★ 8135 YST J41 0

NEWCASTLE, UK 5869 MI NCL

1820 1925 LHR BA 1335 SKBML 737 S 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0

NEW ORLEANS, LOUISIANA, USA 8709 MI MSY

1115 1505 JFK TW 708 FYBOK M90 L/S 0
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
1310 1700 MIA AA 977 FYHWV 72S L/ 0
1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1

NEW YORK, NEW YORK, USA 7681 MI NYC

LI-JFK NEWR LGAL

SEE ADVERTISEMENT THIS SECTION FOR:
SAA

1820 J 1455+1 SA 202 FJCYM 744 DB 0
1820 J 1455+1 AA★ 6002 FCYBH 747 DB 0
1820 J 1625+1 AA★ 6002 FCYBH 747 DBL 1
1820 J E 1625+1 SA 202 FJCYM 744 DBL 1

CONNECTIONS

0845 J 1725 LHR BA 002 R SSC M 0
D-19OCT 1930 LHR 0220+1 SA 235 FJCYM 743 DB 0
7 0845 J 1725 LHR BA 002 R SSC M 0
D-19OCT 1830 LHR 0720+1 SA 219 FJCYS 743 DB 0
2 0845 J 1725 LHR BA 002 R SSC M 0
1930 LHR 0720+1 SA 233 FJCYM 743 DB 0
135 0845 J 1725 LHR BA 002 R SSC M 0
1930 LHR 0720+1 SA 239 FJCYM 743 DB 0
4 0845 J 1725 LHR BA 002 R SSC M 0
2000 LHR 0750+1 SA 235 FJCYM 743 DB 0
0845 J 1725 LHR BA 002 R SSC M 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0
X1 0915 J 2100 LHR BA 178 FJSBM 747 M 0
2205 LHR 0955+1 BA 055 FJSBK 744 M 0
2 1210 J 1508 MIA SA★ 7310 FYK A83 L 0
D- 2SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
2 1210 J 1508 MIA AA 1819 FYHWV A83 L 0
D- 2SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X13 1210 J 1517 MIA SA★ 7310 FYK A83 L 0
E- 4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X13 1210 J 1517 MIA AA 1819 FYHWV A83 L 0
E- 4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X13 1215 E 1516 MIA AA 1791 FYHWV 72S L 0
E- 4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X13 1215 E 1516 MIA SA★ 7314 FYK 72S L 0
E- 4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
2 1225 E 1523 MIA SA★ 7314 FYK 72S L 0
D- 2SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
2 1225 E 1523 MIA AA 1811 FYHWV 72S L 0
D- 2SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
2 1230 L 1528 MIA AA 929 FYHWV 72S L/S 0
D- 2SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
2 1230 L 1528 MIA SA★ 7312 FYK 72S L/ 0
D- 2SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X13 1235 L 1528 MIA SA★ 7312 FYK 72S L/ 0
E- 4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X13 1235 L 1528 MIA AA 929 FYHWV 72S L/S 0
E- 4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
5 1905 J 0825 BRU SN★ 548 FCDYM L15 DB 0
1010 BRU 2035+1 SN 553 FCDYM 743 LS 0
7 2325 J 1240 BRU SN 542 FCDYM 342 SB 0
D-19OCT 2030 BRU 0655+2 SN 549 FCDYM 743 DB 0
2 2325 J 1240 BRU SN 542 FCDYM 342 SB 0
2030 BRU 0655+2 SN 551 FCDYM 743 DB 0

NIAMEY, NIGER 3243 MI NIM

7 0925 1215 ABJ RK 872 CYKH 737 SD 1
D-19OCT 2340 ABJ 0740+1 RK 770 FCYKH AB3 D 0

NICE, FRANCE 4990 MI NCE

1715 1815 LHR BA 345 CDSBK 767 M 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0
6 1845 1945 LHR BA 543 CSBML 737 M 0
E- 4OCT 2100 LHR 0850+1 BA 057 FJSBK 744 M 0

Norfolk/Va.Bch/Wmbg, Virginia, USA 8034 MI ORF

X2 1540 1700 JFK TW★ 7788 YBQKV J41 0
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
2 1540 1700 JFK TW★ 7788 YBQKV J41 0
1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1

ONDANGWA, NAMIBIA 969 MI OND

4 1005 1240 ERS SW 802 YMV BE1 2
D- 4SEP 1900 WDH 2145 SW 726 CDYSM 73S 0
4 1105 1340 ERS SW 802 YMV BE1 2
E-11SEP 2000 WDH 2145 SW 728 CDYSM 73S 0

EX 255EP

ORLANDO, FLORIDA, USA (O-MCO) 8175 MI ORL

X2 1420 O 1650 JFK DL 400 FYBMK 757 S 0
D- 7SEP 1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
X2 1420 O 1644 JFK DL 400 FYBMK 757 S 0
E- 8SEP 1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
X13 1445 O 1548 MIA SA★ 7318 FYK 757 0
E- 4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X13 1445 O 1548 MIA AA 967 FYHWV 757 0
E- 4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X13 1446 O 1550 MIA SA★ 7316 FYK 757 0
D- 2SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
2 1448 O 1550 MIA SA★ 7316 FYK 757 0
D- 2SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1

OSAKA, JAPAN (K-KIX) 8159 MI OSA

SEE ADVERTISEMENT THIS SECTION FOR:
SAA

57 1910 K 0650+1 JL 447 FCYBQ 747 1

JL 447 EFFECTIVE 30CT

57 1925 K 0650+1 SA 291 FJCYM 747 SB 1

CONNECTIONS

357 1800 K 2050 HKG CX 507 FJCWY 744 0
2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0

OSLO, NORWAY (F-FBU) 6016 MI OSL

1 1635 F 1740 CPH SK 471 CSMBH M80 0
1840 CPH 0725+1 SK★ 3983 FCMBV 743 SB 1
4 1635 F 1740 CPH SK 471 CSMBH M80 0
1840 CPH 0725+1 SK★ 3981 CMBVQ 74L SB 1
1740 F 1850 LHR BA 765 CDSBM 757 M 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0

OUAGADOUGOU, BURKINA FASO 3320 MI OUA

3 1110 1235 ABJ RK 839 CYKHT 737 M 0
2140 ABJ 0540+1 RK 730 FCYKH AB3 D 0

PARIS, FRANCE (C-CDG, O-ORY) 5401 MI PAR

SEE ADVERTISEMENT THIS SECTION FOR:
SAA

4 1755 C 0650+1 SA 275 JCYMB 74L SDB 1
1 1810 C 0650+1 SA 257 JCYMB 74L SB 1
3 1810 C 0650+1 SA 257 FJCYM 747 SB 1
6 2300 C 0920+1 AF 438 PJDYK 74E MB 0

AF 438 DISCONTINUED AFTER 13SEP

7 2300 C 0920+1 AF 422 PJDYK 74E MB 0

AF 422 DISCONTINUED AFTER 10CT

2 2300 C 0920+1 AF 436 PJDYK 744 MB 0
3 2300 C 0920+1 AF 434 PJDYK 74E MB 0
4 2300 C 0920+1 AF 430 PJDYK 744 MB 0
5 2300 C 0920+1 AF 432 PJDYK 74E MB 0
6 2300 C 0920+1 AF 438 PJDYK 744 MB 0

AF 438 EFFECTIVE 40CT

6 2300 C 0920+1 AF 438 PNJDZ 74E MB 0

AF 438 EFFECTIVE 20SEP THRU 27SEP

CONNECTIONS

6 0800 C 0855 BRU SN 920 CDYML 734 B/S 0
1010 BRU 2035 SN 553 FCDYM 743 LS 0
SPEC 1250 O 1810 TLV LY 0324 FCYDM 747 0
2135 TLV 0650+1 LY 0511 CYDMB 757 1

OP 838P

1 1250 O 1710 TLV LY 0324 FCYDM 747 0
E-15SEP 2135 TLV 0650+1 LY 0511 FCYDM 747 1
1715 C 1720 LHR BA 317 CDSBK 757 S/ 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0
X6 1900 C 1910 LHR BA 319 CDSBK 757 S/ 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0
1910 O 1930 LHR BA★ 3265 CDSBK 737 S 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0
5 2300 O 0820 NBO KQ 113 JY 310 0
1130 NBO 1438+1 KQ 464 FY 310 0

PERTH, WA, AUSTRALIA 5176 MI PER

6 0140 0620 SA 281 JCYMB 74L B 0
24 0140 0620 SA 281 FJCYM 747 B 0
6 1135 1630 QF 63 PJYBE 744 M 0
6 1310 2125 QF 63 PJYBE 744 M 0
4 1335 1830 QF 63 PJYBE 744 M 0

CONNECTIONS

45 1630 2210 KUL MH 124 FRCWY 772 M 0
0120 KUL 0545+1 MH 203 FRCWY 74E MB 0
28 1630 2210 KUL MH 124 FRCWY 772 M 0
0120 KUL 0545+1 MH 201 FRCWY 74E MB 0

PHALABORWA, S AFRICA 243 MI PHW

X67 0810 0910 SA★ 8011 YST J41 0
X15 1410 1510 SA★ 8013 YST J41 0
1840 1940 SA★ 8015 YST J41 0

Philadelphia, Pennsylvania, USA (P-PHL) 8031 MI PHL

2 1305 P 1545 MIA AA 2115 FYHWV 72S L/ 0
D- 2SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
2 1305 P 1545 MIA SA★ 7304 FYK 72S L/ 0
D- 2SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X13 1305 P 1548 MIA SA★ 7304 FYK 72S L/ 0
E- 4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X13 1305 P 1548 MIA AA 2115 FYHWV 72S L/ 0
E- 4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1

PHOENIX, ARIZONA, USA (P-PHX) 10018 MI PHX

X2 0855 P 1639 JFK DL FYBMK 757 B 0
D- 7SEP 1820 JFK 1455+1 SA FJCYM 744 DB 0

PIETERMARITZBURG, S AFRICA 272 MI PZB

X67 0635 0745 SA★ 8031 YST J41 0
X67 0755 0910 SA★ 1636 YSKQT DH8 0
6 0800 0915 SA★ 8033 YSTL J41 0
X7 0935 1050 SA★ 8035 YSTL J41 0
7 1420 1535 SA★ 1632 YSKQT DH8 0
X67 1450 1605 SA★ 8037 YST J41 0
X6 1700 1815 SA★ 8039 YST J41 0
1245 1805 1920 SA★ 1634 YSKQT DH8 0
3 1835 1950 SA★ 1638 YSKQT DH8 0

PIETERSBURG, S AFRICA 181 MI PTG

X67 0840 0930 SA★ 8103 Y J41 0
X7 1200 1250 SA★ 8105 YST J41 0
X6 1405 1455 SA★ 8107 YST J41 0
X67 1750 1840 SA★ 8109 Y J41 0
1830 1920 SA★ 8111 YST J41 0

PITTSBURGH, PENNSYLVANIA, USA 8285 MI PIT

X2 1445 1630 JFK AA★ 4840 YWBHQ SF3 0
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
2 1445 1630 JFK AA★ 4840 YWBHQ SF3 0
1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1

PLETTENBERG BAY, S AFRICA 609 MI PBZ

X6 1315 1530 SA★ 8171 YST J41 0
6 1430 1645 SA★ 8173 YST J41 0

PORT ELIZABETH, S AFRICA 554 MI PLZ

1234 0655 0825 SA 404 JCYSK 73S B 0
5 0655 0825 SA 404 JCYSK 320 B 0
6 0800 0930 SA 408 YSKQT 320 B 0
7 0830 1050 SA 414 YSKQT 73S S 1
SPEC 0830 1125 SA 461 JCYSK 73S S 1

OP 125EP

SPEC 0830 1125 SA 461 JCYSK 320 S 1

OP 100CT

5 0855 1025 SA 456 JCYSK 320 S 0

SA 456 EFFECTIVE 55EP
EX 125EP, 10OCT

1234 0900 1030 SA 4 JCYSK 320 S 0
X67 0925 1055 BA★ 6230 CSBKM 737 S 0
4 1140 1310 SA 428 JCYSK 73S L 0
7 1140 1310 SA 428 JCYSK 320 L 0
1 1200 1420 SA 457 JCYSK 73S L 1
234 1235 1455 SA 413 JCYSK 73S SL 1
5 1245 1415 SA 479 JCYSK 73S L 0
7 1255 1425 SA 410 YSKQT 73S L 0

BA 410 DISCONTINUED AFTER 14SEP

7 1255 1425 SA 410 YSKQT 320 L 0

BA 410 EFFECTIVE 21SEP

6 1315 1445 SA 415 YSKQT 73S L 0
X7 1330 1500 BA★ 6242 CSBKM 737 M 0
36 1400 1530 SA 448 JCYSK 320 L 0
5 1435 1605 SA 418 JCYSK 320 S 0
1 1500 1630 SA 436 JCYSK 320 S 0
7 1505 1730 SA 427 JCYSK 73S S 1
5 1515 1645 SA 434 JCYSK 73S S 0
3 1555 1726 SA 442 JCYSK 320 S 0
4 1555 1725 SA 442 JCYSK 73S S 0
2 1555 1725 SA 467 JCYSK 73S S 0

BA 467 DISCONTINUED AFTER 13SEP

2 1555 1725 SA 467 JCYSK 320 S 0

BA 467 EFFECTIVE 23SEP

6 1555 1815 SA 425 JCYSK 73S S 1
25 1705 1835 SA 421 JCYSK 73S S 0
34 1740 1910 SA 423 JCYSK 73S D 0
X6 1745 1915 BA★ 6236 CSBKM 737 M 0
6 1745 1950 SA★ 1422 YSKQT DH8 0
7 1830 2000 SA 431 JCYSK 73S D 0
5 1930 2100 SA 434 JCYSK 73S D 0
7 1930 2100 SA 437 JCYSK 73S D 0

BA 437 DISCONTINUED AFTER 14SEP

7 1930 2100 SA 437 JCYSK 320 D 0

BA 437 EFFECTIVE 21SEP

4 1940 2110 SA 453 JCYSK 73S D 0

BA 453 DISCONTINUED AFTER 16SEP

23 1940 2110 SA 444 JCYSK 73S D 0

BA 444 DISCONTINUED AFTER 23SEP

3 1940 2110 SA 444 JCYSK 320 D 0

BA 444 EFFECTIVE 24SEP

4 1940 2110 SA 452 JCYSK 320 D 0

BA 452 EFFECTIVE 25SEP

2 1940 2110 SA 444 JCYSK 73S D 0

BA 444 EFFECTIVE 30SEP

1 1945 2145 SA 454 JCYSK 73S D 0
7 2140 2310 SA 438 JCYSK 73S D 0

PORTLAND, OREGON, USA 10344 MI PDX

X2 0635 1630 JFK DL 2124 FYBMK 757 B 1
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
2 0635 1630 JFK DL 2124 FYBMK 757 B 1
1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1
2 0700 1644 JFK TW 740 FYBOK 757 B 1
D- 2SEP 1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1

PORTO, PORTUGAL 5205 MI OPO

X7 1440 1650 LGW BA★ 6885 CDSMB 737 M 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0
7 1645 1855 LGW BA★ 6877 CDSMB 737 M 0
D-19OCT 2205 LHR 0955+1 BA 055 FJSBK 744 M 0

PRAGUE, CZECH REPUBLIC 5319 MI PRG

6 1750 2050 SOF LZ 302 CMKL 735 0
2320 SOF 0835+1 LZ 515 CMKL 767 0
3 1840 2140 SOF LZ 502 CMKL 735 0
2150 SOF 1035+1 LZ 517 CMKL 767 1

PROVIDENCE, RHODE ISLAND, USA 7868 MI PVD

X2 1455 1555 JFK AA★ 4892 YWBHQ SF3 0
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
2 1455 1555 JFK AA★ 4892 YWBHQ SF3 0
1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1

QINGDAO, P. R. CHINA 7370 MI TAO

5 1445 1745 HKG KA 951 YQBT 320 S 0
2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0

RALEIGH/DURHAM, NC, USA 8147 MI RDU

2 1348 1555 MIA AA 1831 FYHWV M80 0
D- 2SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X13 1358 1555 MIA AA 1831 FYHWV M80 0
E- 4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X2 1429 1629 JFK AA★ 4829 YWBHQ SF3 0
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0

RICHARDS BAY, S AFRICA 299 MI RCB

X62 0600 0745 OW 203 YM L4T 0
X67 0750 0910 SA★ 1602 YSKQT DH8 B 0
X7 0900 1020 BA★ 6312 SBKML ATR S 0
7 0930 1050 SA★ 1604 YSKQT DH8 S 0
6 1415 1535 SA★ 1608 YSKQT DH8 0
X67 1450 1610 SA★ 1618 YSKQT DH8 0
5 1625 1745 BA★ 6314 SBKML ATR M 0
X56 1730 1850 BA★ 6316 SBKML ATR M 0
7 1750 1910 SA★ 1612 YSKQT DH8 0
X67 1815 1935 SA★ 1614 YSKQT DH8 0

RICHMOND/WMBG, VIRGINIA, USA 8103 MI RIC

X2 1430 1545 JFK TW★ 7864 YBQKV J41 0
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
2 1430 1545 JFK TW★ 7864 YBQKV J41 0
1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1

RIO DE JANEIRO, RJ, BRAZIL (G-GIG) 4437 MI RIO

2 2100 G 1210+1 RG 828 FCYMH M11 SM 1

RG 828 EQUIPMENT NO SMOKING

5 2100 G 1210+1 RG 828 FCYMH M11 SM 1

RG 828 DISCONTINUED AFTER 10OCT

25 2200 G 1210+1 RG 828 FCYMH M11 SM 1

RG 828 EFFECTIVE 11OCT

ROCHESTER, NEW YORK, USA 8206 MI ROC

X2 1345 1510 JFK AA★ 4902 YWBHQ SF3 0
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
2 1345 1510 JFK AA★ 4902 YWBHQ SF3 0
1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1

ROME, ITALY (F-FCO) 4794 MI ROM

2315 F 0845+1 AZ 636 JSYML M1M 0

To JOAO PESSOA, PB, BRAZIL 2:00 JPA

From RECIFE, PE, BRAZIL 187 MI REC

0020 0100 RG 336 YMHLT 733 S 0
RG 336 DISCONTINUED AFTER 12OCT
1200 1235 RG 330 YMHLT 733 0
RG 330 EFFECTIVE 12OCT
1300 1335 RG 330 YMHLT 733 0
RG 330 DISCONTINUED AFTER 11OCT
1330 1405 * VP 250 YBMKT 73S 0
2320 0005+1 RG 336 YMHLT 733 S 0
RG 336 EFFECTIVE 12OCT

RIO DE JANEIRO, RJ, BRAZIL (G-GIG) 1213 MI RIO

1600 G 2359 VP 252 YBMKT 73S 4

SALVADOR, BA, BRAZIL 468 MI SSA

1105 1405 VP 250 YBMKT 73S 2
2145 2359 VP 252 YBMKT 73S 1

SAO PAULO, SP, BRAZIL (G-GRU) 1367 MI SAO

0930 G 1235 RG 330 YMHLT 733 S 1
RG 330 EFFECTIVE 12OCT
0930 G 1335 RG 330 YMHLT 733 S 1
RG 330 DISCONTINUED AFTER 11OCT
2040 G 0005+1 RG 336 YMHLT 733 DS 1
RG 336 EFFECTIVE 12OCT
2040 G 0100+1 RG 336 YMHLT 733 DS 1
RG 336 DISCONTINUED AFTER 11OCT

To JODHPUR, INDIA 6:30 JDH

From: DELHI, INDIA 297 MI DEL

2467 1340 1440 IC/CD 495 Y 73S S 0

MUMBAI/BOMBAY, INDIA 493 MI BOM

2467 1720 1840 IC/CD 496 Y 73S S 0

To JOENSUU, FINLAND 9:00 JOE

ARPT JOENSUU 7.5MI/12.0KM 15MIN

From HELSINKI, FINLAND 232 MI HEL

X67 0620 0715 AY 481 YMTBK D9S B 0
6 0620 0725 AY 481 YMTBK AT7 B 0
0900 1005 AY 483 YMTBK SF3 B 0
135 1000 1105 AY 173 YMTBK SF3 0
1205 1310 AY 485 YMTBK AT7 0
X67 1535 1640 AY 489 YMTBK AT7 0
7 1545 1650 AY 489 YMTBK AT7 0
1735 1840 AY 491 YMTBK AT7 0
X67 2050 2225 AY 495 YMTBK AT7 1
7 2150 2325 AY 495 YMTBK AT7 1

LAPPEENRANTA, FINLAND 122 MI LPP

X67 2145 2225 AY 495 YMTBK AT7 0
7 2245 2325 AY 495 YMTBK AT7 0

PETROZAVODSK, RUSSIAN FED. 164 MI PES

135 1400 1405 AY 174 CSZMT SF3 S 0

To JOHANNESBURG, S AFRICA 2:00 JNB

ARPT JAN SMUTS-JNB-14.0MI/22.5KM
40MIN
ARPT RANDGERMISTON-QRA

From ABERDEEN, UK 6012 MI ABZ

67 1610 1735 LHR BA 1313 SBMLW 737 M 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0
X67 1620 1745 LHR BA 1313 SBMLW 757 M 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0
X1 1845 2000 LHR BA 1315 SBMLW 737 M 0
2205 LHR 0955+1 BA 055 FJSBK 744 M 0

ABIDJAN, COTE D'IVOIRE 3052 MI ABJ

3 0830 1900 SA 051 JCYMB 320 BD 1
6 1030 2100 SA 053 JCYMB AB3 LD 1
3 2140 0540+1 RK 730 FCYKH AB3 D 0
7 2340 0740+1 RK 770 FCYKH AB3 D 0
RK 770 DISCONTINUED AFTER 19OCT

ACCRA, GHANA 2898 MI ACC

3 0145 1200 GH 630 CYK D10 0
24 0820 1755 SA 055 JCYMB AB3 BL 1
7 1100 1900 GH 670 CYK D10 0

ADDIS ABABA, ETHIOPIA 2526 MI ADD

6 1145 1705 ET 867 FJSBH 757 L 1

ADELAIDE, SA, AUSTRALIA 6241 MI ADL

37 0605 0745 MEL QF 474 JYMLK 734 B 0
1250 MEL 2000 HKG CX 104 FJCWY 744 LS/ 0
2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0
5 0635 0815 MEL QF 614 JYMLK 733 B 0
E-12SEP 1250 MEL 2015 HKG CX 104 FJCWY 343 LS/ 0
2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0
3 0635 0815 MEL QF 614 JYMLK 733 B 0
E-17SEP 1250 MEL 2000 HKG CX 749 FJCWY 744 LS/ 0
2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0
37 1005 1145 MEL QF 604 JYMLK 733 0
1250 MEL 2000 HKG CX 104 FJCWY 744 LS/ 0
2300 HKG 0810+1 CX 749 FJCWY 343 DB/ 0
5 1005 1145 MEL QF 604 JYMLK 733 0
1250 MEL 2015 HKG CX 104 FJCWY 343 LS/ 0
2300 HKG 0810+1 CX 749 FJCWY 343 DB/ 0
2 1040 1855 KUL MH 138 FRCWY 330 M 1
0120 KUL 0545+1 MH 201 FRCWY 74E MB 0
4 1130 2030 KUL MH 128 FRCWY 744 M 1
0120 KUL 0545+1 MH 203 FRCWY 74E 0

ALBANY, NEW YORK, USA (A-ALB) 8002 MI ALB

X2 1825 A 1729 JFK AA* 4880 YWBHQ SF3 0
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
2 1825 A 1729 JFK AA* 4880 YWBHQ SF3 0
1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1

AMSTERDAM, NETHERLANDS 5590 MI AMS

SEE ADVERTISEMENT THIS SECTION FOR:
SAA

7 1910 0745+1 SA 253 JCYMB 74L SDB 1
SA 253 DISCONTINUED AFTER 19OCT
5 1910 0745+1 SA 253 FJCYM 747 SDB 1
6 1950 0825+1 SA 249 FJCYM 74L SDB 1
3 1950 0825+1 SA 267 JCYMB 74L SDB 1
3 1950 0825+1 SA 251 FJCYM 743 SDB 1
16 2010 0650+1 KL 593 JCSBM 747 DJ 0
24 2010 0650+1 KL 597 JCSBM 74M DJ 0
357 2010 0650+1 KL 593 JCSBM 74M DJ 0
CONNECTIONS
6 1810 2035 SOF LZ 462 CMKL 735 1
2320 SOF 0835+1 LZ 515 CMKL 767 1
3 1810 2035 SOF LZ 462 CMKL 735 1
2350 SOF 1035+1 LZ 517 CMKL 767 1
4 1128 1830 LHR BA 441 FJSBK 757 S 0
1100 LHR 0850+1 BA 057 FJSBK 744 M 0
X16 2029 2025 LHR BA 443 CDSBK 757 S 0
2205 LHR 0955+1 BA 055 FJSBK 744 M 0
3 2200 0755 NBO KQ 117 JCSBM 310 0
0930 NBO 1238+1 KQ 462 FY 310 0
5 2355 1000 NBO KQ 117 JCSBM 310 0
1130 NBO 1436+1 KQ 464 FY 310 0

ANTANANARIVO, MADAGASCAR 1335 MI TNR

6 0610 0835 MD 720 CDYMN 733 B 0
4 0620 0850 MD 722 CDYMN 737 B 0
2 1220 1420 DB 204 JYNML 72S L 0
3 1300 1500 DB 206 JYNML 72S 0

ATHENS, GREECE 4321 MI ATH

25 0800 1745 OA 105 CYMLK AB3 BLM 1
7 2100 0645+1 OA 103 CYMLK AB3 D 1
OA 103 DISCONTINUED AFTER 19OCT
CONNECTIONS
1 2010 0145 DXB EK 018 FJCYB AB3 0
0340 DXB 1010+1 EK 463 JCYBK 310 0
5HH 2010 0145 DXB EK 018 FJCYB AB3 0
0340 DXB 1048+1 EK 461 JCYBK 310 0

ATLANTA, GEORGIA, USA 4438 MI ATL

X2 1325 1545 JFK DL * 1 FCDYM 743 S 0
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
2 1401 1608 MIA AA 725 FYHWV 72S 0
D-2SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 0
2 1401 1606 MIA SA* 7326 FYK 72S 0
D-2SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 0
X13 1412 1608 MIA SA* 7326 FYK 72S 0
E-4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 0
E-4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 0
5 1750 0815 BRU SN* 124 FCDYM L15 DB 0
2030 BRU 0655+2 SN 551 FCDYM 743 DB 0

AUCKLAND, NEW ZEALAND 7579 MI AKL

7 1245 2030 HKG CX 108 FJCWY 343 LS/ 0
D-28SEP 2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0
35 1255 2030 HKG CX 108 FJCWY 744 LS/ 0
D- 30CT 2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0
7 1345 2030 HKG CX 108 FJCWY 343 LS/ 0
E- 5OCT 2300 HKG 0810+1 CX 749 FJCWY 343 DB/ 0
D-19OCT
35 1355 2030 HKG CX 108 FJCWY 744 LS/ 0
E- 9OCT 2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0

BALTIMORE, MARYLAND, USA (B-BWI) 8095 MI BWI

X2 1553 1659 JFK TW* 7681 YBQKV J41 0
E-3SEP 1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
2 1553 B 1659 JFK TW* 7681 YBQKV J41 0
E- 9SEP 1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1
2 1554 B 1700 JFK TW* 7681 YBQKV J41 0
D- 2SEP 1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1

BAMAKO, MALI 3614 MI BKO

3 1855 0540+1 RK 730 FCYKH AB3 D 1

BANDAR SERI BEGAWAN, BRUNEI 8172 MI BWN

4 1835 2055 KUL MH 731 CYL 734 M 0
0120 KUL 0545+1 MH 203 FRCWY 74E 0
6 1835 2055 KUL MH 731 CYL 734 M 0
D-18OCT 0120 KUL 0545+1 MH 201 FRCWY 74E MB 0

BANGKOK, THAILAND 8588 MI BKK

SEE ADVERTISEMENT THIS SECTION FOR:
SAA

18 0100 0650 SA 291 FJCYM 747 B 0
3 0150 0740 SA 283 FJCYM 747 DB 0
47 1840 0015+1 RG 829 FCYMH M11 M 0
CONNECTIONS
45 1920 2220 KULTG/MH 419 JYMQB AB3 D 0
0120 KUL 0545+1 MH 203 FRCWY 74E 0
26 1920 2220 KULTG/MH 419 JYMQB AB3 D 0
0120 KUL 0545+1 MH 201 FRCWY 74E MB 0

BARCELONA, SPAIN 4938 MI BCN

67 1440 1540 LHR BA 475 CSBML 737 M/S 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0
X1 1855 2005 LHR BA 481 CSBML 757 M 0
2205 LHR 0955+1 BA 055 FJSBK 744 M 0

BEIJING, P. R. CHINA (B-PEK) 7258 MI BJS

357 1155 B 1505 HKG KA 901 FYQBT 330 L 0
2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0
45 1600 B 2215 KUL MH 85 FRCWY 330 M 0
0120 KUL 0545+1 MH 203 FRCWY 74E 0
26 1600 B 2215 KUL MH 85 FRCWY 330 M 0
0120 KUL 0545+1 MH 201 FRCWY 74E MB 0

BEIRA, MOZAMBIQUE 618 MI BEW

0900 1045 TM 311 CYM 100 0

BELFAST, UK (B-BFS) 5922 MI BFS

1700 B 1810 LHR BA 1425 CSKBM 737 S 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0
X16 1900 B 2010 LHR BA 1427 CSKBM 737 S 0
2205 LHR 0955+1 BA 055 FJSBK 744 M 0

BELGRADE, YUGOSLAVIA 4914 MI BEG

3 1940 2200 SOF LZ/JU 466 M AN4 0
2350 SOF 1035+1 LZ 517 CMKL 767 1

BERLIN, GERMANY (S-SXF) 5491 MI BER

4 1440 S 1920 TLV LY 0352 CYDM 757 0
D- 4SEP 2300 TLV 0620+1 LY 0511 FCYDM 747 0
6 1750 S 2100 SOF LZ 320 CMKL 735 0
2320 SOF 0835+1 LZ 515 CMKL 767 0
3 1750 S 2100 SOF LZ 320 CMKL 735 0
2350 SOF 1035+1 LZ 517 CMKL 767 1

BILBAO, SPAIN 5176 MI BIO

1505 1550 LHR BA 485 CSBML 757 M 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0

BLANTYRE, MALAWI 849 MI BLZ

3 1045 1255 QM 205 JYMQ 733 0
4 1145 1355 QM 205 JYMQ 733 0
2 1400 1615 SA 173 JCYMB 73S S 0
8 1400 1615 SA 173 JCYMB 320 0
CONNECTIONS
7 0730 0800 LLW QM 002 JYMQ 733 0
0915 LLW 1135 QM 201 JYMQ 733 0
5 1015 1100 LLW QM 008 YMQ ATR 0
1200 LLW 1420 QM 203 JYMQ 733 0

BLOEMFONTEIN, S AFRICA 230 MI BFN

X67 0645 0755 SA* 1016 YSKQT DH8 S 0
X67 0750 0900 SA* 1018 YSKQT DH8 0
7 0750 0900 SA* 1056 YSKQT DH8 0
4 0815 0925 SA* 1022 YSKQT DH8 S 0
6 0830 0940 SA* 1024 YSKQT DH8 S 0
X67 0955 1105 SA* 1026 YSKQT DH8 D 0
6 1145 1255 SA* 1052 YSKQT DH8 0
X67 1305 1415 SA* 1034 YSKQT DH8 B 0
7 1310 1420 SA* 1032 YSKQT DH8 B 0
6 1415 1525 SA* 1002 YSKQT DH8 B 0
1235 1420 1530 SA* 1036 YSKQT DH8 D 0
7 1500 1610 SA* 1038 YSKQT DH8 S 0
X67 1615 1725 SA 1042 YSKQT DH8 B 0
7 1620 1730 SA* 1064 YSKQT DH8 S 0
X67 1730 1840 SA* 1044 YSKQT DH8 D 0
1234 1845 1935 SA 807 JCYSK 73S D 0
7 1915 2025 SA* 1046 YSKQT DH8 0
5 1935 2045 SA* 1048 YSKQT DH8 0

BOSTON, MA, USA 7857 MI BOS

X13 1200 1520 MIA SA* 7302 FYK AB3 0
E- 4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X13 1200 1520 MIA AA 915 FYHWV AB3 L 0
E- 4SEP 1700 MIA 1540+1 SA 204 FJCYM 744 DBS 1
X2 1615 1735 JFK AA* 4822 YWBHQ SF3 0
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
2 1818 1735 JFK AA* 4822 YWBHQ SF3 0
1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1
7 1920 0800 BRU SN 534 CDYML 343 DB 0
D-19OCT 2030 BRU 0655+2 SN 549 FCDYM 743 DB 0
2 1920 0800 BRU SN 534 CDYML 343 DB 0
2030 BRU 0655+2 SN 551 FCDYM 743 DB 0

BRISBANE, QL, AUSTRALIA 7235 MI BNE

3 1100 1955 HKG CX 102 JCWYB 330 1
7 2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0
7 1248 1945 HKG CX 102 JCWYB 330 LS/ 0
2300 HKG 0610+1 CX 749 FJCWY 343 DB/ 0
4 1500 2130 KUL MH 134 FRCWY 330 M 0
0120 KUL 0545+1 MH 201 FRCWY 74E MB 0

BRUSSELS, BELGIUM (B-BRU) 5503 MI BRU

367 1005 B 2140 SN 553 FCDYM 743 LS 0
SN 553 EFFECTIVE 25OCT
8 1010 B 2035 SN 553 FCDYM 743 LS 0
14 2015 B 0750+1 SN 551 FCDYM 743 DB 0
SN 551 EFFECTIVE 27OCT
1 2030 B 0655+1 SN 549 FCDYM 743 DB 0
3 2030 B 0655+1 SN 551 FCDYM 743 DB 0
CONNECTIONS
1720 B 1730 LHR BA 397 CDSBK 757 S/ 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0
23 1930 B 1935 LHR BA 399 CDSBK 757 S/ 0
2100 LHR 0850+1 BA 057 FJSBK 744 M 0
4574 1945 B 1950 LHR BA 399 CDSBK 757 S/ 0
2205 LHR 0955+1 BA 055 FJSBK 744 M 0

BUENOS AIRES, BA, ARGENTINA (E-EZE) 5039 MI BUE

Y 1815 E 1050+1 SA 205 FJCYM 744 L 1
Y 1815 E 1050+1 SA 205 FJCYM 747 DB 1
37 2020 E 1210+1 AR* 202 YMLWT M11 BDS 1
37 2020 E 1210+1 MH 202 FRCWY 74E M 1

BUFFALO, NEW YORK, USA 8251 MI BUF

X2 1430 1615 JFK AA* 4820 YWBHQ SF3 0
1820 JFK 1455+1 SA 202 FJCYM 744 DB 0
2 1430 1615 JFK AA* 4820 YWBHQ SF3 0
1820 JFK 1625+1 SA 202 FJCYM 744 DBL 1

BULAWAYO, ZIMBABWE 430 MI BUQ

7 1405 1525 SA 003 JCYMB 73S D 0
35 1440 1555 UM 715 JY 767 0
4 1515 1635 SA 005 JCYMB 73S S 0

3 0010 0805 MS 877 CY AB3 0
MS 877 EFFECTIVE 1OCT
4 0010 0805 MS 875 CY AB3 0
MS 875 EFFECTIVE 20CT
SPEC 0100 0910 MS 877 CY 340 0
OP 27SEP
5 0110 0805 MS 875 CY AB3 0
MS 875 DISCONTINUED AFTER 19SEP
4 0110 0805 MS 877 CY 340 0
MS 877 DISCONTINUED AFTER 25SEP
SPEC 0130 1040 MS 879 CY 340 0
OP 30SEP
2 0130 1040 MS 879 CY AB3 0
MS 879 EFFECTIVE 7OCT
6 0200 0910 MS 877 CY 340 0
MS 877 DISCONTINUED AFTER 20SEP
6 0220 1030 MS 877 CY AB3 0
MS 877 EFFECTIVE 4OCT
2 0230 1040 MS 879 CY 340 0
MS 879 DISCONTINUED AFTER 23SEP
CONNECTIONS
3 0100 0830 NBO KQ 321 FY 737 0
E- 1OCT 0930 NBO 1420 KQ 462 FY 737 0
3 0200 0830 NBO KQ 321 FY 737 0
D-24SEP 0930 NBO 1420 KQ 462 FY 737 0

CAPE TOWN, S AFRICA 788 MI CPT

1 0630 0825 SA 396 JCYSK 320 B 0
6 0630 0915 CE 511 JCYML B11 SM 0
12 0645 1030 SA* 1386 YSKQT DH8 L 0
X67 0655 0845 BA* 6400 CSBKM 727 M 0
1347 0700 0855 SA 302 JCYSK 320 B 0
256 0700 0855 SA 302 JCYSK AB3 B 0
X67 0700 0900 CE 513 JCYML B11 M 0
3 0715 0910 SA 308 JCYSK 73S B 0
4 0715 0910 SA 308 JCYSK AB3 B 0
X67 0715 0915 BA* 6424 CSBKM 737 M 0
EX 25SEP, 9SEP, 16SEP, 23SEP
30SEP
6 0725 0915 BA* 6402 CSBKM 727 M 0
X67 0730 0930 BV 702 JCDIZ 72S 0
EX 24SEP
1234 0740 0935 SA 304 JCYSK AB3 B 0
7 0740 0935 SA 304 JCYSK 320 B 0
16 0800 0955 SA 306 JCYSK 73S B 0
5 0800 0955 SA 306 JCYSK AB3 B 0
7 0815 1010 SA 366 JYSKQ 320 S 0
6 0815 1015 CE 711 JCYML B11 M 0
X67 0830 1030 BV 710 JCDIZ D9S 0
EX 24SEP
SPEC 0830 1040 BV 710 JCDIZ M80 0
OP 24SEP
27 0900 1055 SA 364 JCYSK 73S S 0
6 0900 1055 SA 364 YSKQT AB3 S 0
67 0900 1100 BV 714 JCDIZ D9S 0
0925 1125 BA* 6406 CSBKM 737 M 0
14 0950 1145 SA 318 JCYSK AB3 S 0
23 0950 1145 SA 318 JCYSK 320 S 0
5 0950 1145 SA 318 JCYSK 73S S 0
7 0950 1150 SA 318 FJYSK 743 S 0
X67 1000 1200 BV 722 JCDIZ 72S 0
EX 24SEP
1234 1010 1205 SA 322 JCYSK 73S S 0
SA 322 DISCONTINUED AFTER 24SEP
4 1010 1205 SA 322 JCYSK 320 S 0
SA 322 EFFECTIVE 25SEP
123 1010 1205 SA 322 JCYSK 73S S 0
SA 322 EFFECTIVE 25SEP
7 1030 1230 BV 726 JCDIZ 72S 0
15 1040 1235 SA 312 JCYSK AB3 S 0
7 1055 1250 SA 378 YSKQT AB3 S 0
2 1100 1255 SA 354 JCYSK AB3 S 0
3 1120 1315 SA 314 JCYSK AB3 S 0
6 1120 1315 SA 314 YSKQT AB3 S 0
X6 1130 1320 BA* 6436 CSBKM 727 M 0
6 1130 1330 BA* 6436 CSBKM 737 M 0
45 1200 1355 SA 338 JCYSK AB3 L 0
6 1200 1400 BV 740 JCDIZ D9S 0
X6 1200 1400 BV 740 JCDIZ 72S 0
BV 740 DISCONTINUED AFTER 23SEP
X6 1200 1400 BV 740 JCDIZ 72S 0
BV 740 EFFECTIVE 28SEP
SPEC 1200 1400 BV 740 JCDIZ M80 0
OP 24SEP
7 1230 1425 SA 382 JCYSK 73S S 0
1 1300 1455 SA 318 JCYSK 73S L 0
6 1300 1455 SA 316 JCYSK AB3 L 0
2 1300 1500 SA 316 JYSKQ 74L 0
4 1340 1535 SA 392 JCYSK AB3 S 0
X3 1400 1550 BA* 6416 CSBKM 727 M 0
EX 6SEP, 9SEP, 15SEP, 18SEP,
22SEP, 23SEP, 30SEP, 6OCT,
7OCT, 13OCT, 14OCT, 20OCT
7 1410 1610 BV 758 JCDIZ 72S 0
5 1430 1625 SA 388 JCYSK AB3 S 0
47 1435 1630 SA 324 JCYSK AB3 S 0
1435 1635 SA 374 JCYSK 747 S 0
X6 1510 1710 BA* 6418 CSBKM 737 M 0
25 1520 1715 SA 362 JCYSK 320 S 0
EX 12SEP, 10OCT
X7 1530 1730 BV 768 JCDIZ D9S 0
BV 768 DISCONTINUED AFTER 23SEP
X7 1530 1730 BV 768 JCDIZ D9S 0
BV 768 EFFECTIVE 28SEP
SPEC 1530 1730 BV 768 JCDIZ M80 0
OP 24SEP
13 1540 1735 SA 344 JCYSK AB3 S 0
6 1540 1735 SA 344 YSKQT AB3 S 0
4 1600 1755 SA 374 JCYSK 320 S 0
2 1605 1800 SA 328 JCYSK 320 S 0
7 1610 1810 BV 774 JCDIZ D9S 0
35 1635 1830 SA 398 JCYSK AB3 S 0
1655 1850 SA 352 JCYSK 320 S 0
7 1700 1855 SA 372 JCYSK AB3 D 0
6 1700 1855 SA 372 JCYSK 73S D 0
2345 1700 1945 CE 4594 JCYML B11 SM 0
1 1710 1955 CE 509 JCYML B11 SM 0
X6 1715 1905 BA* 6422 CSBKM 727 M 0
27 1715 1910 SA 358 JCYSK AB3 D 0
7 1715 1910 SA 358 JCYSK 320 DS 0
135 1715 1915 CE 715 JCYML B11 M 0
6 1715 1915 BA* 6422 CSBKM 737 M 0
1 1715 2000 CE 4598 JCYML B11 SM 0
X6 1730 1930 BV 784 JCDIZ 72S 0
EX 24SEP
24 1730 1930 CE 4576 JCYML B11 SM 0
24 1730 1930 SN* 4576 CDYML B11 S 0
SN 4576 INT ONLN CDG/TPVR TPC
1 1735 2120 SA* 1392 YSKQT DH8 D 0
6 1800 1955 SA 342 JCYSK AB3 D 0
6 1810 2005 SA 342 YSKQT AB3 D 0
6 1810 2010 BV 790 JCDIZ D9S 0
47 1815 2010 SA 334 JCYSK AB3 D 0
X6 1815 2015 BA* 6428 CSBKM 737 M 0
1830 2030 CE 717 JCYML B11 SM 0
X6 1830 2030 BV 798 JCDIZ 72S 0
BV 798 DISCONTINUED AFTER 23SEP
X6 1830 2030 BV 798 JCDIZ 72S 0
BV 798 EFFECTIVE 28SEP
SPEC 1830 2030 BV 798 JCDIZ M80 0
OP 24SEP
15 1835 2030 SA 386 JCYSK AB3 S 0
6 1900 2055 SA 334 JCYSK AB3 D 0
6 1900 2100 SN* 4578 CDYML B11 S 0
SN 4578 INT ONLN CDG/TPVR TPC
1 1900 2120 SA* 1394 YSKQT DH8 D 0
6 1900 2125 SA 356 JCYSK AB3 D 0
6 1910 2105 SA 356 YSKQT AB3 D 0
2 1930 2125 SA 356 JCYSK AB3 D 0
34 1935 2130 SA 384 JCYSK AB3 D 0
5 1950 2145 SA 394 JCYSK AB3 D 0
3 G 2015 2210 SA 326 JCYSK 73S 0
4 2015 2210 SA 368 JCYSK AB3 D 0
7 2015 2210 SA 326 JCYSK AB3 D 0
7 2040 2235 SA 348 YSKQT AB3 D 0
CONNECTIONS
1050 1200 PBZ SA* 8310 YST J41 0
1315 PBZ 1530 SA* 8171 YST J41 0

* Code Sharing Carrier - For Explanation See PAGE 8

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10263	Joseph S.	D'Agostino	10/22/97

Addressed To

Thurman, Sandra

Sender's Organization

NYUMBANI Orphanage

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

thanks for the call

☐ Response Needed?

Response Type	Response Date	Responder ID
no response needed		

Responder Name	Action Promised	Action Complet	Action Date

Notes

ATTENTION:
JOE
D'AGOSTINO

UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT
U.S.A.I.D. MISSION TO KENYA

UNITED STATES POSTAL ADDRESS
US AID MISSION TO KENYA
UNIT 64102
APO AE 09831 - 4102

INTERNATIONAL POSTAL ADDRESS
POST OFFICE BOX 30261
NAIROBI, KENYA
TEL: 254-2-751613
FAX: 254-2-749590

December 19, 1996

Rev. Dr. Angelo D'Agostino
Medical Director
Nyumbani Orphanage
P.O. Box 21399
Nairobi, Kenya

Dear Father D'Agostino:

USAID/Kenya has completed its review of the Nyumbani Orphanage proposal dated December 17, 1996, entitled *"To Increase the Size of the Facilities and to Care for a Greater Number of HIV+ Children at Nyumbani Hospice/Orphanage (Nairobi, Kenya)."* The proposal was hand-carried to Nairobi by me after being submitted through Mr. Rick Handler, the Kenya Desk Officer in USAID/Washington. A review team of six public health and development specialists met on December 3, 1996, and concluded that the proposal does not fit within the USAID/Kenya Mission strategy for HIV/AIDS prevention. The Kenya strategy is focused on decreasing high-risk sexual behaviour; promoting effective use of condoms; and improving the diagnosis, treatment and prevention of sexually transmitted diseases. Our current Mission strategy supports preventive measures and does not provide funding for care or support for orphans or AIDS patients.

Based on my meeting with you, our phone conversations, a review of the 1994 proposal and the current proposal, it is apparent that your efforts and that of the Children of God Relief Fund, Inc. (COGRI) is truly dedicated to establishing and maintaining the finest quality of institutional care possible for children affected by the AIDS epidemic in Kenya. This is a laudable goal. It is a goal however, that the USAID Kenya Mission cannot fund because our resources are extremely limited, and are necessarily focused on HIV/AIDS preventive measures aimed at stemming the rising incidence of this epidemic. We would, nevertheless, like to be helpful to you in your endeavor.

Accordingly, let me suggest to you a new approach to USAID that may receive a favorable review in Washington. The Global Bureau, Office of Population and Health in USAID/Washington could be approached by COGRI staff to explore the possibility of USAID/Washington "central" funding for a proposal that would assist with the care of infants and children affected by the death or abandonment of their primary care givers. I think Washington would be more responsive to a proposal which makes a strong case for a community-based outreach program rather than an institutional-based program. By this I mean a program that works within a well-defined geographic area, involves an outreach program to inform, educate and effect specific behaviour changes among the sexually active members of the community that will reduce the transmission of HIV. Inexpensive models of caring for children orphaned or abandoned by AIDS, such as formalizing foster care need to be tested. It would be helpful if a new proposal to USAID addressed the care of children within a community-based approach complemented by strong preventive measures.

The specific office in USAID/Washington with whom such a proposal could be discussed, developed and formally submitted is: Office of Health and Nutrition, HIV-AIDS Division, State Annex 18, Agency for International Development, Washington, D.C. 20523-1817, attn: Mr. Victor Barnes, Division Chief. The telephone number is (703) 875-4636 and the fax number is (703) 875-4686. We will advise Mr. Barnes that you may be contacting him and provide him with the relevant documents you have submitted in order to facilitate any discussions you may have.

Please be assured that we very much appreciate the work you and Nyumbani Orphanage are doing to try and mitigate the suffering of children affected by AIDS. You may also feel free to call our Office of Population and Health. Ms. Dana Vogel is the Office Chief and may can be reached at extension 2232.

Sincerely,

George Jones

George Jones, Ph.D.
Director

cc: O/PH, Dana Vogel
G/PHN/HN/HIV/AIDS, Victor Barnes
A/AID, Richard McCall
AFR/AA, Gary Bombardier
AFR/EA, Glenn Slocum
U.S. Embassy, Ambassador Bushnell

USAID Form 424

FACE SHEET –
COST VOLUME OF APPLICATION

OMB Approval Pending

2. DATE SUBMITTED	Applicant Identifier
	NA
3. DATE RECEIVED BY STATE	State Application Identifier
NA	NA
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	NA

1A. TYPE OF SUBMISSION: Application
_____ Construction
_X__ Non-Construction

1B. METHOD OF PAYMENT:
XX Letter of Credit
_____ Periodic Advance
_____ Direct Reimbursement

5. APPLICATION INFORMATION

Legal Name: Children of God Relief Fund

Organizational Unit:

Address (give only county, state, and zip code):
305 Healy Hall -Georgetown University
Washington, DC 20057

Name and telephone number of person to be contacted on matters involving this application (give area code)
Rev.William George,SJ
202-687-3455

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
13-3615655

7. TYPE OF APPLICATION: (enter appropriate letter in box) [M]

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learn
J. Private University
K. Individual
L. Profit Organization
M. Other (Specify): PVO

8. TYPE OF APPLICATION

_X_ New __ Continuation __ Revision

If Revision, enter appropriate letter(s) in box(es) ☐☐

A. Increase Award
B. Decrease Award
C. Increase Duration
D. Decrease Duration
E. Other (specify): _____

9. NAME OF FEDERAL AGENCY:
USAID/BHR/PVC

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE: NA

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
To Increase Facilities to Care for a Greater Number of HIV+ Abandoned Children at NYUMBANI Hospice/Orphanage, Nairobi, Kenya.

12. AREAS AFFECTED BY PROJECT (Countries):
KENYA

13. PROPOSED PROJECT

START DATE	ENDING DATE
October, 1997	September, 2000

14. CONGRESSIONAL DISTRICTS OF: NA

a. Applicant NA
b. Project NA

15. ESTIMATED FUNDING: (LOP)

a. Federal	$ 273,560 per yr.
b. Applicant	$ 75,000 "
c. State	NA
d. Local	NA
e. Other	$
f. Program Income	$
g. TOTAL	$ 348,560 "

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS REVIEW ON:

DATE _____

b. NO. _X_ PROGRAM IS NOT COVERED BY E.O. 12372

_X_ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation. No ~ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
George L. J. Dalferes	Board President	301-292-4926
d. Signature of Authorized Representative		e. Date Signed

USAID Form 424A

Budget Information - Non-Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity {a}	Catalog of Federal Domestic Assistance Number {b}	Estimated Unobligated Funds		New or Revised Budget		
		Federal {c}	Non-Federal {d}	Federal {e}	Non-Federal {f}	Total {g}
1. Headquarters	NA	NA	NA	$	$	$
2. Field	NA	NA	NA			
3. NA	NA	NA	NA	NA	NA	NA
4. NA	NA	NA	NA	NA	NA	NA
5. TOTALS	NA	NA	NA	$	$	$

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	Grant Program, Function or Activity				Total
	Headquarters {1}	Field {2}	{3}	{4}	{5}
a. Personnel	$ - 0 -	$ 67,560 per yr.	NA	NA	$ 67,560
b. Fringe Benefits	- 0 -	- 0 -	NA	NA	
c. Travel	- 0 -	2,000	NA	NA	2,000
d. Equipment	- 0 -	67,000	NA	NA	67,000
e. Supplies	- 0 -	137,000	NA	NA	137,000
f. Contractual Services			NA	NA	
g. Training			NA	NA	
h. Other			NA	NA	
i. Total Direct Charges (sum of 6a-6h)	- 0 -	273,560	NA	NA	273,560
j. Indirect Charges	- 0 -	- 0 -	NA	NA	
k. TOTALS (sum of 6i and 6j)	$	$ 273,560	NA	NA	$ 273,560
7. Program Income	$ - 0 -	$ - 0 -	$	$	$ - 0 -

USAID Form 424A (cont'd)

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Headquarters		$ - 0 -	NA	$ - 0 -	$ - 0 -
9. Field		75,000 per yr.	NA	- 0 -	75,000
10. NA		NA	NA	NA	NA
11. NA		NA	NA	NA	NA
12. TOTAL (sum of lines 8 - 11)		$ 75,000	NA	$	$ 75,000
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	NA	NA	NA	NA	NA
14. Non-federal	NA	NA	NA	NA	NA
15. TOTAL (sum of lines 13 and 14)	NA	NA	NA	NA	NA

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR LIFE OF THE PROJECT						
(a) Grant Program	Future Funding Periods (Years)					
	(b) First	(c) Second	(d) Third	(e) Fourth	(f) Fifth	(g) TOTALS
16. Headquarters	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -	$ - 0 -
17. Field	273,560	273,560	273,560	- 0 -	- 0 -	$820,680
18. NA	NA	NA	NA	NA	NA	NA
19. NA	NA	NA	NA	NA	NA	NA
20. TOTAL (sum lns 16 - 19)	$ 273,560	$ 273,560	$273,560	$ - 0 -	$ - 0 -	$ 820,680

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

NYUMBANI ORPHANAGE
Children of God Relief Fund, Inc.
c/o Georgetown University
Rev. William L. George, SJ
302 Healy Hall
Washington, DC 20057
202-687-3455

October 9, 1996

Proposal To: **US Agency for International Development**

Title: " TO INCREASE THE SIZE OF THE FACILITIES AND TO CARE FOR A GREATER NUMBER OF HIV+ CHILDREN AT NYUMBANI HOSPICE/ORPHANAGE (Nairobi, Kenya)"

From: Mr. George Dalferes, Board President
Children of God Relief Fund

RE: Support for a Hospice/Orphanage in Kenya, Nairobi, for HIV+ abandoned children .

I- Organization & Administration

A) Key Personnel:

1) Rev. Dr. Angelo D'Agostino, SJ, MD -Founder of NYUMBANI and Medical Director (On Site) (U. S. Citizen)
PO Box 21399 , Nairobi, Kenya
(Bishop's Road , 3rd Ngong Road, Nairobi, Kenya)
(Residence) 011-254-2565-371
(Office) 011-254-2716-829
(Fax) 011-254-2718-711

The founder, Dr. Angelo D'Agostino, SJ, MD, was born in Providence, RI. He pursued a pre-medical course with distinction at St. Michael's College in Vermont and was graduated in 1945 after completing his studies in two years. He was accepted at Tufts Medical School in Boston, Massachusetts. After successful completion of his degree, with honors, he pursued a residency program at New England Center Hospital in genito-urinary surgery which he completed along with a Master of Science in Surgery.

After a period of three years of service in the US Air Force where he spent his longest tour of duty as Chief of G.U. Surgery at Bolling Air Force Hospital, he joined the Jesuits at Georgetown University. His superiors saw a specific need and guided him into the field of Psychiatry. He maintained a practice in the Washington area for over

25 years and served on the adjunct faculty of George Washington University Medical School/Hospital as an Associate Clinical Professor.

In 1989, at his request, he left for Thailand to assist the under privileged who were detained in huge refugee camps there. After two years of medical assistance, he visited Africa and served for one year with displaced people setting up a refugee center. After a brief stay in DC, he returned to Kenya in 1992 and, at the invitation of local authorities, he opened a hospice and orphanage for babies with AIDS. He has been overseeing the incremental growth and development of this program since that date. His vision is to set up a permanent program to care for these children to give them dignity as well as to support those who respond to this special care and convert to HIV- (negative).

2) Mr. George Dalferes, Board President, Washington, DC 301-292-4926
* Key Contact for this Proposal *

3) Ambassador Denis Afande, Board Chairman, Nairobi, Kenya

4)Members of the Washington, DC, Board, Children of God Relief Fund:

Mr. George Dalferes, President	
Rev. Angelo D'Agostino, SJ, Vice President	
Rev. William L. George, SJ, Associate Vice President	202-687-3455
Ms. Marian Ord, Secretary	202-328-2374
Dr. Joseph S. D'Agostino, Ph.D., Treasurer	703-573-8707
Dr. Lorenzo D'Agostino, SSE, PhD., Member	407-684-2325
Dr. Joseph Bellanti, MD, Chair, Medical Advisory	202-687-8227
Mrs. Jacqueline Bellanti, Member	301-229-3550
Sen. Dennis DeConcini, (Ret.), Member	301-320-6137
Dr. Jack Dugan, Board Member	703-413-5955
Ms. Margaret Loehr Petito, Member	202-537-1327

5)Administration of NYUMBANI:

Chief Administrator:	Dr. Angelo D'Agostino, SJ, MD
Assistant Administrator:	Sister Mary Owen, IBVM, MEd
Finance/Budget Officer:	Mr. Chester Wells

6)Annual Audit: Coopers & Lybrand, Washington, DC
Coopers & Lybrand, Nairobi, Kenya

II- Brief Background:

NYUMBANI: The First Hospice for HIV Orphans in Kenya
---A Unit of the Children of God Relief Institute which holds
Kenya Cert. of Registration: NO.C47945-12/11/91

Nyumbani (Swahili for "HOME") came into being because of a unique present day need: -the care of abandoned IIIV+ children in Kenya.

The latest World Health Organization predictions show that there will be over 1,000 such orphans in Nairobi alone by 1998. Tragically, an HIV+ woman will sometimes abandon her child at birth in view of her impending demise. These infants are all HIV+ at birth, but we know that only one out of four is actually infected. Most of them will die of neglect because of their HIV+ "label".

At Nyumbani, the children are given the best affordable nutrition, medical, educational, psychological and loving care so that they can and do survive.

When Nyumbani first opened in September, 1992, the rented quarters were small and crowded. Later, a move to more spacious quarters was effected but much was still lacking. Currently, the home has been able to purchase a small parcel of land and some buildings that have been converted to hospital settings. The plan is to have a small village of many cottages to give children a family style of living. The new location is 1.5 Km beyond Karen Roundabout on Dagoretti Road.

The Children of God Relief Fund (COGRF) was established in 1992 and is a 501(c)3 (Federal ID Number: 13.3615655) non-profit organization made up of volunteers who give their time, talent and treasury supporting the work of saving these abandoned children. The bond that brings this Board together is the relationship each has with the founder, Dr. Angelo D'Agostino, who formed many close ties during his years as a Psychiatrist here in Washington, DC.

The NYUMBANI program has been privately supported by many friends. No public or governmental financing has been received to date. The Children of God Relief Fund holds an annual benefit in Washington, DC, to support this project. Private funds have been donated and guest performers have entertained "pro bono" for this cause. Past entertainers have been: Mark Russell ('94 & '96), Cokie and Steve Roberts ('95).

While funds are received from these sources, the gift amounts never meet the expanding costs of the operation of caring and supporting children with multiple problems. COGRF is constantly on the lookout for ways of finding support from other avenues so as to assure the continuation of this venture to bring some hope to this corner of the world. All sources are being explored: government, corporations, foundations.

The results of the efforts at NYUMBANI have been most satisfying. In their experience thus far with the newborn children brought to the hospital HIV+ (positive), after ten months 75% have tested HIV- (negative). Those who do convert to negative status are transferred to appropriate settings and are often adopted.

These results indicate that the program needs to be strengthened and expanded so that NYUMBANI can reach out to larger numbers of new-born HIV-infected children. The results at NYUMBANI need to be replicated on a grand scale in order to save "future generations of Kenyan leaders". (Kenyan social scientist)

III- Specific Plans for Expansion

With the achievement of stunning results at NYUMBANI over the past three years , the spirit of everyone involved has been very positive. The conversion of three out of every four babies from HIV+ to HIV- is most gratifying. Medical people on the scene have been encouraged. Kenyans have come to realize that programs such as NYUMBANI will continue to save children who are abandoned and who otherwise would have died because of ignorance and neglect.

The organization is in place and funds are needed to make certain that the NYUMBANI project will be allowed to flourish.

NYUMBANI plans to expand its facilities on its present property. What is needed is a central core building to house the medical facility, physical and occupational therapy, social and recreational programs. Another building nearby would be built to house administration, cooking, dining area, laundry and washing facilities. A separate building serving as a school house is also planned.

In order to provide space for an increase in staff and faculty, special quarters must also be erected on the compound. Space must also be made available for training new staff, as well as housing visiting staff who come to observe and be trained. If properly trained, the visitors would be charged with the founding of their own "NYUMBANI CLONE" in other areas.

With the success of NYUMBANI, one of the by-products would be a consciousness raising because of the high visibility of the compound among the local inhabitants . This may well promote behavioral changes as well as developing a caring attitude for HIV+ children.

With additional funding, NYUMBANI proposes a method of handling the expansion of its population. Several small "cottages" are planned to separate the children by age groups and to allow for socialization and sleeping areas. Ten cottages with 5 to 7 children and one adult would allow for the care of 60 to 70 children per year over the next three years.

NYUMBANI also projects an expanded extended day care unit for supporting the parents and families of HIV+ children as well as foster families. This care may be provided on the compound or by means of a mobile van unit for outreach to distant areas. This program would also be able to assist mothers-to-be in need of pre-natal care.

NYUMBANI also seeks to be integrated with the larger "National AIDS Program" for the greater Nairobi Region and will reinforce coordination efforts so that this end-result will occur. The Kenyan Director of Medical Services has visited the NYUMBANI compound and is supportive and enthusiastic of the methods employed by the staff. Kenyan Medical Services has broached the suggestion of a duplicate NYUMBANI in the west of Kenya.

Expansion of staff and facilities will allow some basic research on how the care of these HIV+ children is affecting their growth and development. Given the medical background of the founder and medical director, the home plans to employ short range and long range studies of the effects of the care on these children. It is expected that medical advisors in the US will be supporting these efforts.

IV: FUNDING REQUEST

-Support from US AID Over Three Years

A)Salaries: (US$)

	Per Month	Per Year	Three Years
Director	$ - 0 -	$ - 0 -	$ -0-
Assistant Director	750	9,000	27,000
Finance Manager	600	7,200	21,600
Medical Doctors :			
2 Part-Time ($300 ea.)	600	7,200	21,600
Nurses:			
3 Full-Time($300 ea.)	900	10,800	32,400
2 Part-Time($150 ea.)	300	3,600	10,800
Psychologists:			
1 Part-Time	300	3,600	10,800
Secretaries:			
2 Full-Time($250 ea.)	500	6,000	18,000
Teachers:			
3 Full-Time($200 ea.)	600	7,200	21,600
Cooks:			
1 Full-Time	200	2,400	7,200
Groundsmen:			
2 Full-Time($150 ea.)	300	3,600	10,800
Security :			
4 Full-Time($100 ea.)	400	4,800	14,400
A-1) Stipends:			
Volunteers:			
5 Full-Time($20 ea.)	100	1,200	3,600
Part-Time Caretakers:			
3 Part-Time($10 ea.)	30	360	1,080
Nurse Assistants:			
1 Full-Time	50	600	7,200
TOTAL:	$ 5,630	$ 67,560	$ 202,680

	Per Year	Three Years
B)Travel:		
Director:	$ -0-	$ -0-
Assistant Director:	1,000	3,000
Others:	1,000	3,000
TOTAL:	$ 2,000	$ 6,000
C)Project Vehicles:		
Auto:		$ 20,000
Van:		25,000
Mobile Clinic:		30,000
-Mobile Medical Equipment		10,000
TOTAL:		$ 85,000
D)Expenses of Facilities:		
Construction:		
10 Cottage Units		$ 50,000
1 Professional Staff Quarters		10,000
1 Non-Medical Staff Quarters		10,000
1 Schoolhouse		10,000
1 Warehouse/Garage/Cold Room		20,000
Roads:		
Paving Access Roads		$ 2,000
Secure fences:		
Reinforced for Security		$ 4,000
Water Supply:		
Tanks, Deep Wells		$ 10,000
TOTAL:		$ 116,000
E)Utilities & Maintenance:		
Water	$ 3,000	$ 9,000
Electricity	4,000	12,000
Liquid Propane Gas	4,000	12,000
Maintenance: Bldgs. & Grounds	5,000	15,000
TOTAL:	$ 16,000	$ 48,000
F)Medicines:		
Antibiotics, Antiviral, Nutritional Supplements, E.N.T. & Eye medicines, Dermatological Preparations, Gastrointestinal Drugs, Antiseptics, Diagnostic Kits, Etc.	$ 30,000	$ 90,000

	Per Year	Three Years
Medical Supplies: **Swabs, Diapers, Syringes, Bandages, Adhesives, Medical inspection devices, Thermometers, Pans, Sterile Autoclaves, Eyeglasses, Etc.**	**$ 20,000**	**$ 60,000**
TOTAL:	**$ 50,000**	**$ 150,000**

G)Miscellaneous Children Program Items:

Non-Food: **Beds, Blankets, Sheets & Cases, Tableware, Glasses, Toys, Desks, Books, Crayons, Pencils, Paper, Garden Supplies, Clothing, Fabric, Sewing Machine, Etc.**	**$ 20,000**	**$ 60,000**
Food: **Vegetables, Cereals, Fruits, Meats, Fish, Condiments/Seasonings, Etc.**	**$ 30,000**	**$ 90,000**
TOTAL:	**$ 50,000**	**$ 150,000**

H)Office/Administration Expenses:

Typewriters, Computers, Communication Equipment	**$ 15,000**	**$ 45,000**
Audit Costs/Preparation	**6,000**	**18,000**
TOTAL:	**$ 21,000**	**$ 63,000**

GRAND TOTAL (Three Years): $ 820,680

V: Present Staff:

Director	
Assistant Director	
Medical Doctors	2 Part-time
Registered Nurses	2 Full-time, 1 Part-time
Care Givers	8
House Mothers	10
Housekeeper/Tailors	2
Cook	1
Gardeners	2
Maintenance	1
Drivers	2 Full-time, 1 Part-time
Security Guards	3 Full-time, 1 Substitute
Secretaries	2
Finance Manager	

VI: Duration of the Effort

At present and in the foreseeable future, there does not appear to be an abatement in the spread of AIDS and in the numbers of abandoned children from homes where one or both parents are diagnosed as HIV+.

The present Medical Director is planning not only for the present but also for the future by training capable local talent to care for these children. By the year 2000, it is expected that the operation and facilities will be operating on its own with a full local staff.

The expansion plans will complete the project so that local citizens will be able to assume full control without undue financial burdens and allow full attention to be given to the children.

However, it is necessary to begin today to plan for the physical plant in order to ensure the success of the program.

VII: In Line with US AID Objectives

HIV-AIDS has been documented as a most serious problem in many nations in Africa and US AID has indicated in several publications that nations such as Kenya have been targeted for addressing this critical issue. Our Board feels that this particular program is worthy of support. While the operation is small and the child population is not large at present, the success of this program would allow for further expansion and could very well be replicated in other areas of Africa.