AMENDMENT 0001

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 0001 is to incorporate the following:

NHRC/DHAPP is accepting "Concept Papers" for Democratic Republic of the Congo and Ghana as described below through 02 March 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.

Democratic Republic of the Congo: Comprehensive HIV/AIDS activities in the DRC Armed Forces

	Phase 1	Phase 2	Phase 3
HTXS	$ 763,742	$ 763,742	$ 763,742
HBHC	$ 46,927	$ 46,927	$ 46,927
PDTX	$ 146,312	$ 146,312	$ 146,312
PDCS	$ 7,500	$ 7,500	$ 7,500
HVTB	$ 150,000	$ 150,000	$ 150,000
HKID	$ 335,356	$ 335,356	$ 335,356
HVCT	$ 308,340	$ 308,340	$ 308,340
HVOP	$ 365,968	$ 365,968	$ 365,968
MTCT	$ 249,901	$ 249,901	$ 249,901
OHSS	$ 150,000	$ 150,000	$ 150,000
HVSI	$ 100,000	$ 100,000	$ 100,000
HLAB	$ 70,000	$ 70,000	$ 70,000
HMIN	$ 100,000	$ 100,000	$ 100,000
TOTAL	**$2,794,046**	**$2,794,046**	**$2,794,046**

Proposals are requested to support the Democratic Republic of the Congo to reduce the number of new HIV infections and other sexually transmitted diseases among members of the DRC Armed Forces (FARDC), their families, and the civilian communities served by the FARDC health services. The TBD partner will work directly with the FARDC 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 FARDC will focus on the following technical areas: 1) HIV/AIDS Care and Treatment; 2) HIV Testing Services (HTS); 3) Clinical Laboratory Support;4) HIV Clinical Monitoring Systems and military health system strengthening; 5) HIV prevention interventions; and 6) Orphans and Vulnerable Children 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 at the US Embassy in Kinshasa, 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: $763,742 + HBHC: $46,927 + PDCS: $7,500 + PDTX: $146,312 + HVTB: $150,000 + MTCT $249,901)

Phase 1	Label	Phase 1 Target
TX_NEW	Number of adults and children newly enrolled on antiretroviral therapy (ART)	1,428
TX_CURR	Number of adults and children currently receiving ART	4,840
TX_RET	% of adults and children known to be alive and on treatment 12 months after initiation of ART	81%
TB_ART	%of TB cases with documented HIV-positive status who start or continue ART during the reporting period.	100%
TB_SCREENDX	% of PLHIV screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period.	100%
PMTCT_ART	% of HIV-positive pregnant women who received ART to reduce risk of mother-to-child-transmission during pregnancy	100%
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	75%

The IP will work closely with the FARDC 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 FARDC currently provides HIV/AIDS care and treatment services at 16 integrated military health facilities. 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 FARDC to roll out quickly 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 new identified patients
- Ensuring viral load testing for 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, 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 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 on treatment
- 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 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
- 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 government entities: regularly scheduled leadership and clinician meetings, case conferences, logistics coordination, laboratory collaboration
- 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/AIDS Testing Services (HVCT $308,340)

Indicator	Label	Phase 1 Target
HTC_TST	# of individuals who received HTS services for HIV and received their test results	51,053

The IP will work closely with the FARDC to aggressively scale-up HIV Testing Services in an effort to achieve the 1st 90 for military personnel: 90% of all FARDC PLHIV know their status. Commonly, military PLHIV only access treatment atthe 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 FARDC program. The IP should work to drastically improve linkage of HIV+ individuals identified through PITC and 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
  - 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 ART clinic activities
- 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
- Quality Improvement / Quality Assurance for all FARDC HIV testing facilities including continuous training and mentoring
- Tracking PLHIV from HTS to clinical care and treatment services

Clinical Laboratory Support (HLAB $70,000)

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 renovation and clean up and 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.

HIV Clinical Monitoring Systems and Military Health System strengthening (HVSI: $100,000 + OHSS: $150,000)

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 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, the clinical and programmatic use of electronic data, and the reporting of site-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 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 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 the 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
- 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 FARDC and DHAPP
- Securing all patient-level and site-level data from dissemination outside of DRC military and DHAPP without prior approval from FARDC
- 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 FARDC HIV/AIDS coordination meetings with partners implementing activities in the military
- Support mentorship and supervisory visits at DOD funded project's 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.

Prevention (HVOP: $365,968, HMIN: $100,000)

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	46,325
HMIN	% of supported facilities having in place accurate injection safety and waste management practices (SIMS visit)	100%

- **HVOP**: The IP will work with the DRC 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 include1) STI screening and care;2) provision of peer to peer and limited mass media HIV risk reduction education; 3) alcohol harm reduction; 4) condoms promotion and distribution. In addition, activities will include mobile HIV testing/counseling and linkage/referral of 100% of PLHIV identified to military treatment centers.

- **HMIN**: To prevent the transmission of HIV and other blood-borne diseases, the IP will work with the military and other partners to ensure that 100% of clinical sites supported by the project implement accurate injection safety and waste management practices. The IP's activities in this area will include, but not limited to:

  1) Training of HCWs;

  2) Provision of sufficient, appropriate and quality single-use injection and phlebotomy supplies as well as waste management means (incinerators, dash bins, plastic bags…)

  3) Production/Dissemination of biosecurity and waste management guidance and job aids to be posted in PEPFAR supported military health facilities.

  4) On site mentorship and supervisory visits.

  5) Establishment of one injection safety and waste management focal person in all PEPFAR/DOD supported military facilities. This focal person will be in charge of enforcing the implementation of universal precautions and waste management norms in the facility and will ensure the maintenance of the incinerator.

  6) Ensuring availability of post exposure prophylaxis drugs or starter packs in all PEPFAR/DOD supported sites

Orphans and Vulnerable Children (HKID: $335,356)

Indicator	Label	Military Only Phase 1 Target
OVC_SERV	Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	2,891

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
- Parenting skills building for Early Childhood Development (ECD and HIV education).
- Support for referrals and coordination between local clinical and community services providers
- Capacity building of military social instances and community-based OVC organizations (I.e. AVOM- Military Widows and Orphans association)

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

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

Ghana: Ghana Armed Forces (GAF)

	Phase 1	Phase 2	Phase 3	Phase 4
HBHC	$100,000	$100,000	$100,000	$100,000
HVOP	$188,111	$185,000	$150,000	$100,000
OHSS	$100,000	$100,000	$100,000	$100,000
TOTAL	**$388,111**	**$350,000**	**$325,000**	**$300,000**

Proposals are requested to support the Ghana Armed Forces (GAF) to:

1) Improve the quality of HIV care and treatment services provided at 37 Military Hospital;
2) Work with GAF leadership to address HIV-related stigma within the military community and reduce discrimination against people living with HIV (PLHIV) within the military
3) Provide training and technical assistance to GAF healthcare staff to ensure gender considerations are integrated into HIV programming

Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the GAF will focus on three PEPFAR technical areas: 1) **HBHC**- Adult Care and Support; 2) **HVOP**- HIV "Other Prevention;" and 3) **OHSS**- Health Systems Strengthening. All activities are to be implemented by the GAF HIV Program, under the direction of GAF Medical Department, General Headquarters at Burma Camp in Accra, and in coordination with the DHAPP/DoD Program Manager based at the US Embassy in Ghana, and the DHAPP Headquarters Team. Activities are to target the priority population of military personnel, though there will also be anticipated benefit for military dependents and the civilian communities served by the military medical system.

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 TBD partner's program should have a significant emphasis on capacity building across all activities and technical areas. All proposals should detail how the partner will engage the GAF leadership as well as GAF 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 GAF to conduct these activities. The Grantee is the Implementing Partner and will be referred to as IP in this document.

Adult Care and Support (HBHC)

The Ghana Armed Forces (GAF) HIV Program provides comprehensive HIV services at 37 Military Hospital in Accra for GAF personnel, dependents, and civilians. 37 Military Hospital is also one of the largest public hospitals in the capital, making it an important site for ensuring the delivery of high quality HIV care. While DHAPP does not provide direct support to the GAF for HIV treatment, PEPFAR has prioritized technical assistance in the area of HIV care and support to build out the GAF's Positive Health, Dignity and Prevention (PHDP) program, post violence care services, and ultimately ensure that high quality HIV care is institutionalized within the military program.

Positive Health Dignity and Prevention (PHDP)

The IP will provide technical support to the GAF to provide a holistic package of prevention services to all PLHIV; and to develop and support linkages across services (e.g., prevention, care, treatment, PMTCT) and between facility and community settings.

These services should include delivery of, or referral for:

- provision of condoms and risk reduction counseling;
- support for HIV disclosure to sex partners and family members;
- referral for partner HIV testing; referral for STI treatment and partner treatment;
- assessment of family planning needs and referral for family planning services;
- alcohol reduction counseling;
- and ongoing adherence support and counseling

The IP will identify a core team of 3-5 HIV clinicians and counselors to be trained as master PHDP trainers and oversee the program's implementation. The IP should also support the GAF to expand the roles of their HIV counselors to specifically address issues of patient adherence and retention in care and treatment. These counselors can be maximized to provide individualized counseling to patients and serve as important links to the community, making appointment reminder phone calls, following up with patients that have missed appointments, and making home visits as necessary, especially for patients newly initiating antiretroviral therapy. In follow on years, the IP will provide at least annual refresher training to the core team. The IP will be responsible for training logistics, printing of training materials, and development of a PHDP monitoring and evaluation system.

Post Violence Clinical Care Services

The IP will also support the GAF to establish standard post violence clinical care services for survivors of intimate partner violence (IPV) and sexual violence (SV). The IP will be responsible for:

- Organizing the early engagement of key stakeholders such as hospital staff and management, government and ministry stakeholders, police, community leaders, and advocacy groups as appropriate to ensure buy in and ownership of the program
- Conducting a facility assessment to determine the hospital's capacity to provide post violence care services
- Holding focus group discussions with health care providers to gain insight into their knowledge and attitudes toward survivors of IPV and SV and the difficulties they encounter in providing comprehensive care services (note: doctors and nurses should be interviewed in separate groups) and community members
- Identifying legal requirements for forensic evidence collection and documentation
- Ensuring facility level guidelines are in place, minimizing multiple referral points
- Ensuring examination points are stocked with supplies, equipment and guidelines
- Identifying the health care providers to be trained within the hospital departments in post violence care services provision
- Ensuring the provision of PEP and working with HIV counsellors to ensure PEP adherence
- Developing linkages and referrals to other service providers
- Overseeing record keeping and monitoring of the program through identification of appropriate indicators and data collection tools
- Ongoing quality assurance and supervision of the program

Gender Integration

- In 2016, the PEPFAR Ghana Program commissioned Measure Evaluation to carry out a Gender Analysis of the Ghana PEPFAR program. The study found that the military HIV program did not have a specific gender policy. Additionally, gender considerations have not been integrated into the HIV behavior change materials, training manuals, and other program materials.

- The IP will provide technical assistance and training to build the capacity of GAF healthcare staff to integrate gender considerations into HIV programming, assist with review and updates of materials as necessary, and participate in National Technical Working Groups as a way of strengthening Military HIV programming.

Other Prevention (HVOP)

The Seroprevalence and Behavioral Epidemiologic Risk Survey (SABERS) conducted in the GAF in 2016 found high levels of perceived discrimination towards people living with HIV within the GAF. Stigma and discrimination are barriers to effective HIV programming in any

setting. Specifically in the military, soldiers may be hesitant to seek health services, may present late for antiretroviral therapy, or struggle with adhering to treatment and thus experience poorer treatment outcomes. Soldiers may also be uncomfortable disclosing their status both to family members and to commanding officers. Ultimately, stigma and discrimination undermine the health and well-being of those infected and affected by HIV and limits a soldier's ability to remain an active and productive part of their military force.

Stigma and Discrimination

The IP will tailor and implement an evidence-based intervention to reduce HIV stigma and discrimination within the GAF at all levels: from soldiers, to healthcare workers, to base commanders, to leadership. Such a program should be informed by a situational analysis and should target key drivers of stigma and discrimination within the military at all levels.

The proposed program should look for linkages with other GAF HIV programs (i.e., PHDP, testing and counseling, treatment, PMTCT); have clearly stated objectives for what groups are to be reached, what attitudes and behaviors are to be changed, and what structural drivers are to be addressed; and should monitor outcomes using an internationally recognized and standardized set of key indicators.

Such a multi-level intervention would include: working with the military to create and/or change policy to reduce stigma and discrimination (addressed below under the OHSS budget code); comprehensive trainings for health care workers and employees working in health care facilities to reduce stigma and discrimination; comprehensive trainings for military leadership in stigma and discrimination; comprehensive interventions to reduce perceived stigma in people living with HIV in the military service (this would be its own package of services but integrated into the PHDP program platform).

OHSS- Health Systems Strengthening

Strategic Planning

The IP will support the GAF to draft a new three year strategic plan for the military HIV/AIDS program for 2017-2019 that aligns with the National HIV Strategic Plan. This process should bring together stakeholders from the military HIV program, military leadership, Ministry of Health, and community stakeholders as appropriate. As a part of this process the IP should help identify a core strategic planning committee that will be responsible for regularly monitoring the implementation of the strategic plan, reporting back to military leadership, and following up with challenges and needs for updates.

Military HIV/AIDS Policy

Currently, a military HIV/AIDS policy does not exist for the GAF. This is considered foundational to the success of any proposed intervention to reduce the environment of stigma and discrimination against HIV in the military. In close coordination with the GAF HIV Program, the IP will be expected to drive the coordination and development of a military HIV policy. The drafting of the military HIV policy should be a key deliverable of the strategic planning committee that is formed. A draft policy should be ready for socialization with military leadership within the first year.

In the first year of this effort, the IP will be responsible for the following:

- Draft a three year Strategic Plan (2017-2019) with the GAF to align with the National HIV Strategic Plan
- Identify and train 3-5 HIV clinicians and counselors at 37 Military Hospital to serve as master PHDP trainers and the core team for overseeing the program
- Training 3-5 clinicians and/or counselors to oversee the PHDP program at 37 Military Hospital (may be refresher training for those that were already trained in prior years)
- Reach a targeted number of 1300 HIV-positive patients with consistent prevention messaging through the implementation of the PHDP program
- Procure and distribute 20,000 condoms to HIV-positive patients as part of PHDP counseling
- Facilitate and re-energize the HIV-positive patients' support group to meet monthly at 37 Military Hospital; provide reminder/follow up assistance and logistical support as needed
- Provide support to GAF HIV adherence counsellors in tracking and following up with patients to ensure they remain engaged in their HIV care and are adherent on HIV therapy
- Establish standard post violence care services and procedures at 37 Military Hospital, supporting a formational assessment (facility inventory, focus group discussions), establishment of the regulatory framework, training for providers, developing referral and linkage systems, and implementing a monitoring framework
- In consultation with GAF and DHAPP, support the development of a military HIV/AIDS policy that addresses issues of stigma and discrimination against HIV within the military

WORK PLANS

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

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) [HBHC; HVOP]. 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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