AMENDMENT 0005

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 0005 is to incorporate the following:

DHAPP is accepting "Concept Papers" for Uganda as described below through 27 November 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.

Uganda: Cross Cutting in Military Settings

	Phase 1	Phase 2	Phase 3
HTXS	$792,368	$685,310	$685,310
HBHC	$378,718	$330,593	$330,593
PDTX	$31,676	$21,875	$21,875
PDCS	$36,534	$25,229	$25,229
HVTB	$117,070	$80,846	$80,846
HVCT	$290,238	$234,962	$234,962
MTCT	$45,109	$31,152	$31,152
HKID	$382,865	$264,399	$264,399
CIRC	$610,280	$421,447	$421,447
HLAB	$45,559	$31,462	$31,462
HVSI	$83,500	$58,808	$58,808
TOTAL	**$2,813,917**	**$2,186,083**	**$2,186,083**

Narrative

Proposals are requested to support the *Uganda People's Defence Force* (UPDF) to prevent and control new HIV infections and other sexually transmitted diseases among members of the UPDF, their families, and the civilian communities served by the UPDF. The TBD partner will work directly with the UPDF 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.

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 UPDF leadership as well as UPDF 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 UPDF 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 UPDF's HIV prevention and health services, as well as the DHAPP/DoD Program Management staff based at the US Embassy in Uganda, 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, HBHC, PDTX, PDCS)

COP17 Targets; October 1, 2017- September 30, 2018		
Indicator	**Label**	**Target**
TX_NEW	# of adults and children newly enrolled on ART	6,732
TX_CURR	# of adults and children currently receiving ART	23,609
TX_RET	% of adults and children known to be alive and on treatment 12 months after initiation of ART	90%
TX_PVLS	% of ART patients with a viral load result documented in the medical record and/or laboratory information systems (LIS) within the past 12 months with a suppressed viral load (<1000 copies/ml)	19,123
GEND_GBV	# of individuals receiving post-Gender Based Violence (GBV) clinical services minimum package.	139
FP_SITE	% of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	100%

The IP will support the UPDF to achieve a target 6,732 new ART enrollments in FY18 at 23 military sites. The IP will aggressively target military PLHIV for ART enrollment and program retention in order to reach the 90-90-90 goals within the UPDF. In high HIV burden districts, the IP will also prioritize civilian treatment scale up, working with the MOH to implement Test and Start with an emphasis on the enrollment of men, adolescents, and young adults under 30 years of age.

The IP will be responsible for:

- Ongoing clinical support for all Pre-ART and ART patients
    - Clinical monitoring of all HIV+ positive patients including viral load 6 months after initiation and then every 12 months, hemoglobin, creatinine, tuberculosis screening, STI screening, and 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 women living with HIV, Nutritional assessment Counseling Support (NACS) of HIV+ patients

    - Partner Notification and index patient testing
    - 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 UPDF to tailor differentiated service delivery models to the military context, track down and follow enrolled patients that are deployed, to ensure they have their ARVs and continue to receive viral load and other required laboratory tests
    - 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
    - Quarterly supportive supervision conducted jointly with the District and UPDF Health teams at supported sites and monthly performance reviews to identify gaps and institute corrective actions.
- Improving quality of adolescent and pediatric HIV care and treatment services
    - Increase coverage of adolescent friendly services
    - Support establishment of peer support groups as well as adolescent clinics or clinic days
    - Provide psychosocial support for disclosure, adherence, retention, and eventual transition to adult services
    - PHDP services
    - 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 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;
- Family planning services
    - Provide mentorship, supportive supervision, and QI for FP/HIV integration as a core component of site-level support
    - Ensure staff receive the required USG FP compliance training

HIV/AIDS Testing Services (HVCT)

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	127,059
HTS_TST_POS	# of HIV positive individuals identified through HTS services	7,229

In FY18, PEPFAR Uganda is placing particular emphasis on reaching men with HIV testing and treatment services to achieve epidemic control. PEPFAR data from January 2017 showed that only 61% of male PLHIV had been diagnosed and only 54% were on ART, compared to 79% of women being diagnosed with 82% on ART. The UPDF HIV/AIDS program is strategically placed to reach men; therefore the IP will work closely with the UPDF to aggressively scale-up HIV Testing Services (HTS) in an effort to achieve the 1st 90 for military personnel.

The IP will be responsible for:

- Testing at key service delivery points including ANC, in-patient wards, TB clinics, STI clinics, malnutrition, and OPD, ensuring at least 90% linkage to ART for those diagnosed in a health facility
- Deploying the HIV eligibility screening tool at all OPD sites to increase testing yield and reduce commodity wastage
- Conducting and documenting partner notification and index patient testing for all HIV-infected clients
    - Index-case testing for family members, dependents, and all sex partners of HIV-infected military personnel and civilians
    - Index-case testing for HIV-infected spouse, dependents, and all sex partners of military personnel and civilians
- Outreach HTS to military bases and facilities, ensuring at least 85% of those diagnosed are linked to HIV treatment services
- Support linkage facilitators and service providers to track, analyze, document and report individuals identified and linked into care on a monthly basis
- Quality Improvement / Quality Assurance for all UPDF HTS with at least quarterly mentorship and supervision visits
- Support proficiency testing program for UPDF HTS sites
- 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.

Tuberculosis Diagnostics and Treatment (HVTB)

COP17 Targets; October 1, 2017- September 30, 2018		
Indicator	**Label**	**Target**
TB_STAT	% of registered new and relapsed TB cases with documented HIV status	95%
TB_SCREEN	% of PLHIV in HIV clinical care who were screened for TB symptoms at the last clinical visit	100%
TB_ART	% of registered new and relapse TB cases with documented HIV+ status who are on ART during TB treatment	90%
TB_IPT	% of PLHIV newly enrolled in HIV clinical care who start IPT	100%

The IP will work closely with the UPDF in all 23 current ART sites to ensure that all patients with presumptive TB or TB disease receive HIV testing and are provided immediate access to ART, with the goal of providing universal ART coverage among HIV-infected TB patients and universal TB screening for all HIV-infected individuals.

The IP will be responsible for:

- 100% HIV testing of all patients with presumptive TB or TB disease with linkage to ART for TB/HIV co-infected patients
- Support integration of TB/HIV care and treatment to ensure linkage and retention; ensure appropriate TB treatment if separate TB clinical services are not locally available
- Expand TB treatment capability to all UPDF ART sites
- Implement universal TB screening among PLHIV
- Support the provision of isoniazid preventive therapy (IPT) for 100% of PLHIV in care who do not have active TB disease
- Support referral of household TB contacts for screening
- Support sputum collection and transportation to hubs
- Strengthen coordination between the TB clinics and laboratories in order to improve documentation and accuracy of reports
- Support the use, maintenance, and commodities required for GeneXpert MTB/RIF assays at sites where available with appropriate specimen referral for mycobacterial sensitivity testing for suspected multi-drug resistant cases
- Quarterly supportive supervision visits conducted jointly with District Health Teams and UPDF Health Teams.

Prevention of Mother-to-Child Transmission (MTCT)

COP17 Targets; October 1, 2017- September 30, 2018		
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 UPDF clinical facilities 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:

- Supporting the UPDF to ensure adequate supplies of ARVs exist at ANC/MCH sites
- Providing mentorship to PMTCT service providers
- Working with peer mothers and family support groups to support facility-community referral linkages/mechanisms
- Improving adherence and retention in care
- In coordination with UPDF, conducting weekly data reviews and strengthening maternal cohort monitoring to further enhance maternal ART retention
- Conducting quarterly data validation and annual DQAs in collaboration with UPDF to improve and address data quality issues
- Creating linkages with OVC programming to ensure that vulnerable mother-infant pairs are provided with additional support services including early childhood development
- Where appropriate, create linkages with the DOD DREAMS partner to ensure that HIV-negative pregnant and breastfeeding AGYW and their infants are linked to HIV prevention services and follow up through DREAMS programming
- Increasing male partner involvement in PMTCT by at least 50% from current involvement
- Male partner notification and index contact tracing
- Testing all children <15 years old of positive mothers ensuring documentation
- Ensuring that Viral Load implementation is rolled out to all PMTCT sites, working towards full integration of sample collection, results provision, enhanced adherence counseling, and decision-making for switching to second-line regimens, to be achieved through using VL stickers to identify eligible clients, CQI interventions, and rollout of a VL non-suppressed register that will longitudinally track management of non-suppressed HIV positive pregnant and breastfeeding women

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	3,960
OVC_HIVSTAT	Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner (including status not reported)	75% (2,976)

In FY18, the IP will serve 3,960 orphans and vulnerable children in 15 districts, 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

Voluntary Medical Male Circumcision (CIRC)

COP17 Targets; October 1, 2017- September 30, 2018		
Indicator	**Label**	**Target**
VMMC_CIRC	The number of males circumcised as part of the voluntary medical male circumcision (VMMC) program for HIV prevention	17,723

The IP will provide significant technical and operational support for the UPDF VMMC program to achieve 17,723 VMMCs in FY18. Specifically, the IP will: assist in providing continuous, rotating mobile VMMC services at UPDF barracks and other sites identified by UPDF leadership; facilitate monitoring of fixed VMMC sites staffed by UPDF personnel; train UPDF clinical staff in VMMC service provision; and, support required data collection for all VMMC activities. UPDF personnel will be the primary target for all VMMC service provision under this project. Military VMMC services will focus on achieving 80% circumcision coverage for men aged 18-29. The partner will also work with the UPDF to establish VMMC services for new recruits as the military nears 80% coverage. Civilian VMMC services will primarily target high risk men aged 15-29 years of age. UPDF staff will be trained and used, where feasible, in all components of VMMC service delivery. In addition, the IP will support demand creation including the printing of materials, mass media efforts, peer educators, and other supportive communications activities to increase the uptake of UPDF VMMC continuous services. The IP will comply with the Ministry of Health tetanus policy and follow all PEPFAR adverse event reporting protocol 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, which includes notifying the PEPFAR Funding Agency POC and the Uganda PEPFAR Coordinator within 24 hours of the AE occurring.

Clinical Laboratory Support (HLAB)

COP17 Targets; October 1, 2017- September 30, 2018		
Indicator	**Label**	**Target**
LAB_PTCQI	Number of laboratories and blood centers/banks: A. Engaged in Continuous Quality Improvement (CQI) activities B. Audited and achieved accreditation C. Performing an HIV-related test and participating in and passing Proficiency Testing (PT)	20

The IP will provide technical assistance to 20 UPDF laboratories in Continuous Quality Improvement activities in FY18.

The IP will be responsible for:

- Supporting 8 laboratories to participate in the SLMTA program
- Supporting 8 laboratories to achieve accreditation
- Provide a service delivery package consisting of the following:
    - training & mentorship in bio-safety, laboratory quality management systems, capacity building to implement laboratory information management systems; sample transportation, management & result transmissions for improved turnaround time and sample integrity, and a laboratory logistics strengthening program
- Support the UPDF to perform facility Proficiency Testing (PT) panel distribution on a quarterly basis at 20 facilities and 20 POC sites in 19 districts
    - Ensuring 100% response rate for HIV rapid testing and a 100% pass rate
    - Facilitate lab focal persons and other quality assurance personnel to follow up with facilities that have failed and to implement corrective actions
    - Work with the UPDF to ensure certification of HIV testing sites and individual testers following the national guidelines
- Support quality improvement of TB testing and diagnostics
    - Work with district TB supervisors and laboratory focal persons to collect and examine TB slides (blinded slide re-checking) from routine testing laboratories in the UPDF facilities
    - Ensure 100% follow up of the 20 facilities that conduct TB AFB smears and ensure a minimum of an 80% pass rate per quarter with timely reporting of results
    - Provide capacity building to staff in use of Gene Xpert, ensuring 100% response rate to all panels that are sent with timely reporting of PT results and follow up on failures through management review meetings, root cause analysis and lab auditing

HIV Clinical Monitoring Systems (HVSI)

COP17 Targets; October 1, 2017- September 30, 2018		
Indicator	**Label**	**Target**
EMR_SITE	Number of PEPFAR-supported facility-based service delivery points supported by your organization that have an electronic medical record system	17

Successful tracking of patient level data is critical to the success of the UPDF 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 UPDF 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 UPDF 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 UPDF leadership.

The IP will be responsible for:

- Supporting UPDF HIV directorate to conduct quarterly performance, data validation, and data use workshops;
- Conducting DQAs & strengthening CQI processes at the facilities
- Supporting facilities to employ unique identifiers to accurately identify and report the number of clients across the clinical cascade
- Supporting facilities to submit monthly and quarterly reports to DHIS2
- Supporting facilities to maintain and improve the use of the UPDF Electronic Medical Records (EMR) system
    - Ensure consistent power and internet connection is in place at all EMR sites
    - Provide necessary training to UPDF at EMR sites to ensure it is used faithfully and accurately to capture program data
    - Assist UPDF with transportation needs when required to make system upgrades and transport data for reporting
    - Ensure the system is completely compatible with the national program to transfer reports and streamline workload
    - Ensure the system is sustainable and cost effective for the successful transfer of system to the military that does not require ongoing costs for updates

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.