AMENDMENT 0007
(updated)

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 0007 is to incorporate the following:

DHAPP is accepting "Concept Papers" for Zambia, Democratic Republic of Congo and Lesotho as described below through 7 March 2018.

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.

Zambia: Cross Cutting In Military Settings

	Phase 1	Phase 2	Phase 3	Total
PDCS	$340,000.00	$340,000.00	$340,000.00	**$1,020,000.00**
HBHC	$400,000.00	$400,000.00	$400,000.00	**$1,200,000.00**
HKID	$600,000.00	$600,000.00	$600,000.00	**$1,800,000.00**
HVCT	$550,000.00	$550,000.00	$550,000.00	**$1,650,000.00**
HVOP	$383,464.00	$383,464.00	$383,464.00	**$1,150,392.00**
HVSI	$200,000.00	$200,000.00	$200,000.00	**$600,000.00**
TOTAL	$2,473,464.00	$2,473,464.00	$2,473,464.00	**$7,420,392.00**

Proposals are requested to support the Zambian Defense Force (ZDF) to reduce the number of new HIV infections and other sexually transmitted diseases among members of the Zambian Defense Force, their families, and the civilian communities served by the Zambian Military. The TBD partner will work directly with the ZDF and other partners to aggressively scale-up the military prevention and HIV testing services program to achieve 90-90-90 goals for HIV epidemic control within the military over the life of this project.

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 Zambian Military leadership as well as ZDF 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 ZDF 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 Zambian Defense Force's HIV prevention and health services, as well as the DHAPP/DoD Program Managers based at the US Embassy in Zambia, , 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 (HBHC, PDCS)

COP17 Targets; October 1, 2017-September 30,2018			
Indicator	**Label**	**Military Only**	**Civilian**
GEND_GBV	# of individuals receiving post-Gender Based Violence (GBV) clinical services minimum package	N/A	N/A
FP_SITE	% of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	100%	100%

The IP will work closely with the ZDF to identify positive individuals, with an emphasis on identifying men, adolescent and young adults under 30 years of age and to link all positive individuals with FHI 360 (the facility partner) to aggressively scale-up ART enrollment and program retention in an effort to achieve 90-90-90 goals for military personnel.

The IP will be responsible for:

- Ongoing clinical support for all Pre-ART and ART patients
  - Patient tracking of all clinic visits though the ART electronic health record system "SmartCare" and coordination with the IP Broadreach to ensure updates and proper functioning of SmartCare.
  - Positive Health, Dignity, and Prevention (PHDP) services including STI screening and treatment, prevention of unintended pregnancies among women living with HIV, Nutritional assessment Counseling Support (NACS) of HIV+ patients, cervical cancer screening, etc.
  - Universal TB screening using standard TB questionnaire at least every 6 months for 100% of HIV-infected individuals in care
  - Close coordination with ZDF and FHI 360 to track down and follow HIV positive individuals into treatment.
  - Support including treatment literacy, active tracing and peer support for HIV+ patients, and other evidence-based interventions for adults, children, and pregnant women
  - Quarterly supportive supervision conducted jointly with the District and the ZDF Health teams at supported sites and monthly performance reviews to identify gaps and institute corrective actions.
- Coordination of HIV clinical care and treatment services
  - Linking ZDF 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 ZDF clinical services and other district/provincial/national level care and treatment programs and/or government entities
  - Referral for hospital admission when clinically indicated
- Improving quality of adolescent and pediatric (OVC) HIV care and support
  - Support establishment of peer support groups as well as coordinating with the facility partner for adolescent clinics or clinic days
  - Increase coverage of adolescent friendly services
  - Provide psychosocial support for disclosure, adherence, retention, and eventual transition to adult services
  - Provide PHDP services
  - Ensure partner notification and index patient testing
  - Support linkages between the care and treatment, and OVC programs
  - Ensure non-suppressed children and adolescents are identified and provided with enhanced adherence counseling and other support as necessary

- GBV
    - Provide target assistance to children and caregivers that have been victims of GBV including identification and notification of GBV cases, linkage to health and psychosocial services, and follow-up through the legal redress process
    - Roll out evidence based child protection interventions targeting GBV prevention at the community level
- Family planning services
    - Provide mentorship, supportive supervision, and QI for FP/HIV integration as a core component of support
    - Ensure staff receive the required USG FP compliance training

HIV/AIDS Testing Services (HVCT)

Technical Area COP17 Targets; October 1, 2017 – September 30, 2018		
Indicator	**Label**	**Target**
HTS_TST	# of individuals who received HTS services for HIV and received their test results	60,440
HTS_TST_POS	# of HIV positive individuals identified through HTS services	5,075

In FY18, particular emphasis is placed on reaching men with HIV testing and treatment services to achieve epidemic control. The ZDF HIV/AIDS program is strategically placed to reach men; therefore the IP will work closely with the ZDF to aggressively scale-up HIV Testing Services (HTS), particularly index testing, in an effort to achieve the 1st 90 for military personnel: 90% of all ZDF PLHIV know their status. 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. Collaborating with FHI 360 and ensuring that any positives identified are linked to HIV care and treatment is essential to the success of the ZFD program. The IP should work to achieve 100% linkage of HIV+ individuals identified. 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
- Conducting and documenting partner notification and index patient testing for all HIV-infected clients
    - Index-case testing for sexual partners of HIV-infected military personnel and civilians
    - Index-case testing for all children under 15 years of age with HIV-infected mothers
- Coordination of outreach HTS with mobile ART clinic activities
- Outreach HTS to military bases and facilities, ensuring at least 90% of those diagnosed are linked to HIV treatment services

- Implementing self-testing for military personnel and high risk individuals
- Quality Improvement / Quality Assurance for all ZDF HTS including continuous training and mentoring and supervision visits, at least quarterly
- Conducting proficiency training for all HTS Sites and individuals
- Tracking PLHIV from HTS to clinical care and treatment services in coordination with FHI 360.
- Monitoring 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
- Collaborating with PSI/SFH (VMMC IP) to link males to VMMC services

Prevention of Mother-to-Child Transmission

Technical Area Targets, Year 1		
Indicator	**Label**	**Target**
PMTCT_STAT	% of pregnant women with known status (includes women who were tested for HIV and received their results)	95%
PMTCT_ART	% of HIV+ pregnant women who received ART to reduce risk for mother-to-child-transmission during pregnancy	95%
PMTCT_EID	% of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth	100%

The IP will support the ZDF to ensure that 1) all pregnant women are aware of their HIV status; and 2) all HIV+ pregnant women are initiated and retained on ART to reduce risk for mother-to-child transmission during pregnancy.

The IP will be responsible for:

- Quality Assurance / Quality Improvement of ZDF PMTCT services
- Routine Early Infant Diagnosis of exposed infants based on existing WHO guidelines to include EID virological testing at 4-6 weeks of age and serologic testing at 9 months of age
- Support PMTCT counseling and ancillary support to include breastfeeding
- Partner HIV testing for pregnant women to identify HIV serodiscordant couples

Orphans and Vulnerable Children Support (HKID)

COP17 Targets; October 1, 2017- September 30, 2018		
Indicator	Label	Target
OVC_SERV	Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV	10,800
OVC_HIVSTAT	Percentage of orphans and vulnerable children (<18	75%

	years old) with HIV status reported to implementing partner (including status not reported)	

In FY18, the IP will serve 10,800 orphans and vulnerable children, strategically targeting children infected or directly affected by HIV (including HIV exposed infants), children of soldiers, and in- and out-of-school adolescent girls at risk of HIV infection. Special focus will be given to children that have been victims of GBV for response support and, in DREAMS districts, GBV prevention strategies will be implemented at the community level. Using the standardized case management model, OVCs will receive and be linked to quality services that will support a transition to graduation from vulnerability.

The IP will be responsible for:

- Implementing a standardized case management model to improve layering of services and linkage to quality interventions that will support and track a transition to graduation from vulnerability.
- Promote testing of OVCs and caregivers with unknown status, and ensure linkage to treatment for all identified as HIV+ using the community facility linkage framework.
- Assess all HIV+ children, HEI, children with HIV+ siblings, and caregivers and enroll those eligible into the OVC program.
- Support disclosure, adherence and viral suppression among children and adolescents living with HIV through family counseling and peer groups;
- Provide early child development interventions for HIV infected and exposed children.
- Foster positive parenting.
- Support household economic strengthening through interventions that include Village Savings and Loans Associations, apprenticeships and household food security initiatives.
- Provide education support to ensure retention, transition and completion targeting highly vulnerable adolescent girls (both HIV infected and affected) at risk of dropping out of school.
- Provide targeted assistance to children and caregivers that have been victims of GBV including identification and notification of GBV cases, linkage to health and psychosocial services, and follow-up through the legal redress process
- Roll out evidence based child protection interventions targeting GBV prevention at community level.

HIV Clinical Monitoring Systems (HVSI)

Successful linkage and tracking of patient level data is critical to the success of the ZDF 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 ZDF 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 ZDF and FHI 360 to support 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 ZDF leadership. All electronic medical record (EMR) work should be coordinated and aligned with PEPFAR, MOH/MOD, clinical staff requirements, and national/international standards where they exist, to include SMART Care in Zambia

The IP will be responsible for:

- Supporting ZDF to conduct quarterly performance, data validation, and data use workshops.
- Staffing support and mentoring of existing ZDF staff for data entry, information technology assistance, data managers, etc.
- Ensuring confidentiality and security of data, in line with MOD, MOH, and national guidelines.
- Conducting Quality Assurance / Quality Improvement for all data collection, reporting, and use.
- Timely, accurate reporting of all indicators required by the ZDF , DHAPP, and PEPFAR.
- Securing all patient-level and site-level data from dissemination outside of ZDF and DHAPP without prior approval from ZDF.
- Support for data entry, cleaning, reporting, and use.

Other Prevention

Technical Area Targets, Year 1		
Indicator	Label	Total
PP_PREV	Number of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period	30,000

The IP will work closely with the ZDF to ensure 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 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 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 MC 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 all hotspot delivery points. Minimum HIV prevention packages for Uniformed Services include, Health Education, Peer Education, STI prevention, diagnosis and treatment, SBC materials, HCT with linkage to prevention of mother-to-child transmission (PMTCT), and anti-retroviral therapy (ART), condom promotion and provision, workplace policy, post-exposure prophylaxis (PEP). Minimum HIV Prevention Packages for Sex Workers include: Life skills, peer education, condom promotion and distribution, STI diagnosis and treatment, HCT, 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.

Democratic Republic of the Congo: Clinical HIV/AIDS services in the DRC Armed Forces

	Phase 1	Phase 2	Phase 3
HTXS	815,919	815,919	815,919
HBHC	291,399	291,399	291,399
PDTX	36,288	36,288	36,288
PDCS	27,960	27,960	27,960
HVTB	60,872	60,872	60,872
HVCT	200,000	200,000	200,000
MTCT	190,530	190,530	190,530
OHSS	113,246	113,246	113,246
HVSI	100,000	100,000	100,000
HLAB	149,500	149,500	149,500
HMIN	10,000	10,000	10,000
TOTAL	1,995,714	1,995,714	1,995,714

Proposals are requested to support the Democratic Republic of the Congo to reduce the number of new HIV infections and other sexually transmitted infections among members of the DRC Armed Forces (FARDC), their families and the civilian communities served by the FARDC health services and to support the continuum of care and treatment for those infected with HIV/AIDS. The TBD partner will work directly with the FARDC to aggressively scale-up the military ART program to achieve the 95-95-95 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 FARDC will focus on the following technical areas:
1) HIV/AIDS care and treatment; 2) HIV testing services (HTS); 3) Clinical laboratory support and 4) HIV clinical monitoring systems and military health system strengthening.

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 FARDC 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 FARDC 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 FARDC HIV/AIDS and health services, as well as the DHAPP/DoD Program Manager based in the US Embassy in Kinshasa, and the DHAPP Headquarters Team. The partner will also work in coordination with the partner providing community services to ensure linkages between community and clinical services. The Grantee is the Implementing Partner and will be referred to as IP in this document.

HIV Treatment, TB and PMTCT Services

Indicator	Description	Target for Phase 1
TX_NEW	Number of adults and children newly enrolled on antiretroviral therapy (ART)	1692
TX_CURR	Number of adults and children currently receiving ART	5680
TX_RET	% of adults and children known to be alive and on treatment 12 months after initiation of ART	85% (1430 military + 509 civilian)
TB_ART	% of TB cases with documented HIV-positive status who start or continue ART during the reporting period	125 targeted to start with 90% of all on ART retained
TB_SCREENDX	% of PLHIV screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	2836 targeted for numerator (81% of all PLHIV)
PMTCT_ART	% of HIV-positive pregnant women who received ART to reduce risk of mother-to-child transmission during pregnancy	98% (230 targeted)
TX_PLVS	% 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	80% (932 military plus 1265 civilian)

The IP will work closely with the FARDC to aggressively scale-up ART coverage in an effort to make progress toward achieving 95-95-95 goals for military personnel. Targets for HIV/AIDS treatment will focus on generating significant progress towards the 2nd and 3rd 95: initiation of 95% of HIV-infected military personnel on ART and 95% viral suppression amongst those military personnel taking ART.

The FARDC currently provides HIV/AIDS care and treatment services at 20 integrated military health facilities. . The IP will work directly with the FARDC to quickly scale-up test and start and put in place innovative and evidence-based models of care to improve retention of those who are initiated on ART.

The IP will be responsible for:

- Active initiation on ART of all newly identified patients as well as existing patients not yet started on ART given the delays in full implementation of test and start
- Ensuring viral load testing of PLHIV taken care of at 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 including STI screening and treatment, prevention of unintended pregnancies among women living with HIV, alcohol screening, adherence and disclosure support, condom provision, risk reduction counseling and partner notification services.
- Cotrimoxazole prophylaxis for HIV-positive patients, fluconazole prophylaxis for those screening positive for cryptococcal antigenemia, etc.
- Universal TB screening using standard TB questionnaire at least every 6 months for 100% of HIV-infected individuals, with initiation on IPT or TB treatment for all PLHIV where needed
- Close coordination with the FARDC to track down and follow enrolled patients that are deployed to ensure they have their meds and continue to receive regular CD4 or viral load as well as other lab work as needed
- Retention support including treatment literacy, active tracing and peer support for HIV-positive patients, and other evidence-based retention interventions for adults, children and pregnant women on ART
- Linking FARDC 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 FARDC clinical services and other district/provincial/national level care and treatment programs and/or other government entities
- Advocating for a plan to transition to TLD adoption within MoH 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

HIV Testing Services

Indicator	Description	Target for Phase 1
HTS_TST	Number of individuals who received HIV Testing Services (HTS) and received their test results	44,827 (19,348 military plus 17,128 civilian)
HTS_TST_POS	Number of individuals who received HIV Testing Services (HTS) and received their test results, disaggregate: positive	1752

The IP will work closely with the FARDC to aggressively scale-up HIV testing services in an effort to achieve the 1st 95 for military personnel: 95% of all FARDC 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 targeted PITC and index testing in high HIV-burden military locations.

Provider-initiated testing and counseling (PITC) should continue in clinical sites for those at risk. Ensuring that positives identified are linked to HIV treatment is essential to the success of the FARDC program. The full implementation of an index patient testing program with partner notification services should also be developed and implemented, both for newly diagnosed patients as well as the existing cohort of patients. The IP should work to drastically improve linkage of HIV-positive individuals identified through any testing modality to HIV 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:

- Implementing index testing with partner notification services at ART sites
- Testing for STI and suspected TB cases.
- Other PITC within military health facilities as needed.
- Implementation of a quality improvement/quality assurance program for HTS services, including proficiency testing.
- Tracking linkage to treatment services of all PLHIV identified through facility testing modalities.

Clinical Laboratory Support

Indicator	Description	Target for Phase 1
HMIN	% of supported facilities having in place accurate injection safety and waste management	100%

Clinical laboratories for HIV care and treatment are present within the DRC Armed Forces health system. However, the capacity of the laboratories including equipment, physical infrastructure and personnel, vary greatly between the sites.

The IP will work with the FARDC to reinforce the quality assurance and capacity building of the military lab network in collaboration with the National AIDS Control program's laboratory and in-country CDC lab advisors.

DoD funded HLAB activities will include:

- Training sessions on lab management for all military laboratory managers
- Provision of personnel protective equipment and waste containers to military laboratories
- Reproduction and dissemination of laboratory biosafety SOPs/manuals and HIV related test SOPs to all military laboratories supported by PEPFAR DoD

- Ensuring the participation of the military lab network to the proficiency testing or other external quality assessments conducted in the country
- Conducting assessments for laboratory infrastructure/equipment and lab technicians' capacity building needs
- Installation, training on use and maintenance of laboratory equipment
- Small scale lab clean up including purchasing materials necessary for a deep cleaning of the lab facilities and minor repairs
- 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
- 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
- Linking FARDC laboratory services to other laboratory resources at the district, provincial and national levels

For HMIN, the IPs activities in this area will include, but not limited to:

- Training of health care workers
- Production/dissemination of biosecurity and waste management guidance and job aids to be posted in PEPAFR supported military health facilities
- On site mentorship and supervisory visits
- Ensuring availability of post exposure prophylaxis drugs or starter packs in all PEPFAR/DoD supported sites

HIV Clinical Monitoring Systems and Military Health System Strengthening

Successful tracking of patient level data is critical to the success of the DRC Armed Forces 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 FARDC clinical staff and program managers at the 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 DRC military to fully implement the electronic collection of patient-level data to DHAPP HQ and the FARDC leadership. All electronic medical record (EMR) work should be coordinated and aligned with MoH/MoD, clinical staff requirements, and national/international standards for 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 FARDC 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 FARDC staff for data entry, information technology assistance, data managers, etc. To fill any gaps where the FARDC is unable to provide sufficient staff
- Procurement of necessary hardware and software, aligned with national and international laboratory standards and guidelines
- Training and on the job mentorship of FARDC clinical staff on the use of any clinical monitoring system at site and national/program levels
- Logistical support for external training for military medical personnel
- 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

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).
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- Reports will follow DHAPP Headquarters and Country Team Templates

Democratic Republic of the Congo: Community HIV/AIDS services in the DRC Armed Forces

	Phase 1	**Phase 2**	**Phase 3**
HVAB	$35,747	$35,747	$35,747
HVOP	$279,193	$279,193	$279,193
HVCT	$90,348	$90,348	$90,348
TOTAL	$405,288	$405,288	$405,288

Proposals are requested to support the Democratic Republic of the Congo to reduce the number of new HIV infections and other sexually transmitted infections among members of the DRC Armed Forces (FARDC), their families and the civilian communities served by the FARDC health services and to support the continuum of care and treatment for those infected with HIV/AIDS. The TBD partner will work directly with the FARDC to aggressively scale-up the military ART program to achieve the 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) community support to the FARDC will focus on the following technical areas: 1) Orphans and vulnerable children; 2) Priority population prevention and 3) HIV testing services.

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 FARDC 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 FARDC 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 FARDC HIV/AIDS and health services, as well as the DHAPP/DoD Program Manager based in the US Embassy in Kinshasa, and the DHAPP Headquarters Team. The partner will also work in coordination with the partner providing clinical services to ensure linkages between community and clinical services. The Grantee is the Implementing Partner and will be referred to as IP in this document.

Orphans and Vulnerable Children

Indicator	Description	Target for Phase 1
OVC_SERV	Number of beneficiaries served by the PEPFAR OVC programs for children and families affected by HIV/AIDS	2223

The IP will work with the military and other partners/organizations to provide a high quality package of OVC services including:

- Improved identification of HIV-affected children using index PLHIV accessing clinical or community services
- HES: Appropriate HES activities based on vulnerability and PLHIV support groups experience: consumption support, money management, loans and savings groups
- School access and retention for middle-childhood and adolescents via block grants (focus on adolescent girls, sexual/reproductive health and HIV prevention for adolescent OVCs), including youth focused abstinence promotion where appropriate
- Parenting skills building for early childhood development (ECD) and HIV education
- Support for referrals and coordination between local clinical and community service providers
- Capacity building of military social instances and community-based OVC organizations
- Promote gender equity and supportive norms and stigma reduction

The IP will use internationally agreed upon and standard case management tools to design and evaluate the package of services provided to HIV-affected children from the military settings.

Prevention (HVOP)

Indicator	Description	Target for Phase 1
PP_PREV	Number of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period	50,956

The IP will work with the DRC military and other priority populations as appropriate to select a few targeted 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, 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 the minimum components:

- 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.
- Begin discussions about rolling out Pre-exposure prophylaxis PrEP for possible inclusion in future phase years.

PP_PREV activities that include HIV testing should link 100% of those identified as HIV-positive to ART centers.

HIV Testing Services

Indicator	Description	Target for Phase 1
HTS_TST	Number of individuals who received HIV Testing Services (HTS) and received their test results	25,000
HTS_TST_POS	Number of individuals who received HIV Testing Services (HTS) and received their test results, disaggregate: positive	1,158

The IP will work closely with the FARDC to aggressively scale-up HIV testing services in an effort to achieve the 1st 95 for military personnel: 95% of all FARDC 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 and index 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. Ensuring that positives identified are linked to HIV treatment is essential to the success of the FARDC program. The IP should work to drastically improve linkage of HIV-positive individuals identified through any testing modality to HIV 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:

- Implementing index testing with partner notification services at mobile ART sites.
- Implementation of outreach testing to high prevalence geographic areas.
- Implementation of a quality improvement/quality assurance program for HTS services, including proficiency testing.
- Tracking linkage to treatment services of all PLHIV identified through facility testing modalities.

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.

Lesotho: Comprehensive HIV/AIDS activities in the Lesotho Defense Force

	Phase 1	Phase 2	Phase 3	Phase 4
HTXS	$ 240,000	$ 240,000	$ 240,000	$ 240,000
HVCT	$ 25,000	$ 25,000	$ 25,000	$ 25,000
HBHC	$ 18,000	$ 18,000	$ 18,000	$ 18,000
HVTB	$ 20,000	$ 20,000	$ 20,000	$ 20,000
CIRC	$ 109,000	$ 109,000	$ 109,000	$ 109,000
HLAB	$ 45,000	$ 45, 000	$ 45, 000	$ 45, 000
HVSI	$ 35,000	$ 35,000	$ 35,000	$ 35,000
TOTAL	$ 492,000	$ 492,000	$ 492,000	$ 492,000

Proposals are requested to support Lesotho in reducing number of new HIV infections and other sexually transmitted diseases among members of the Lesotho Defense Force, their families, and the civilian communities served by the Lesotho Defense Force. The TBD partner will work directly with the Lesotho Defense Force 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 48 month project. Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the Lesotho Defense Force will focus on the following technical areas: 1) HIV/AIDS Care and Treatment; 2) HIV Testing Services (HTS); 3) Tuberculosis Diagnostics and Treatment amongst HIV co-infected individuals; 4) Voluntary Medical Male Circumcision 4) Clinical Laboratory Support; and, *5) HIV Clinical Monitoring Systems.*

The TBD partner's program should emphasize capacity building and sustainability across all activities and technical areas. All proposals should detail how the partner will engage Lesotho Defense Force leadership, as well as Lesotho Defense Force 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 Lesotho Defense Force 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 Lesotho Defense Force's HIV prevention and health services, as well as the DHAPP/DoD Program Manager based at the US Embassy in Lesotho, the DOD adult treatment program manager based at the Military Health Department, 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

Phase 1	Label	Military	Civilian
TX_NEW	Number of adults and children newly enrolled on antiretroviral therapy (ART)	129	201
TX_CURR	Number of adults and children currently receiving ART	446	1340
TX_RET	% of adults and children known to be alive and on treatment 12 months after initiation of ART	90%	90%
TB_ART	The number of HIV-positive new and relapsed TB cases on ART during TB treatment	22	86
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%	90%

The IP will work closely with the Lesotho Defense Force 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 Lesotho Defense Force currently provides HIV/AIDS care and treatment services from the Makoanyane Barracks in Maseru. The IP will work directly with the Lesotho Defense Force at the fixed site to continue implementing Test and Start policy, as well as other pertinent services.

The IP will be responsible for:

- Enrollment into HIV clinical care and treatment;
- Aggressive enrollment of HIV-infected military personnel into clinical care and treatment at the Makoanyane Barracks
- Passive enrollment of HIV-infected civilians and dependents into clinical care and treatment at the military site
- 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.
- Cotrimoxazole prophylaxis for HIV positive patients, fluconazole prophylaxis for asymptomatic cryptococcal antigenemia with CD4<100 cells/uL, Isonizaid 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 Lesotho Defense Force 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
- Coordination of HIV clinical care and treatment services
- Linking Lesotho Defense Force 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 Lesotho Defense Force clinical services and other district/provincial/national level care and treatment programs and/or government entities
- 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
- Support and participate in viral load testing through the mobile treatment units 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

Technical Area Targets, Year 1			
Indicator	**Label**	**Military**	**Civilian**
HTS_TST	# of individuals who received HTS services for HIV and received their test results	725	1858
HTS_TST_POS	# of HIV positive individuals identified through HTS services	197	565

The IP will work closely with the LDF to aggressively scale-up HIV Testing Services (HTS), particularly index testing, in an effort to achieve the 1st 90 for military personnel: 90% of all LDF PLHIV know their status. Ensuring that any positives identified are linked to HIV care and treatment is essential to the success of the Lesotho Defense Force program. The IP should work to achieve 90% linkage of HIV+ individuals identified through PITC and 90% 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 camps.
- Client-initiated HTS
- Conducting and documenting partner notification and index patient testing for all HIV-infected clients
    - Index-case testing for sexual partners of HIV-infected military personnel and civilians
    - Index-case testing for all children under 15 years of age with HIV-infected mothers
- Implementing self-testing for military personnel and high risk individuals
- 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 LDF HIV testing facilities including continuous training and mentoring, as well as supervisory visits at least quarterly
- Tracking PLHIV from HTS to clinical care and treatment services.
- HTS included in TB screenings and Voluntary Male Medical Circumcision procedures.

Voluntary Male Medical Circumcision for HIV Prevention

Indicator	Label	Military	Civilian
VMMC_CIRC	The number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period	114	386

The IP will ensure that the LDF is following all national guidelines for conducting VMMC. VMMC will be offered through surgical. 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 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 Lesotho 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 LDF in an efficient manner, the IP will support the LDF to routinize the offer of VMMC to LDF 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.

Clinical Laboratory Support

A clinical laboratory for HIV care and treatment is present in the Lesotho Defense Force ART facility; however, the capacity of the laboratory, including equipment, physical infrastructure, and personnel, requires oversight and support. The IP will work with Lesotho Defense Force 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
- Ensuring the availability of essential HIV clinical and laboratory commodities through support for forecasting, responsible use, stock management, and procurement of laboratory reagents as needed 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.
- Supporting training for the GBAF laboratory staff including regular proficiency testing.
- Establish relationship linkages between Lesotho Defense Force laboratory services to Ministry of Health laboratory resources at the district, provincial, and national levels.
- Support the CDC and MOH in implementing the SLMTA/SLIPTA program at military sites to assure quality diagnosis

HIV Clinical Monitoring Systems

Successful tracking of patient level data is critical to the success of the Lesotho 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 Lesotho Defense Force 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 Lesotho Defense Force to support 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 Lesotho Defense Force leadership. All 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 Lesotho Defense Force clinical staff and leadership; and, how the IP will responsibly protect military data from dissemination outside of Lesotho Defense Force and DHAPP.

The IP will be responsible for:

- Staffing support and mentoring of existing Lesotho Defense Force staff for data entry, information technology assistance, data managers, etc. to fill any gaps where the Lesotho Defense Force 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 Lesotho Defense Force 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.
- Supporting the development and implementation of a unique identifier system for patients seen at the main military site at Makoanyane Barracks and surrounding community clinics.
- Work with ICAP if/when necessary to adopt and roll out the Open MRS system at military facilities; train military personnel and data clerks to use the system, and be able to troubleshoot issues at military sites.
- Quality Assurance / Quality Improvement for all data collection, reporting, and use.
- Timely, accurate reporting of all indicators required by the Lesotho Defense Force, DHAPP, and PEPFAR.
- Securing all patient-level and site-level data from dissemination outside of Lesotho Defense Force and DHAPP without prior approval from Lesotho Defense Force
- Support for data entry, cleaning, reporting, and use.
- Implementation of clinical monitoring system, including maintenance of network infrastructure (if necessary).

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Qs&As:

Lesotho

Q. For Lesotho, funds have been set aside for HVTB ($20,000 per phase) and Tuberculosis Diagnostics and Treatment amongst HIV co-infected individuals is listed as a technical area. However, there is no description in the body of the scope of work. Please confirm that HVTB should be included as a technical area in the concept note and if available, please provide any other information

A. Please refer to the language under HIV/AIDS Care and Treatment, the TB targets and activities are listed there.

Democratic Republic of Congo

Q. Can DoD please confirm if the Timeline for Completion section of the concept paper is included in the 8 page limit under Section II: Proposed Activities?

A. Yes the timeline for completion is included in this page limit

Q. Can DoD please confirm that the length of each phase is equivalent to 12 months specifically for the DRC Clinical HIV/AIDS services project?

A. Each phase is 12 months

Q. Can DoD please provide an anticipated start date for the project for budgeting accuracy?

A. Anticipated start date is 1OCT18

Q. Confirm whether DOD expects applicants to submit one concept paper to cover the two components for DRC (Clinical and Community) or multiple concept paper applications per grouping.

A. These are two separate proposals and will need to be submitted separately, but are not opposed to funding the same partner.

Zambia

Q. Could DOD share the anticipated targets for the number of military and civilians to receive GBV clinical services minimum packages in Zambia? On page 2 of the amendment there are no targets listed for the “Military Only” and “Civilian” columns.

A. this indicator doesn’t have targets.

Q. Prevention of Mother-to-Child Transmission is included in the technical area targets for the Zambia submission on page 5, but not included in the budget breakdown on page 2. Could DOD confirm whether the budget breakdown needs to be revised.

A. PMTCT budget falls under the PDCS budget

Q. Could DOD share the anticipated start date of the project for budgeting purposes? Will it be October 1, 2018?

A. We anticipate the new award will start around 1OCT18

Q. Does DoD require for submission with the full proposal actual copies of receipts, invoices, quotes, etc., or valid references to such?
A. Those documents would be required if the partner is conditional notified of award.

Q. Could the DOD please clarify which districts in Zambia will the implementing partner (IP) be expected to work in for the scope of this project?
A. The IP will be expected to work in approximately 21-23 districts that are located throughout the country. Exact locations will be provided to the IP who is chosen.

Q. Could the DOD please clarify the following: in which military facilities and catchment areas (within the DOD selected districts in Zambia) will the IP be working?
A. Information regarding the specific military facilities will be released to IPs who receive a full proposal request.

Q. Could the DOD please clarify whether the IP is expected to deliver PMTCT services in facilities or if the IP is to support the facility-based partner in their service delivery activities in Zambia?
A. The IP is expected to work in collaboration with the facility partner to ensure that all pregnant women are linked to PMTCT services and that if tested positive in the community, all partners and children receive partner notification services and are offered testing.