AMENDMENT 0004

FUNDING OPPORTUNITY ANNOUNCEMENT (FOA)
Number N00244-17-S-FO02

"FY17 – FY18 Department of Defense HIV/AIDS Prevention Program: Military Specific HIV/AIDS Prevention, Care, and Treatment Program for PEPFAR (President's Emergency Plan for AIDS Relief) Funded Countries"

The purpose of this Amendment 0004 is to incorporate the following:

NHRC/DHAPP is accepting "Concept Papers" for Ukraine, Swaziland and Angola as described below through 10 October 2017.

NOTE: Each narrative is a standalone effort and should not be combined with another narrative and all the program elements (tasks) in each specific narrative must be addressed in that concept paper submission.

E-mail address for submission of Concept Papers: usn.nhrc.dhapp@mail.mil

The full solicitation is available at: http://www.grants.gov/

Eligible Applicants are requested to submit **Concept Papers** following the guidelines and format provided in the N00244-17-S-FO02, Section IV.

All respondents must demonstrate the active support of the in-country military and the DoD representative in the corresponding U.S. Embassy in the planning and execution of their proposals. The selected Grantee is the Implementing Partner and will be referred to as IP in this document.

Ukraine: Ukrainian Military HIV Prevention Support

	Phase 1	Phase 2	Phase 3
HVCT	$ 30,000	$ 30,000	$ 30,000
HVOP	$ 40,000	$ 40,000	$ 40,000
OHSS	$ 35,000	$ 35,000	$ 35,000
HVSI	$ 20,000	$ 20,000	$ 20,000
TOTAL	**$125,000**	**$125,000**	**$125,000**

Proposals are requested to support the Ukrainian military's efforts to prevent new HIV infections and other sexually transmitted diseases, among members of the Ukrainian Armed Forces (UAF), their families, veterans, and civilian employees, while providing care to those infected with HIV. The TBD partner will work directly with the UAF's existing HIV program to strive towards the 90-90-90 goals in HIV testing, HIV care, and viral suppression within this population over the course of this grant.

Department of Defense HIV/AIDS Prevention Program (DHAPP) funds will be used to support the UAF in the following technical areas: 1) HIV rapid test kit procurement and distribution to supplement HIV Testing Service (HVCT) supplies within the four Operations Districts (target 15,000 tests) to targeted troops including index patient testing with partner notification services; 2) Targeted HIV education and prevention activities (HVOP) for high risk individuals (IV drug users, IVDU) and supplemental condom procurement and distribution; 3) Health system strengthening (OHSS) within the UAF's HIV services in order to assist with training of UAF educators and counselors, review and update existing HIV military policy to include anti stigma and discrimination guidelines, and a mandatory HIV testing policy including pre and post deployment testing; and 4) Develop a patient tracking system (HVSI) to document the existing practice of referring military patients to civilian AIDS centers, so that their care and ART treatment can be followed, and to provide routine financial and monitoring reports to DHAPP.

The TBD partner's program should include capacity building to the UAF across all activities. This program should document and demonstrate how its capacity building activities has evolved over the life of this grant. All proposals should explain how the partner will engage the UAF's leadership and UAF's medical personnel in relation to this effort.

The partner must work in complete coordination with the UAF's existing HIV prevention program and medical services, as well as with the DHAPP Program Coordinator based at the US Embassy in Kyiv and the DHAPP Headquarters Team. The Grantee is the Implementing Partner and will be referred to as IP in this document.

HIV/AIDS Testing Services (HVCT) $30,000

Technical Area Targets		
Indicator	**Label**	**Target**
HTS_TST	# of individuals who received HTS services for HIV and received their test results.	15,000

The IP will work closely with the UAF to provide HIV Testing Services (HTS) in targeted military groups in an effort to achieve the 1st 90 for military personnel: 90% of all UAF persons living with HIV/AIDS (PLHIV) know their status. Commonly, military PLHIV only access treatment when they are symptomatic. In an effort to reach these men and women before they become symptomatic, HTS will focus primarily on tests targeting military groups that have typically demonstrated to have higher prevalence. These groups will be older men, those who use sex workers, and those that are IVDU. Facility based Provider-Initiated Testing and Counseling (PITC) will continue for military and civilians. Rapid test kits will be procured to supplement existing supplies and they will be distributed to the Regional Military medical centers in the four Operational Commands in Kharkiv, Vinnytsia, Odesa, and Lviv.

Those identified as HIV positive will be linked to care. The IP will work to achieve 100% linkage of HIV+ individuals identified to HIV clinical care. The IP will monitor HIV testing yield; modifying strategies or locations that are not identifying significant numbers of HIV positive persons.

The IP will be responsible for:

- Procurement and distribution of supplemental rapid test kits.
- Supporting HTS on military bases and facilities
  - Linking those diagnosed to HIV care services.
  - Index-case testing for family members and dependents of HIV-infected military personnel.
  - Index-case testing for HIV-infected spouses and dependents of military personnel.
- Provider-Initiated testing and counseling within military health services for both military personnel and civilians with 100% of positives diagnosed through PITC linked to HIV care services.
- Assisting with Quality Improvement / Quality Assurance for all HTS including proficiency testing, refresher training, and mentoring.
- 100% tracking of PLHIV from HTS to civilian clinical care services.

HIV Prevention (HVOP) $40,000

Technical Area Targets		
Indicator	**Label**	**Target**
PP_PREV	# of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components during the reporting period.	5,000

The IP will support the UAF to continue its HIV prevention activities targeting high risk individuals/populations including troops who are IVDU, use sex workers, new recruits, and units deploying internally and on peace keeping operations (PKOs). The IP will be required to ensure that training materials being used are up-to-date with the most current information and is in context with the UAF military.

Prevention activities should include a comprehensive package:

- Promotion of relevant prevention and clinical services and demand creation to increase awareness, acceptability, and uptake of these services.
- Information, education, and skills development to: reduce HIV risk and vulnerability; correctly identify HIV prevention methods; adopt and sustain positive behavior change; and promote gender equity and supportive norms and stigma reduction.
- Referral to or provision of HIV testing; facilitated linkage to care and prevention services; and/or support services to promote use of, retention in, and adherence to care.
- Condom and lubricant (where feasible) promotion, skills building, and facilitated access to condoms and lubricant (where feasible) through direct provision or linkages to social marketing and/or other service outlets.

  The IP will be responsible for:

  - Supporting the UAF to continue its HIV education program for deploying personnel, and at least 2 awareness campaigns targeting high risk populations within each calendar year.
  - Maintain all training materials and curricula are current and up-to-date with the most recent guidelines and recommendations for HIV prevention, and HTS.
  - Procurement and distribution of supplemental condoms.

Other Health System Strengthening (OHSS) $35,000

The IP will support activities that will improve the FAB's HIV prevention program through coordinating education and training activities, and the review and update of its existing military HIV policy.

The IP will be responsible for:

- Train UAF peer educators and counselors using training materials and curricula that are current and up-to-date with the most recent guidelines and recommendations for HIV prevention, and HTS.
- Provide organization and logistics for education sessions, workshops, and training activities.
- Review and update the existing HIV military policy. Work to include anti stigma and discrimination guidelines, and a mandatory HIV testing policy including pre and post deployment testing.

Strategic Information (HVSI) $20,000

The IP will support the UAF in an effort to monitor the second of the 90-90-90 goals for military personnel, and also monitor the third 90 as possible (initiation of 90% of HIV-infected military personnel in care, and 90% viral suppression among military personnel taking ART). The IP will achieve this through the development of a patient tracking system to document the referral to civilian treatment centers since the military does not provide ART services. The IP will also assist with the capturing of data for reporting, and support monitoring and evaluation activities.

The IP will be responsible for:

- Creating and implementing a system to monitor HIV treatment referrals.
- Training of select UAF staff to support this system.
- Providing routine financial and monitoring reports to DHAPP.

Work Plans

The IP or Grantee must submit annual, programmatic and financial, work plans to DHAPP Program Manager and DHAPP HQ (Budget breakdown per activity and for program management is required). Work plans include activities implementation timeline, including the M&E ones. Funding amount in year 1 is related to start-up costs need to initially build the program. All materials and equipment purchased for this grant will be turned over to the HCM at the completion of the period of performance.

Reporting

- Quarterly Fiscal Reports: IP or Grantee must submit quarterly programmatic and financial reports to DHAPP in order to monitor expenditures according to the program areas (HVCT, HVOP, OHSS, and HVSI). The report template will be provided by DHAPP. Reports will be submitted 30 calendar days after each reporting period (3/31, 6/30, 9/30, and 12/31).
- Interim Progress: Indicator Report: This report shall summarize progress in relation to the approved Work Plan as well as monitor grant deliverables. The Grantee shall submit quarterly indicator reports in accordance with the format provided by the Program Office within 45 calendar days following the end of the reporting period: 12/31, 3/31, 6/30 and 9/30. The IP shall provide reports in accordance with the template provided by DHAPP.
- Reports will follow DHAPP Headquarters and Country Team Templates.
- The IP will be expected to submit strategic information reports on quarterly basis for all activities that are being conducted under this grant.

Swaziland: Comprehensive HIV/AIDS activities in the Umbutfo Swaziland Defense Force

	Phase 1 18 months	Phase 2 12 months	Phase 3 12 months
HTXS	$213,691	$141,079	$141,079
HBHC	$154,164	$103,286	$103,286
HVTB	$123,197	$3,235	$3,235
HVCT	$127,613	$100,173	$100,173
HVOP	$95,350	$72,498	$72,498
HVSI	$86,831	$60,000	$60,000
OHSS	$85,000	$7,500	$7,500
CIRC	$156,168	$7,500	$7,500
TOTAL	**$1,042,014**	**$495,271**	**$495,271**

Proposals are requested to support Swaziland reduce the number of new HIV infections and other sexually transmitted diseases among members of the Umbutfo Swaziland Defense Force (USDF), their families, and the civilian communities served by the USDF health services. The TBD partner will work directly with the USDF to aggressively scale-up the military ART program to achieve 90-90-90 goals for HIV epidemic control within the military over the life of this project. Department of Defense HIV/AIDS Prevention Program (DHAPP) support to the USDF will focus on the following technical areas: 1) HIV/AIDS Care and Treatment; 2) HIV Testing Services (HTS); 3) HIV Clinical Monitoring Systems; and 4) HIV prevention interventions.

The TBD partner's program should emphasize capacity building across all activities and technical areas. All proposals should detail how the partner will engage the USDF leadership as well as the military personnel at all levels in this work; and, specifically how the partner will utilize the organizational structure of the military to strengthen the internal capacity of the USDF to conduct these activities. Within the proposal the partner will need to demonstrate transition of programmatic capabilities and capacity to the military over the life of the grant.

The Grantee is the Implementing Partner and will be referred to as IP in this document. The IP will work under the direction of the DHAPP/DoD Program Manager based at the US Embassy in Swaziland, and must work in complete coordination with the USDF HIV/AIDS and health services. The DHAPP Headquarters Team will provide policy guidance, as well as administrative and technical support as required.

HIV/AIDS Care and Treatment (HTXS: $213,691 + HBHC: $154,164 + HVTB: $123,197)

Phase 1	Label	Phase 1 Target
TX_NEW	Number of adults and children newly enrolled on antiretroviral therapy (ART)	1,177
TX_CURR	Number of adults and children currently receiving ART	3,427
TX_RET	% of adults and children known to be alive and on treatment 12 months after initiation of ART	87%
TB_ART	The number of HIV-positive new and relapsed TB cases on ART during TB treatment	107
TB_SCREENDX	Number of PLHIV in HIV clinical care who were screened for TB symptoms at the last clinical visit	2,160
TX_PVLS	% of adult and pediatric patients on ART with suppressed viral load results (<1,000 copies/ml) documented in the medical records and/or supporting laboratory results within the past 12 months	90%

The IP will work closely with the USDF to aggressively scale-up ART coverage in an effort to achieve 90-90-90 goals for military personnel. Targets for HIV/AIDS care and treatment will focus on generating significant progress towards the 2nd and 3rd 90s: initiation of 90% of identified HIV-infected military personnel on ART and 90% viral suppression amongst military personnel taking ART.

The USDF currently provides HIV/AIDS care and treatment services at 11 military health sites. At present, all PLHIV identified are not directly enrolled on ART as the country has not fully moved to TEST and START. The IP will work directly with the USDF to quickly roll out TEST and START and put in place innovative and evidence-based models of care to improve retention of those who are initiated on ART treatment.

The IP will be responsible for:

- Enrollment on ART of all pre-ART cohort of patients.
- Active initiation on ART of all newly identified patients.
- Ensuring viral load testing for those on ART whose care is in military treatment facilities as per the national guidelines and viral load and EID scaling plan: putting in place effective viral load sample transportation and results transmission network.

- Positive Health, Dignity, and Prevention (PHDP) services to all PLHIV, which includes STI screening and treatment, prevention of unintended pregnancies, Nutritional assessment Counseling Support (NACS), alcohol screening, adherence support, condom provision, partner notification/disclosure, etc.

- Cotrimoxazole prophylaxis for HIV positive patients, fluconazole prophylaxis for those screening positive for cryptococcal antigenemia.

- Universal TB screening using standard TB questionnaire at least every six months for 100% of HIV-infected individuals on treatment.

- Close coordination with the USDF to track down and follow enrolled patients that are deployed, to ensure they have a regular supply of medication and appropriate follow-up, including VL testing.

- Retention support including treatment literacy, active tracing and peer support for PLHIV and other evidence-based retention and adherence interventions for adults, children, and pregnant women on ART.

- Linking USDF personnel, including clinical staff, to other local HIV clinical care and treatment resources provided by the MOH, PEPFAR IPs, or other relevant entities.

- Promoting ongoing communication and collaboration between USDF clinical services and other district/provincial/national level care and treatment programs and/or government entities: regularly scheduled leadership and clinician meetings, case conferences, logistics coordination, laboratory collaboration.

- Ensuring the availability of essential HIV clinical and laboratory commodities through support for forecasting, responsible use, stock management, and other activities critical to ensuring a secure supply.

HIV/AIDS Testing Services (HVCT: $127,613)

Indicator	Label	Phase 1 Target
HTC_TST	# of individuals who received HTS services for HIV and received their test results	5,763

The IP will work closely with the USDF to aggressively scale-up HIV Testing Services in an effort to achieve the 1st 90 for military personnel: 90% of all USDF PLHIV know their status. Commonly, military PLHIV only access treatment at the military ART facility when they are symptomatic. In an effort to reach these men and women before they become symptomatic, HTS will focus primarily on outreach testing to larger, high HIV-burden military locations. Outreach testing should be closely linked to the mobile ART clinic schedule, ideally with both

services provided concurrently to maximize linkage. Provider-Initiated Testing and Counseling (PITC) will continue in the fixed sites for both the military and civilian cohorts. Ensuring that any positives identified are linked to HIV care and treatment is essential to the success of the USDF program. The IP should work to drastically improve linkage of PLHIV identified through PITC and outreach testing to HIV clinical care and treatment, ensuring same-day initiation. The IP should also promote partner notification as a means of encouraging voluntary testing. The IP will monitor HIV testing yield; modifying strategies or locations that are not identifying and/or linking significant numbers of HIV positive persons to HIV care and treatment.

The IP will be responsible for:

- Outreach HTS to military camps.
- Client-initiated HTS.
- Index-case testing for family members and dependents of HIV-infected military personnel.
- Index-case testing for HIV-infected spouses and dependents of military personnel.
- Provider-Initiated Testing and Counseling within military health services for both military personnel and civilians with 90% of positives diagnosed linked to HIV care and treatment services.
- Coordination of outreach HTS with ART clinic activities.
- Quality Improvement/Quality Assurance for all USDF HIV testing facilities including continuous training and mentoring.
- Tracking PLHIV from HTS to clinical care and treatment services.
- HTS included in TB screenings and Voluntary Male Medical Circumcision procedures.

Prevention (HVOP: $95,350)

Indicator	Label	Military Only Phase 1 Target
PP_PREV	Number of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period	3,000

The IP will work with the Swaziland military to select a few target or "hotspot" locations/sites in geographically prioritized regions based on available HIV prevalence data. Sites defined as hotspots include but are not limited to: presence of a military camp with a large number of soldiers, high HIV/STI prevalence, observed high frequency of multiple sex partners, high priority locations for military, places with poor access to prevention services for new recruits, and sites with a combination of families and FSW. Proposed activities to reduce HIV risk at the selected locations will include 1) STI screening and care; 2) alcohol harm reduction; and 3) condom promotion and distribution. In addition, activities will include mobile HIV testing/counseling and linkage/referral of 100% of PLHIV identified to military treatment centers.

HIV Clinical Monitoring Systems and Military Health System Strengthening (HVSI: $86,831 + OHSS: $85,000)

Successful tracking of patient level data through unique identifiers is critical to the success of the Umbutfo Swaziland Defense Force clinical care and treatment program's ability to monitor progress towards epidemic control. The military is a highly mobile population. Clinical HIV monitoring systems, including patient level data, will be required to ensure that the USDF clinical staff and program managers at national and subnational levels have access to the right information at the right time in any location the patient may be seen. The IP will work with the Swaziland military to fully implement the electronic collection of patient-level data, the clinical and programmatic use of electronic data, and the reporting of site-level data to DHAPP HQ and the USDF leadership. All electronic medical record (EMR) work should be coordinated and aligned with MOH/MOD, clinical staff requirements, and national/international standards where they exist. The IP should state what system they intend to use for HIV clinical care and treatment; how the data collected within this system will be accessed by the USDF clinical staff and leadership; and, how the IP will responsibly protect military data from dissemination outside of the military and DHAPP.

The IP will be responsible for:

- Technical support and mentoring of existing USDF staff for data entry, information technology assistance, data managers, etc. to fill any gaps where the USDF is unable to provide sufficient staff.

- Procurement of necessary hardware and software, aligned with the national and international laboratory standards and guidelines.
- Training and on-the-job mentorship of USDF clinical staff on the use of any clinical monitoring system at site and national/program levels.
- Ensuring confidentiality and security of data, in line with MOD, MOH, and national guidelines.
- Quality Assurance/Quality Improvement for all data collection, reporting, and use.
- Timely, accurate reporting of all indicators required by the USDF and DHAPP.
- Securing all patient-level and site-level data from dissemination outside of Swaziland military and DHAPP without prior approval from USDF.
- Implementation of clinical monitoring system, including maintenance of network infrastructure (if necessary).
- Supporting data validation process/mechanisms at site, subnational and national levels.
- Technical assistance to improve PALS's leadership, advocacy and governance capacity.
- Support the USDF HIV/AIDS coordination meetings with partners implementing activities in the military.
- Support mentorship and supervisory visits at DOD funded project sites.
- Support for the dissemination and the implementation of military HIV/AIDS related instructions and policies.
- Reinforcing the communication between the military HIV/AIDS coordination offices and the service provision sites as well as other health stakeholders.

Voluntary Male Medical Circumcision for HIV Prevention (VMMC: $156,168)

Indicator	Label	Military Only Phase 1 Target
VMMC_CIRC	The number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period	812

The IP will ensure that the USDF is following all national guidelines for conducting VMMC. VMMC will be offered through surgical and device-based techniques. The full package of VMMC services will be offered including demand creation/VMMC education, safe sex practices and provision of condoms, offer of HIV test prior to VMMC, strong referral to HIV treatment program for those who test HIV positive (at least 90% linkage), examination, evaluation, and treatment or referral for sexually transmitted infection, linkage of STI patients back to VMMC once they are treated for their STI, post-VMMC and safe sex education, promotion of 6 week abstinence period post-VMMC, and provision of condoms, at least one follow-up visit in the 14 days post VMMC, effective monitoring and reporting system for VMMC and linked (STI and HIV) programs. The IP will work closely with other IPs to ensure smooth coordination and client linkages. The IP will closely monitor follow up associated with the tetanus vaccination protocol to ensure minimal loss to follow up. The IP will follow all PEPFAR adverse event reporting protocols for any notifiable adverse events (AE) occurring during the VMMC procedure or within 30 days following surgical circumcision or device removal from a PEPFAR supported VMMC. This includes notifying the PEPFAR Funding Agency POC and the Swaziland PEPFAR Coordinator within 24 hours of the AE occurring.

The IP will offer surgical VMMCs. VMMC activities will be implemented concurrently with other core component activities such as HIV Testing Services, treatment for STIs, promotion of safer-sex practices and condom distribution. The IP will track all VMMC clients who test HIV positive and ensure that they are immediately linked into care and treatment (90% linkage rate) by working closely with treatment partners. Emphasis will be made on abstinence from sexual activity for the recommended period after VMMC to allow complete healing of the wound.

VMMC Strategy:

- Recruits: In an effort to offer 100% VMMC coverage in the USDF in an efficient manner, the IP will support the USDF to routinize the offer of VMMC to USDF recruits within the recruit training period. The IP will reach out to other militaries who have successfully integrated offer of VMMC in recruit period to learn from their experiences.

WORK PLANS

Grantee must submit annual, programmatic and financial, work plans to DHAPP Program Manager and DHAPP HQ (budget breakdown per activity and for program management is required). Work plans include activities implementation timeline, including for M&E.

REPORTING

- Quarterly Fiscal Reports: Grantee must submit quarterly programmatic and financial reports to DHAPP in order to monitor expenditures according to the program area(s) [HTXS; HVOP; etc]. The report template will be provided by DHAPP. Submit 30 calendar days after each reporting period (3/31, 6/30, 9/30, and 12/31).

- Interim Progress: Indicator Report: This report shall summarize progress in relation to the approved Work Plan as well as monitor grant deliverables. The Grantee shall submit quarterly indicator reports in accordance with the format provided by the Program Office within 45 calendar days following the end of the reporting period (3/31, 6/30, 9/30, and 12/31). The Recipient shall provide reports in accordance with the template provided by NHRC.

- Reports will follow DHAPP Headquarters and Country Team Templates.

Angola: Comprehensive HIV/AIDS activities in the Forças Armadas Angolanas (FAA)

	Phase 1	Phase 2	Phase 3
HTXS	$399,523	$399,523	$399,523
HVCT	$413,547	$413,547	$413,547
HLAB	$171,000	$171,000	$171,000
HVSI	$258,020	$258,020	$258,020
HVOP	$290,601	$290,601	$290,601
TOTAL	**$1,532,691**	**$1,532,691**	**$1,532,691**

Proposals are requested to support Angola to reduce the number of new HIV infections and other sexually transmitted diseases among members of the Angola military or Forças Armadas Angolanas (FAA), their families, and the civilian communities served by the Angola military health directorate. The TBD partner will work directly with the Angola Military to aggressively scale-up the military ART program to achieve 90-90-90 goals for HIV epidemic control within the military over the life of this project. Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the Angola military will focus on the following technical areas: 1) HIV/AIDS Care and Treatment (HTXS); 2) HIV Testing Services (HTS)(HVCT); 3) Clinical Laboratory Support (HLAB); 4) HIV Clinical Monitoring Systems (HVSI); and 5) HIV "Other Prevention"(HVOP).

Angola military program efforts are based on the risk profile developed through results obtained on prevalence data from the Seroprevalence and Behavioral Epidemiology Survey (SABERS) conducted in 2015. The current military program drives prioritization to four of the five existing national military regions, Luanda, Central, East and the southern region this being translated into eight priority provinces. Site selection is critical in understanding and controlling the epidemic in the military population, as well as achieving higher HIV testing yields and targeting the right people- older deploying men within the Angola military.

The Angola military program's primary service strategy, supported by PEPFAR, focuses on HTS services through mobile testing units in community settings, VTC co-located facilities, inpatient, and provider initiated testing within the military medical structures. Coupled with the HTS is an HIV prevention package of services that's meant to be offered to each individual that receives an HIV test and result. HIV+ military personnel should be linked into military care and treatment services. With the national adoption of Test and Start within the military health services, 80% of military personnel who are HIV+ should be maintained on treatment. Continuous package of treatment is to be completed through Viral Load monitoring, in order to scale-up the 3rd 90 (40% of ART patients supported at military sites with viral load, and >90% of those with viral suppression.) The design of this engagement will be to build lab technician capacity, laboratory maintenance through the provision of laboratory commodities/consumables including VL reagents, support the adoption of national policies and guidelines, and participate in national quality assurance systems.

In addition to expanding testing services to high risk/prevalence military spots, female sex worker (FSW) outreach is a new proposed approach for the Angola military program through

better understanding of the dynamic of HIV transmission sustained by this particular key population group. The consensus is that in order to control HIV/AIDS transmission in military personnel deployed in both Central and South regions, FSWs based in those locations should be accounted for during prevention activities led by FAA HIV educators and given access to mobile testing activities. Linkage to a facility for treatment services for this population will be coordinated through the integration of health care providers and service delivery. The PEPFAR national KP program (coordinated by USAID) will provide protocols, guidelines and coordinate the implementation of this activity.

Based on this project description, the TBD partner's program should emphasize capacity building across all activities and technical areas. All proposals should detail how the partner will engage the FAA leadership as well as military personnel at all levels in this work; and, specifically how the partner will utilize the organizational structure of the military to strengthen the internal capacity of the FAA to conduct these activities. Within the proposal the partner will need to demonstrate transition of programmatic capabilities and capacity to the military over the life of the grant.

The partner must work in complete coordination with the FAA's HIV prevention and health services, as well as the DHAPP/DoD Program Manager based at the US Embassy in Angola, the DoD adult and pediatric treatment program manager based at the Military Health Department (to be hired as part of this proposal), and the DHAPP Headquarters Team. The Grantee is the Implementing Partner and will be referred to as IP in this document.

HIV/AIDS Care and Treatment (HTXS: $399,523)

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**Civilian**
TX_NEW	Minimum # of adults and children newly enrolled on ART	650	90
TX_CURR	Minimum # of adults and children currently receiving ART	1,750	800
TX_RET	Minimum % of adults and children known to be alive and on treatment 12 months after initiation of ART	80%	76.7%
TX_PLVS	Minimum # of adult and pediatric patients on ART with suppressed viral load results (<1,000 copies/ml) documented in the medical records and/or supporting laboratory results within the past 12 months	490	224

The IP will work closely with the Angola military to aggressively scale-up ART coverage in an effort to achieve 90-90-90 goals for military personnel. Targets for HIV/AIDS care and treatment will focus on generating significant progress towards the 2nd and 3rd 90s: initiation

of 90% of HIV-infected military personnel on ART and 90% viral suppression amongst military personnel taking ART.

The Angola military currently provides HIV/AIDS care and treatment services from five military hospitals in Luanda, Bie-Huambo (Central Region), Huila-Kuando Kubango (South Region) provinces. At present, these five clinical sites provide care and treatment services for a considerable number of Angola Military personnel. Civilian patients living in the surrounding communities are also seen in these facilities. In order to maintain/sustain expansion of ART coverage to outlying military bases where HIV-infected soldiers cannot reasonably reach one of the five existing military ART facilities, the IP will conduct an assessment of the Angola military transportation systems in order to understand how commodity distribution moves (including Malaria and other disease medicine distribution) from point of origin to destination. Civilian models or existing facilities which can be used to support expansion on distribution of HIV ARVs/commodities should be adapted and considered as reinforcement while upgrading the existing system. The IP will work directly with the Angola military at the five fixed sites in addition to supporting the expansion and implementation of mobile ART services to achieve the military HIV care and treatment targets.

The IP will be responsible for:

- Staffing support in hiring adult and pediatric treatment program manager who will be based at the Military Health Department and provide care and treatment technical oversight, mentoring and training for military physicians
- Enrollment into HIV clinical care and treatment
    - Aggressive enrollment of HIV-infected military personnel into clinical care and treatment at the current fixed sites and through the use of existing military commodity distribution motorcades for mobile ART outreach
    - Passive enrollment of HIV-infected civilians and dependents into clinical care and treatment at the five military ART sites.
- Ongoing clinical support for all Pre-ART and ART patients
    - Clinical monitoring of all HIV+ positive patients including CD4 every 6 months, hemoglobin, creatinine, tuberculosis screening, screening for other opportunistic infections including cryptococcosis, etc.
    - Positive Health, Dignity, and Prevention (PHDP) services including STI screening and treatment, prevention of unintended pregnancies among military women living with HIV, Nutritional assessment Counseling Support (NACS) of HIV+ patients, cervical cancer screening, alcohol screening, adherence support, condom provision, partner notification/disclosure, etc.
    - Cotrimoxazole prophylaxis for HIV positive patients, fluconazole prophylaxis for asymptomatic Cryptococcal antigenemia with CD4<100 cells/uL, Isoniazid Preventive Therapy, etc.
    - Universal TB screening using standard TB questionnaire at least every 6 months for 100% of HIV-infected individuals in care
    - Close coordination with Angola military to track down and follow enrolled patients that are deployed, to ensure they have their meds and continue

to receive regular CD4 and other required lab checks.
    - Retention support including treatment literacy, active tracing and peer support for HIV+ patients, and other evidence-based retention interventions for adults, children, and pregnant women on ART
    - Training of recognition of pneumocystis pneumonia, cryptococcal meningitis and other key OIs plus correct management of these OIs
- Coordination of HIV clinical care and treatment services
    - Planning, logistics, and use of military transportation system in place to support mobile ART clinics to reach military ART targets
    - Ensuring best use of current military transportation system to support the ART community distribution/ mobile activity
    - Linking Angola military personnel, including clinical staff, to other local HIV clinical care and treatment resources provided by the MOH, PEPFAR IPs, or other relevant entities.
    - Promoting ongoing communication and collaboration between Angola military clinical services and other district/provincial/national level care and treatment programs and/or government entities
    - Training a minimum of 20 healthcare providers to provide on-site patient tracking and HIV care and treatment based on developed care and treatment guidelines
    - Ensuring a minimum of 30 military physicians are implementing care and treatment guidelines
    - Ensuring the availability of essential HIV clinical commodities through support for forecasting, responsible use, stock management, and other activities critical to ensuring a secure supply
    - Ensuring HIV+ patients exhibiting immunologic failure on first-line ART are screened for adherence and switched to appropriate second-line therapy (based on available population-level genotypic resistance data) when indicated
    - Referral for hospital admission when clinically indicated
- Ensuring that all patients with presumptive TB or TB disease receive HIV testing and provide immediate access to ART for patients, with the goal of providing universal ART coverage among HIV-infected TB patients and universal TB screening for all HIV-infected individuals.
- In future years, as viral load capacity is developed, will support and participate in viral load testing through the mobile treatment units, supported by the military transportation system in place, per current WHO and national guidelines, with reporting on:
    - TX_VIRAL: Percentage of ART patients with a viral load result documented in the medical record within the past 12 months
    - TX_UNDETECT: Proportion of viral load tests with an undetectable viral load (<1000 copies/ml)

HIV/AIDS Testing Services (HVCT: $413,547)

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**Civilian**
HTC_TST	# of individuals who received HTS services and received their test results	16,975	4,500
HTC_TST_POS	# of individuals who received HTS services and tested positive	853	225

The IP will work closely with the Angola military to aggressively scale-up HIV Testing Services in an effort to achieve the 1st 90 for military personnel: 90% of all military PLHIV know their status. Commonly, military PLHIV only access treatment at one of the three military ART facilities when they are symptomatic. In an effort to reach these men and women before they become symptomatic, HTS will focus primarily on outreach testing to larger, high HIV-burden military locations. Outreach testing should be closely linked to the military mobile transportation system in place as well as the ART community distribution schedule, ideally with both services provided concurrently to maximize linkage. Provider-Initiated Testing and Counseling (PITC) will continue in the fixed sites for both the military and civilian cohorts. Ensuring that any positives identified are linked to HIV care and treatment is essential to the success of the Angola military program. The IP should work to achieve 90% linkage of HIV+ individuals identified through PITC and 85% of HIV+ individuals identified through outreach testing to HIV clinical care and treatment. The IP will monitor HIV testing yield; modifying strategies or locations that are not identifying and/or linking significant numbers of HIV positive persons to HIV care and treatment.

The IP will be responsible for:

- Outreach HTS to military bases and facilities
  - Diagnosing 16,975 military PLHIV (and additional 4,500 civilians) with 85% of those diagnosed linked to HIV care and treatment services
  - Index-case testing for family members and dependents of HIV-infected military personnel
  - Index-case testing for HIV-infected spouses and dependents of military personnel
  - Coordination of outreach HTS with military mobile transportation system concurrently with ART community distribution activities.
- Provider-Initiated testing and counseling within military health services for both military personnel and civilians with 90% of positives diagnosed through PITC linked to HIV care and treatment services
- Quality Improvement / Quality Assurance for all military HTS including continuous training and mentoring
- Tracking PLHIV from HTS to clinical care and treatment services
- Training of trainer (ToT) and on-site mentoring for military lab technicians to perform high proficiency testing

Clinical Laboratory Support (HLAB: $171,000)

Clinical laboratories for HIV care and treatment are present in all five Angola military ART facilities. However, the capacity of the laboratories, including equipment, physical infrastructure, and personnel, vary greatly between the five sites. The IP will work with military clinical and laboratory staff in support of all HIV laboratory services.

The IP will be responsible for:

- Procurement of necessary laboratory equipment, aligned with the national and international laboratory standards and guidelines as well as consumable point-of-care test devices such as serum Cryptococcal semi-quantitative lateral flow assays
- Adapting national lab policies and guidelines for use in military facilities and support related training of lab technicians
- Inventory control, forecasting, and procurement of laboratory reagents to ensure that laboratory services are uninterrupted
- Installation of equipment, procurement of service maintenance contracts (when applicable), and training of the laboratory staff on the use of the equipment
- Monitoring laboratory quality and adherence to quality systems guidelines through routine visits to each of the labs to assess achievements, review/evaluate activities, and provide recommendations with the development of improvement plans to resolve any identified problems.
- Linking military laboratory services to other laboratory resources at the district, provincial, and national levels and establish an External Quality Control System.
- Training of trainer (ToT) and on-site mentoring for military lab technicians to perform specialized laboratory procedures, including viral load testing
- Develop quality control protocols to ensure the accuracy and timely collection of samples, transportation and return of viral load test and external quality control of viral load performance through a referral network
- Implement quality control protocols and assessment of the lab by an external laboratory scientist to ensure competency of lab technicians.
- Supporting military labs to participate in national lab quality assurance system with the following benchmarks by the end of year 1:
    - Two military labs participate in national lab quality assurance program
    - A minimum of 10 lab technicians training on QA
    - National lab protocol adapted to allow military care and treatment facilities to order viral load tests and receive results in a timely fashion

HIV Clinical Monitoring Systems (HVSI: $258,020)

Successful tracking of patient level data is critical to the success of the Angola military clinical care and treatment program's ability to monitor progress towards epidemic control. The military is a highly mobile population. Clinical HIV monitoring systems, including patient level data, will be required to ensure that military clinical staff and program managers at national and subnational levels have access to the right information at the right time in any location

the patient may be seen. The IP will work with the military to support the electronic collection of patient (tracking)-level data, the clinical and programmatic use of electronic data, and the reporting of site-level data to DHAPP HQ and the military leadership. The IP should state what system they intend to use for HIV clinical care and treatment; how the data collected within this system will be accessed by the military clinical staff and leadership; and, how the IP will responsibly protect military data from dissemination outside the Angola military and DHAPP.

The IP will be responsible for:

- Staffing support and mentoring of existing military staff for data entry, information technology assistance, data managers, etc. to fill any gaps where the military is unable to provide sufficient staff
- Procurement of necessary hardware and software, aligned with the national and international laboratory standards and guidelines
- Training and on-the-job mentorship of military clinical staff on the use of any clinical monitoring system at site and national/program levels
- Ensuring confidentiality and security of data, in line with MOD, MOH, and national guidelines
- Quality Assurance / Quality Improvement for all data collection, reporting, and use.
- Timely, accurate reporting of all indicators required by the military, DHAPP, and PEPFAR
- Securing all patient-level and site-level data from dissemination outside of the Angola military and DHAPP without prior approval from FAA leadership
- Support for data entry, cleaning, reporting, and use
- Implementation of clinical monitoring system, including maintenance of network infrastructure (if necessary)
- Ensuring that a minimum of three military facilities in Luanda are implementing national patient-level tracking system by the end of year 1.

Other Prevention (HVOP: $290,601)

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**Civilian**
PP_PREV	Number of individuals from priority populations reached with the standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake	20,497	1,079
KP_PREV	Number of key populations (commercial sex workers) reached with individual and/or small group level HIV preventive interventions designed for the target population	0	2340

- In the first year of this effort, the IP will work with the Military and other partners to select a few target or "hotspot" locations/sites in geographically prioritized regions (Luanda, Central, East and South Regions) based on available HIV prevalence data. Sites defined as hotspots include but are not limited to; presence of a military camp with a large number of soldiers, high HIV/STI prevalence, observed high frequency of multiple sex partners, emergence of small towns with venues where soldiers and FSW fraternize, high priority locations for Military, places with poor access to prevention services for new recruits, and sites with a combination of families and FSW. Proposed activities to reduce HIV risk at the selected locations will include STI screening and care, referrals to male circumcision services, provision of HIV risk reduction education, alcohol harm reduction, and condoms. In addition, activities will include mobile HIV testing/counseling and linkage/referral to civilian and military care centers of 100% of positive HIV results.

- Developing a program to increase access and use of a minimum package of HIV prevention services to uniformed services and target group members (FSWs, Civilian employees within the Military, family of the military and other civilian community in and around the military camps) at the identified hotspots in the priority regions, particularly in the South Region.

    - Minimum HIV prevention packages for Uniformed Services include: Health Education, Peer Education, STI prevention, diagnosis and treatment, Strategic Behavioral Communication (SBC) materials, HIV testing services with linkage to prevention of mother-to-child transmission (PMTCT), anti-retroviral therapy (ART), condom and lubricant promotion and distribution (condoms and lubricant will be procured through the USAID procurement mechanism and IP should coordinate with DHAPP program manager), promotion of gender equity and supportive norms and stigma reduction, post-exposure prophylaxis (PEP).
    - Minimum HIV Prevention Packages for Sex Workers include: Life skills, peer education, condom and lubrication promotion and distribution, STI diagnosis and treatment and pre-exposure prophylaxis (PrEP) (in conjunction with USAID program), HIV testing services, outreach programs, sex worker-friendly services, sex worker support groups, referral linkages between services, participation of sex workers in HIV prevention programs.

WORK PLANS

Grantee must submit annual, programmatic and financial, work plans to DHAPP Program Manager and DHAPP HQ (Budget breakdown per activity and for program management is required). Work plans include activities implementation timeline, including the M&E ones.

REPORTING

- Quarterly Fiscal Reports: Grantee must submit quarterly programmatic and financial reports to DHAPP in order to monitor expenditures according to the program area(s) [HVAB; HVOP; etc]. The report template will be provided by DHAPP. Submit 30 calendar days after each reporting period (3/31, 6/30, 9/30, and 12/31).
- Interim Progress: Indicator Report: This report shall summarize progress in relation to the approved Work Plan as well as monitor grant deliverables. The Grantee shall submit quarterly indicator reports in accordance with the format provided by the Program Office within 45 calendar days following the end of the reporting period: 12/31, 3/31, 6/30 and 9/30. The Recipient shall provide reports in accordance with the template provided by NHRC.
- Reports will follow DHAPP Headquarters and Country Team Templates.