AMENDMENT 0011

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 0011 is to incorporate the following:

DHAPP is accepting "Concept Papers" for Bostwana, Vietnam and Cote D'Ivoire as described below through 21 June 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.

Botswana: Cross Cutting In Military Settings

	Phase 1	Phase 2	Phase 3	Total
CIRC	$927,500	$927,500	$927,500	$2,782,500
HVCT	$188,514	$188,514	$188,514	$565,542
HLAB	$167,000	$167,000	$167,000	$501,000
HTXS	$80,000	$80,000	$80,000	$240,000
TOTAL	**$1,363,014**	**$1,363,014**	**$1,363,014**	**$4,089,042**

Proposals are requested to support Botswana to reduce the number of new HIV infections and other sexually transmitted diseases among members of the Botswana Defense Force (BDF), their families, and the civilian communities served by the BDF. The TBD partner will work directly with the BDF to scale-up the military Voluntary Medical Male Circumcision (VMMC), particularly among the target age band of 15-29 year olds, to help achieve 90-90-90 goals for HIV epidemic control within the military over the life of this project. Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the BDF will focus on the following technical areas: 1) Voluntary Medical Male Circumcision; 2) HIV Testing Services (HTS); 3) Clinical Laboratory Support; and, 4) Viral load testing support.

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 BDF leadership as well as BDF 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 BDF 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 BDF's HIV prevention and health services, as well as the DHAPP/DoD Program Manager based at the US Embassy in Botswana, the DOD adult and pediatric 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.

Voluntary Male Medical Circumcision

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**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	600	4,700

The IP will support both the BDF and also the national civilian VMMC program, in specific districts allocated to DoD, per the Botswana PEPFAR program. The IP will ensure that the BDF is following PEPFAR guidance, WHO recommendations and the national guidelines for conducting VMMC. VMMC will be offered through surgical techniques.

The full package of VMMC services will be offered including:

- Demand creation/VMMC education, safe sex practices and provision of condoms
- Offering HIV Testing to all clients and having tracked referral to HIV treatment program for those who test HIV positive (at least 90% linkage)
- Examination, evaluation and referral for sexually transmitted infections; 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
- Effective monitoring and reporting of VMMC and linked (STI and HIV) programs

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. This includes notifying the PEPFAR Funding Agency POC and the Botswana PEPFAR Coordinator within 24 hours of the AE occurring. The IP will collaborate with other PEPFAR VMMC implementing partners to ensure VMMC coverage in scale up districts and populations.

The IP will offer surgical VMMCs, ensuring that forceps-guided method is not used for boys 10-14 years of age or clients 15 years and older with immature penile anatomy. VMMC activities will be implemented concurrently with other 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 to care and treatment (90% linkage rate) by working closely with the BDF. Emphasis will be made on abstinence from sexual activity for the recommended period after VMMC to allow complete healing of the wound.

VMMC Strategy:

1. Recruits: In an effort to offer 100% VMMC coverage in the BDF in an efficient manner, the IP will support the BDF in their routine offer of VMMC to BDF recruits within the recruit training period.
2. Active Duty Males: The IP will support the BDF in holding mini “SEKWATA” campaigns at garrisons and camps for VMMC demand creation.
3. Civilians: The IP will support the National VMMC program in conducting VMMC for civilians in DoD allocated PEPFAR VMMC scale-up districts, targeting high risk-males between the ages of 15-29 years old.
4. High risk men: The IP will build strong referral systems to reach and offer VMMC to: a) STI patients (post treatment), b) alcohol risk reduction clients, 3) partners of HIV positive persons, 4) other men who are identified as high risk for HIV.

HIV/AIDS Care and Treatment

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**Civilian**
TX_PVLS	Percentage 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/mil)	4,000	N/a

The IP will work closely with the BDF to scale-up viral load testing 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 3rd 90: 90% viral suppression amongst military personnel taking ART.

The BDF currently provides viral load testing from four military laboratories throughout the country. The IP will work directly with the BDF at the four fixed sites to achieve the military viral load testing targets.

The IP will be responsible for:

- Support and participate in viral load testing 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 and/or laboratory information systems (LIS) within the past 12 months with a suppressed viral load (<1000 copies/mil)

HIV/AIDS Testing Services

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**Civilian**
HTS_TST	# of individuals who received HTS services for HIV and received their test results	1,800	4,200
HTS_TST_POS	# of HIV positive individuals identified through HTS services	34	136
HTS_SELF	Number of individual HIV self-test kits distributed	1,000	N/a

In FY19, particular emphasis is placed on reaching men with HIV testing and treatment services to achieve epidemic control. The BDF HIV/AIDS program is strategically placed to reach men; therefore, the IP will work closely with the BDF on HIV Testing Services (HTS), particularly index testing and self-testing, in an effort to achieve the 1st 90 for military personnel: 90% of all BDF PLHIV know their status.

Commonly, military PLHIV access treatment at one of the 13 military garrisons or camps around the country 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 BDF 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:

- HTS to military bases and facilities
    - Diagnosing 170 PLHIV with 90% of those diagnosed linked to HIV care and treatment services
    - Index-case testing for all sexual partners of HIV-infected military personnel and civilians
    - Index-case testing for all children under 15 years of age with HIV-infected mothers
- 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 who are high-risk or believed less likely to seek standard HTS (e.g. older, higher ranking individuals)
- Quality Improvement / Quality Assurance for all BDF HTS including continuous training and mentoring and supervision visits, at least quarterly
- Conducting proficiency testing for all HTS sites and individuals
- Tracking PLHIV from HTS to clinical care and treatment services.
- 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
- Link males to VMMC services

Clinical Laboratory Support

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

The IP will be responsible for:

- Inventory control, forecasting, and procurement of laboratory reagents to ensure that laboratory services are uninterrupted
- Procurement of service maintenance contracts, calibration of equipment, and training of the laboratory staff on the use of the equipment
- Monitoring laboratory quality and adherence to quality systems guidelines through SLMTA for ISO 15189 accreditation, method validation, provision of proficiency testing panels for Viral Load and CD4, routine visits to each of the labs to assess achievements, review/evaluate activities, and provide recommendations with the development of improvement plans to resolve any identified problems.
- Linking BDF laboratory services to other laboratory resources at the district, provincial, and national levels.

HIV Monitoring Systems

Successful tracking of patient level data is critical to the success of the BDF HIV program's ability to monitor progress towards epidemic control. The IP will work with the BDF to support the collection of patient-level data, the clinical and programmatic use of data, and the reporting of site-level data to DHAPP HQ and the BDF leadership.

The IP will be responsible for:

- Staffing support and mentoring of existing BDF staff for data entry
- 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 BDF MILITARY, DHAPP, and PEPFAR
- Securing all patient-level and site-level data from dissemination outside of the BDF and DHAPP without prior approval from the BDF
- Support for data entry, cleaning, 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).
- 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 DHAPP
- Reports will follow DHAPP Headquarters and Country Team Templates

Cote d'Ivoire: DOD-FACI partnership program for sustainable HIV epidemic control

	Phase 1	Phase 2	Phase 3	Phase 4
HVCT	$494,429	$494,429	$494,429	$494,429
HBHC	$301,114	$301,114	$301,114	$301,114
HTXS	$1,039,748	$1,039,748	$1,039,748	$1,039,748
PDCS	$86,508	$86,508	$86,508	$86,508
PDTX	$86,508	$86,508	$86,508	$86,508
PMTCT	$57,902	$57,902	$57,902	$57,902
HVOP	$191,537	$191,537	$191,537	$191,537
OHSS	$37.947	$37.947	$37.947	$37.947
HLAB	$100,015	$100,015	$100,015	$100,015
HVSI	$268,704	$268,704	$268,704	$268,704
TOTAL	**$2,664,412**	**$2,664,412**	**$2,664,412**	**$2,664,412**

Proposals are requested to support Cote d'Ivoire to reduce the number of new HIV infections and other sexually transmitted diseases and the number of death due to AIDS among members of the Forces Armees de Cote d'Ivoire (FACI), their families, and the civilian communities served by the FACI and help the military reach the UNAIDS 90-90-90 goals. The TBD partner will work directly with the FACI in the military HIV Prevention, Care and Treatment program and increase the FACI's capacity to deliver comprehensive and quality HIV prevention, treatment and viral load suppression in a sustainable and cost effective way. The strategic objectives of this program are as follows: 1) Focus/target/customize early prevention programming and testing to highest risk groups using combined data sources; 2) Drastically increase early stage HIV diagnosis through optimized case finding, high risk assessment and index testing with fidelity; 3) Accelerate access to ART through same day ART initiation and improved fidelity of differentiated service models; 4) Enhance capacity of sites to deliver tailored, high-quality HIV services at a high standard of care for priority sub-populations; 5) Aggressively reduce HIV disease-related stigma and discrimination as well as stigma and discrimination against Key Populations and PLHIV that impede uptake of services across the continuum; 6) Enhance national capacity for governance for sustained leadership and ownership and effective health policy adoption; 6) Bolster health systems strengthening for quality control, monitoring and real-time response. To achieve these objectives Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the FACI will focus on the following technical areas: 1) HIV Prevention; 2) HIV Testing Services (HTS); 3) Prevention of Mother-to-Child Transmission (PMTCT); 4) HIV/AIDS Care and Treatment; 5) Clinical Laboratory Support; and 6) HIV Clinical Monitoring Systems; and 7) 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 FACI leadership as well as FACI 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 FACI 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 FACI's Health and Social Action Directorate (DSASA – Direction de la Sante et de l'Action Sociale des Armees) and its HIV Sectoral Committee (CSLS), as well as the DHAPP/DoD Program Manager based at the US Embassy in Cote d'Ivoire and the DHAPP Headquarters Team in San Diego. The Grantee is the Implementing Partner and will be referred to as IP in this document. Dollar amounts, budget codes, and implementing strategy are subject to change in alignment with the annual Country Operational Plan (COP) process conducted by President's Emergency Plan For AIDS Relief (PEPFAR) each year. PEPFAR requires that at least 50% of funding be implemented by indigenous organizations. The TBD partner must describe and implement a clear Direct Service Delivery model through the different technical areas covered by the grant.

HIV/AIDS Prevention

Technical Area Targets, Year 1 – January to September (9 months)				
Indicator	**Label**	**Military Only**	**Civilian**	**Total**
PP_PREV	# of the priority populations (PP) reached with the standardized, evidence-based intervention(s) required	10,142	0	10,142
KP_PREV	# of the key populations (KP) reached with individual and/or small group-level HIV prevention interventions designed for the targeted population	0	1,500	1,500

The IP will strategically target sub-populations within the military and other priority populations (ie: FSW near military bases) as defined by the Cote d'Ivoire OU team in the COP process with a written plan for identifying the specific sub-populations.

The intervention package for adults will include the following:

• Assessment of barriers for testing services uptake among military personnel through a qualitative survey

• Promotion of relevant prevention and clinical services and demand creation to increase awareness, acceptability, and uptake of these services, including via sms through the military corporate cellphone network

• 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 aggressive stigma and discrimination 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.

• Improve access to PrEP services for FSW, and their clients and linked to nearby mapped PrEP services supported by other partners.

Data collection requires reliable tracking systems that are designed to count the number of one-on-one encounters or participation in group interventions and that reduce double-counting of individuals in a reporting period. Data should be collected at every encounter/point of service and aggregated in time for PEPFAR reporting cycles. This indicator only counts those interventions at the individual and/or group level.

HIV/AIDS Testing Services

Technical Area Targets, Year 1 – January to September (9 months)				
Indicator	**Label**	**Military Only**	**Civilian**	**Total**
HTS_TST	# of individuals who received HTS services for HIV and received their test results	7,462	8,881	16,343
HTS_TST_POS	# of individuals who received HTS services for HIV and received their positive test results	407 5.5%	872 9.8%	1,279
TB_STAT	Percentage of new and relapse TB cases with documented HIV status	100%	100%	100%
TB_STAT_POS	# of of new and relapse TB cases with known and new HIV+ status	0	110	110
HTS_SELF	# of individual HIV self-test kits distributed	1,388	0	1,388

The IP will work closely with the FACI and DHAPP to 1.) target HIV testing to populations with high risk and high HIV seropositivity; 2.) begin to transition routine, low-risk HIV testing to the FACI; and 3.) regularly review (weekly) programmatic data in order to constantly inform

programming and refine strategy to identify more PLHIV. Ensuring that any positives identified are linked to HIV care and treatment is essential to the success of the FACI program. Therefore, the IP should work with the FACI to create/maintain a system to follow-up and document successful linkages into care, even if the linkage is into the MoH care system. The IP should work to achieve 95% linkage of HIV+ individuals identified for both FACI members and civilians. 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 ensure that all HTS is conducted via finger prick method. The IP will insure that at least 30% of the FACI members and civilians tested positive are identified through the index testing modality.

The IP will work closely with the FACI 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.

The IP will be responsible for:

- Targeted testing to geographic locations and populations with high risk and high HIV seropositivity
    - Utilize a risk screening tool to help identify high-risk individuals for testing at both facility and community levels
    - Index-case testing/partner notification for spouses and other sexual partners and sexual partners' networks of HIV+ individuals
        - Training healthcare providers on partner notification
    - Index-case testing/partner notification for children under 15 of HIV+ females
    - 100% testing of all TB-infected clients (both military and civilian) treated in military health services
    - Training healthcare providers on HIV self-testing (HIVST) (how to direct assisted and unassisted testing and in what modalities/circumstances it is most effective)
        - Creating HIVST resource package to be distributed with each self-test that has education and linkage information for military facilities
- Provider-Initiated testing and counseling within military health services for both military personnel and civilians who are at high risk
- 95% of positives diagnosed linked to HIV care and treatment services
- Quality Improvement / Quality Assurance for all FACI HTS including continuous training and mentoring
- Tracking PLHIV from HTS to clinical care and treatment services for same day initiation

Prevention of Mother-to-Child Transmission

Technical Area Targets, Year 1– January to September (9 months)		
Indicator	**Label**	**Target**
PMTCT_STAT	# of pregnant women with known status (includes women who were tested for HIV and received their results)	709 (100%)
PMTCT_ART	# of HIV+ pregnant women who received ART to reduce risk for mother-to-child-transmission during pregnancy	11 (100%)
PMTCT_EID	# of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth	11 (100%)

The IP will support all FACI ART sites 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 FACI clinical services to screen all pregnant women attending military health services for HIV
- Initiating all HIV+ pregnant women on ART; with a focus on adherence and retention during pregnancy and post-partum
- Quality Assurance / Quality Improvement of FACI PMTCT services
- Ensuring post-partum neonatal ART prophylaxis per existing Option B+ guidelines
- 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
- Routine opt-out HIV testing for partners (including partner notification options for all sexual partners) of pregnant women to identify HIV serodiscordant couples
- Begin discussions to transfer PMTCT low yield testing to the FACI

HIV/AIDS Care and Treatment

Technical Area Targets, Year 1– January to September (9 months)				
Indicator	**Label**	**Military**	**Civilian**	**Total**
TX_NEW	# of adults and children newly enrolled on ART	179	774	953

TX_CURR	# of adults and children currently receiving ART	952	4,271	5,223
TX_RET	# of adults and children known to be alive and on treatment 12 months after initiation of ART	88	2,673	2,761
TX_PVLS	Percentage 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)	857 90%	3,844 90%	4,701
TX_TB	The proportion of ART patients screened for TB in the semiannual reporting period who are receiving TB treatment	904	4,059	4.963
TB_ART	The number of HIV-positive new and relapsed TB cases on ART during TB treatment	0	110	110

The IP will work closely with the FACI to scale-up the HIV Care and Treatment program and increase the FACI's capacity to deliver comprehensive and quality HIV care and treatment in a sustainable and cost effective way.

The IP will work closely with the FACI to continue to provide quality and comprehensive HIV/AIDS care and treatment services throughout the country. The IP will continue to practice Test and Start (starting ART immediately upon HIV diagnosis) for FACI military members and for civilians.

The IP will be responsible for:

- Enrollment into HIV clinical care and treatment
  - Aggressive enrollment of HIV-infected military personnel nationwide and HIV-infected civilians into clinical care and treatment
- Ongoing clinical support for all ART patients
  - Supporting the FACI with multi-month scripting according to the national policy
  - Clinical monitoring of all HIV+ positive patients including CD4 at baseline, viral load at first 6 months and then every 12 months thereafter, tuberculosis screening, screening for other opportunistic infections including cryptococcosis, etc.
  - Support military on ART during deployment
  - 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, etc.
    - Universal TB screening using standard TB questionnaire at least every 6 months for 100% of HIV-infected individuals in care
    - Close coordination with FACI to track down and follow enrolled patients that are deployed, to ensure they have their meds and continue to receive regular viral load (SMS VL results and education) and other required lab checks and ensure that they are included in data reporting back to FACI during deployment (ie: counted as part of TX_CURR cohort, VL result recorded, etc.)
    - Medication adherence and retention support including treatment literacy, active tracing and peer support groups for HIV+ patients, and other evidence-based retention interventions for adults men and women, children, and pregnant women on ART.
    - Community-based ART distribution when and where necessary
- Coordination of HIV clinical care and treatment services
    - Organize a comprehensive training program for HIV curriculum targeting officers from the CISSA "Centre d'Instruction des Services de Sante des Armees" in the view of enhancing their capacities for addressing HIV prevention, care and treatment activities
    - Planning, logistics, and monitoring of ART clinics to reach military ART targets
    - Promoting ongoing communication and collaboration between FACI 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
    - Transitioning first-line ART to Tenofovir Lamivudine Dolutegravir (TLD) in all FACI facilities

Clinical Laboratory Support

Clinical laboratories for HIV care and treatment are present at eight (8) military sites. The IP will work with FACI clinical and laboratory staff in support of all HIV laboratory services.

The IP will be responsible for:

- Implementation of an electronic data management system in the military laboratory network with appropriate SOPs
- Inventory control, forecasting, and follow-up with MoH services for laboratory reagents supply to ensure that laboratory services are uninterrupted

- Training of the laboratory staff on the use of the equipment
- Ensure monitoring laboratory quality improvement and adherence to quality systems and guidelines through routine visits to each of the labs to assess achievements, review/evaluate activities, and provide recommendations with the development of improvement plans to resolve any identified problems
- Linking FACI laboratory services to other laboratory resources at the district, provincial, and national levels
- Building capacity in the FACI for FACI staff to take full ownership of lab functionality
- Working with the military on an aggressive timeline towards full lab accreditation
- Laboratory refurbishment work for viral load testing services delivery in five (5) military laboratories – CDC will provide equipment and training to have one (1) viral load testing capacities in *Hopital Militaire d'Abidjan (HMA)*, and viral load testing satellite capacities in four (4) military medical centers: *ICT 4eme Bataillon Korhogo, ICT Camp Genie Bouake, CMM @eme Bataillon Daloa, CMM Brigade San Pedro*.

HIV Clinical Monitoring Systems (Strategic Information)

Successful tracking of patient level data is critical to the success of the FACI 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 FACI 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 FACI to support the collection of patient-level data, the clinical and programmatic use of data, and the reporting of site-level data to DHAPP and the FACI leadership. All medical record (EMR) work should be coordinated and aligned with PEPFAR, 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 FACI clinical staff and leadership; and, how the IP will responsibly protect military data from dissemination outside of FACI and DHAPP.

The IP will be responsible for:

- Implementation at scale of an electronic data management system for patients records (EMR) with appropriate SOPs
- Staffing support and mentoring of existing FACI staff for data entry, information technology assistance, data managers, etc. to fill any gaps where the FACI is unable to provide sufficient staff
- Training and on-the-job mentorship of FACI clinical staff on the use of any clinical monitoring system at site and national/program levels
- All data collection tools available on all sites with no stock out
- 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 FACI, DHAPP, and PEPFAR disaggregated by military and civilian and all other MER required disaggregation
- Securing all patient-level and site-level data from dissemination outside of FACI and DHAPP without prior approval from FACI
- Support for data entry, cleaning, reporting, analyzation, and use
- Implementation of clinical monitoring system, including maintenance of network infrastructure (if necessary)
- Listing and mapping of all military personnel available in the FACI trained in HIV-related domains.
- Listing and mapping of all military laboratory equipment.
- Support evidence based surveillance.

HIV Military Health System Strengthening

The success of the DOD-FACI partnership program for sustainable HIV epidemic control among the military and non-military population seeking health services in military settings will rely on a strong military health system. And the vision of PEPFAR for health systems strengthening is to address the major gaps identified and reviewed on a yearly basis during the assessment of the Sustainability Index Dashboard (SID) process.

For the phase I of the grant (January to September 2019), the IP will be responsible for:

- Update of Ministry of Defense's HIV policies to integrate new priorities and their modalities of application
- Strengthening of the Ministry of Defense's HIV Sectoral Committee (CLSL) capacities - to lead high quality coordination and planning activities, and the Military Health Training Center (CISSA) - to lead high quality in-service trainings (minor repairs, office supplies, virtual library)
- Assessment of 2018-2022 Military HIV Strategic Plan's year 1 implementation status including financial reporting, and support to the production of the following year budgeted operational plan
- Advocacy efforts (workshops/meetings) for the request to increase GoCI and other health sector donors contribution towards HIV/AIDS for the military sector;
- Provision of technical assistance to the Ministry of Defense to effectively track accurate information on expenditures in HIV sector;
- Support to the creation of a Central Strategic Information Department and Regional Quality Management Offices to strengthen the military service delivery quality and the Military Strategic Information System (SISA);
- Support of quarterly monitoring and coordination regional meetings between the CSLS/D, the health directors of each military branch, the DSASA and field actors.

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
- Partner Performance Management: Grantee shall submit weekly status of target achievements no later than 2 opening days after each week, and monthly status of target achievements and budget consumption by cost category no later than the 15th of the following month.
- Reports will follow DHAPP Headquarters and Country Team Templates

Vietnam: Cross Cutting in Military Settings

	Phase 1	Phase 2	Phase 3	Total
HTXS	$38,800	$34,920	$29,100	$102,820
HBHC	$125,000	$112,500	$93,750	$331,250
HVCT	$146,000	$131,400	$109,500	$386,900
HVOP	$205,347	$184,812	$154,010	$544,170
HMIN	$130,000	$117,000	$0	$247,000
HLAB	$180,000	$162,000	$135,000	$477,000
HVSI	$24,000	$21,600	$18,000	$63,600
TOTAL	**$849,147**	**$764,232**	**$539,360**	**$2,152,740**

Proposals are requested to support the *Vietnam People's Army (VPA)/ Ministry of Defense (MoD) HIV*/AIDS prevention and control program to strengthen the military health system for providing HIV prevention, treatment, care and monitoring to in-need military members, their families and the civilian communities. The TBD partner will work directly with the MoD/Military Medical Department (MMD) to implement select components of the military HIV program in order to contribute to Vietnam's achieving the 90-90-90 goals for HIV epidemic control to 2020 in two focused regions: Northern Economic Zone (NEZ) and Ho Chi Minh City Metropolitan Zone (HMZ).

The TBD partner's program should emphasize capacity building for the military system's response across all activities and technical areas, detailed below, to ensure long-term, strategic program sustainability. All proposals should detail how the partner will engage the MoD/MMD leadership as well as military personnel at all levels in this work; and, specifically how the partner will utilize the organizational structure of the military to strengthen the internal capacity 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 Department of Defense HIV/AIDS Prevention Program (DHAPP) support to the VPA/MoD's HIV prevention and control program will focus on the following technical areas: 1) HIV/AIDS Care and Treatment; 2) HIV Testing Services (HTS); 3) Peer Education on HIV/AIDS and other STIs for new military inductees; 4) Infection control; 4) Clinical Laboratory Support; and, 5) HIV Clinical Monitoring Systems.

The partner must work in coordination with the MoD/MMD HIV Prevention and Health Services, as well as DoD Program Management staff based at the US Embassy in Hanoi, Vietnam and the DHAPP Headquarters. The Grantee is the Implementing Partner and will be referred to as IP in this document.

HIV Treatment Services

Technical Area Targets, Year 1				
Indicator	**Label**	**Military Only**	**Civilian**	**Total**
TX_NEW	# of adults newly enrolled on antiretroviral therapy (ART)	6	47	53
TX_CURR	# of adults currently receiving ART	47	310	537
TX_RET	% of adults known to be alive and on treatment 12 months after initiation of ART	90%	90%	90%
TX_PVLS	Percentage 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)	95%	95%	95%

This requirement is to improve the availability and quality of continuum of treatment services for achieving the 2nd and the 3rd 90 targets with a focus in NEZ and HMZ, following the PEPFAR strategic direction. This also provides on-going technical assistant to support the military health system to strengthen select service and management areas related to quality and continuum of treatment, including the on-going process of transition of PEPFAR supported HIV patients at the military OPCs to be under management of Government of Vietnam (GVN).

Main activities include:

1) Providing essential operational support for HIV treatment to relevant PEPFAR military-supported hospitals: MH 103 in Hanoi (DSD and TA); MH 175 in HCMC (DSD and TA); MH 121 in Cantho (Responsive TA) and MH 17 in Danang (Responsive TA).

2) Refreshing training and providing TA on updated clinical guidance of HIV treatment (same day treatment, the most effective antiretroviral class (TLD) for narrowing the window to viral suppression, multi-month scripting, HIS, Index testing and partner notification, HIV stigma and discrimination reduction, SHI, etc.) to military healthcare staff.

3) Strengthening referral systems among military sites (HIV Testing Services (HTS) sites to OPCs, TB sites to and from OPCs) and between military and civilian sites.

4) Conducting quality assurance, quality improvement and monitoring activities to optimize treatment retention and quality of HIV services.

5) Providing technical and coordination support to the transition process and patient's Social Health Insurance (SHI) enrollment/reimbursement at all levels.

HIV/AIDS Testing Services

Technical Area Targets, Year 1				
Indicator	**Label**	**Military Only**	**Civilian**	**Total**
HTS_TST	# of individuals who received HTS services for HIV and received their test results	3,000	27,000	30,000

This requirement is to strengthen HTS services in the military setting in NEZ and HMZ to support both military and civilian populations in need of HIV counseling and testing (both client-initiated and provider-initiated); to increase service outreach by incorporating these services into the military's community medical missions; to enhance referrals from HTS to other support services; and to ensure that service delivery is updated and/or adapted to the military setting following new national guidance/updates (index testing and partner notification, self-testing, regency testing, etc.).

Main activities include:

1. Training of military trainers and supervisors on HTS modalities and approaches (index testing and partner notification, self-testing, recency testing, etc.)
2. Mentoring/on-site TA for aggressive case finding, rapid turn-around of confirmed positive test results, linkage to case-based surveillance and strengthen linkage with treatment for accelerating early ART initiation.
3. Developing/revising/adapting HTS new modalities and approaches (index testing and partner notification, self-testing, recency testing) into the pre-service training curriculum in the military medical school and nursing schools.

Injection safety/Infection Prevention & Control (IPC) program.

This requirement is to promote and improve the quality of infection control toward patient safety and HIV transition reduction in the military and civilian medical facilities of NEZ and HMZ. It is also to support institutionalize the program's best practices, technical guidance

into the pre-service training curriculum and materials at the military medical and nursing schools.

Main activities include:

1. Support development, adaptation and dissemination of policies and technical guidance to the military medical system.
2. Build capacity for infection control workforce, focus on military personnel in the NEZ and HMZ on patient safety, standard precaution, IPC in the hospital setting, hospital waste management, etc., through workshops/ trainings, onsite technical assistance.
3. Developing/revising/adapting IPC best practices, technical guidance into the pre-service training curriculum and training materials at the military medical and nursing schools

HIV care and nursing services- HBHC

This requirement is to improve the quality of nursing services (focus on HIV/AIDS) and strengthen the nursing role in the military and civilian medical facilities of NEZ and HMZ. It also supports institutionalizing the program's best practices and technical guidance into the pre-service training curriculum and materials at the military medical and nursing schools.

Main activities include:

1. Support development, adaptation and dissemination of policies and technical guidance to the military medical system.
2. Build capacity for the nursing workforce in the areas of HIV and other infectious diseases nursing care and support, task shifting, leadership and management, stigma and discrimination (S&D), focusing on military personnel in the NEZ and HMZ through workshops/trainings and onsite technical assistance.
3. Developing/revising/adapting nursing best practices, technical guidance on above areas into the pre-service training curriculum and training materials at the military medical and nursing schools

Clinical Laboratory Support

Technical Area Targets, Year 1				
Indicator	**Label**	**Military Only**	**Civilian**	**Total**
LAB_PTCQI	Number of PEPFAR-supported laboratory-based testing and/or Point-of-Care Testing (POCT) sites engaged in continuous quality Improvement (CQI) and proficiency testing (PT) activities	16	0	16

Clinical laboratories for HIV diagnosis, care and treatment are present in all Vietnam military hospitals at central and regional levels. However, the capacity of the laboratories, especially on quality management (QMS) through the SLMPA and SLIPTA programs, needs to be strengthened towards meeting national and international standards to ultimately contribute to ensuring quality of services.

The IP will be responsible to support the military medical system to: i) strengthen capacity for its clinical laboratories and blood banks/transfusion centers, and ii) to standardize technical guidelines and quality management practices to ensure safe quality laboratory and blood transfusion services. Geographically, the focus is on military hospitals and medical/nursing schools in the NEZ and HMZ.

Main activities include:

1. Support development, adaptation and dissemination of policies and technical guidance to the military medical system
2. Build capacity for the military lab and blood transfusion staff on quality services provision and practicing, through training and TA/onsite mentoring, to target select labs obtain international accreditation.
3. Developing/ adapting essential components from the above into pre-service training curriculum and training materials at the military medical and nursing schools.

HIV Clinical Monitoring Systems

This requirement is to strengthen program management and implementation capacity among military professional healthcare staff, better align the military reporting system with the National requirements and standards, and facilitate PEPFAR monitoring and evaluation processes. The IP is requested to support establishing, maintaining and improving the quality of the data reporting system, and promote the use of M&E data by military health staff to maintain the quality of HIV healthcare services and decision-making.

Main activities include:

1. Support adaptation and dissemination of policies and technical guidance to the military medical system;
2. Training and TA per National and PEPFAR requirements to the relevant Ministry of Defense and healthcare staff in data collection and management, supporting implementation of a management information system, monitoring data quality, and coordinating and analyzing SI data from multiple sites to ensure HIV program quality.
3. Strengthening collaboration and sharing HIV/AIDS program data in the military with Ministry of Health for ending HIV epidemic.

Other Prevention- Peer Education program for the new military inductees

Technical Area Targets, Year 1				
Indicator	**Label**	**Military Only**	**Civilian**	**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	50,000	0	50,000

This requirement is to collaborate closely with and support MMD in updating and implementing key messages to improve knowledge and behavior change awareness on HIV and other STIs for new military inductees with due reflection of the newly-requested emphasis on innovative approaches in HIV prevention (index testing, partner notification, etc.) and HIV treatment (same day ARV treatment, etc.). This supports MMD's annual peer education program to reach approximately 50,000 new military inductees per year.

Main activities include:

1. Updating communication and training tools to promote effective peer education activities (booklets, flip charts other materials on HIV/AIDS awareness, substance-abuse, risk-avoidance, STI prevention and HTS) per national and military strategies;
2. Training of trainers (TOT) on teaching peer educators and supervision for program improvement
3. Training of peer educators who will in turn lead and facilitate communication sessions at platoon levels for other military recruits
4. Support MMD in institutionalization of the program as a mandatory component in the training package for the new military inductees and in the training curriculum for the military officers at relevant military schools.

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

Cote d'Ivoire: DOD-FACI partnership program for sustainable HIV epidemic control

	Phase 1	Phase 2	Phase 3	Phase 4
HVCT	$494,429	$494,429	$494,429	$494,429
HBHC	$301,114	$301,114	$301,114	$301,114
HTXS	$1,039,748	$1,039,748	$1,039,748	$1,039,748
PDCS	$86,508	$86,508	$86,508	$86,508
PDTX	$86,508	$86,508	$86,508	$86,508
PMTCT	$57,902	$57,902	$57,902	$57,902
HVOP	$191,537	$191,537	$191,537	$191,537
OHSS	$37.947	$37.947	$37.947	$37.947
HLAB	$100,015	$100,015	$100,015	$100,015
HVSI	$268,704	$268,704	$268,704	$268,704
TOTAL	**$2,664,412**	**$2,664,412**	**$2,664,412**	**$2,664,412**

Proposals are requested to support Cote d'Ivoire to reduce the number of new HIV infections and other sexually transmitted diseases and the number of death due to AIDS among members of the Forces Armees de Cote d'Ivoire (FACI), their families, and the civilian communities served by the FACI and help the military reach the UNAIDS 90-90-90 goals. The TBD partner will work directly with the FACI in the military HIV Prevention, Care and Treatment program and increase the FACI's capacity to deliver comprehensive and quality HIV prevention, treatment and viral load suppression in a sustainable and cost effective way. The strategic objectives of this program are as follows: 1) Focus/target/customize early prevention programming and testing to highest risk groups using combined data sources; 2) Drastically increase early stage HIV diagnosis through optimized case finding, high risk assessment and index testing with fidelity; 3) Accelerate access to ART through same day

ART initiation and improved fidelity of differentiated service models; 4) Enhance capacity of sites to deliver tailored, high-quality HIV services at a high standard of care for priority sub-populations; 5) Aggressively reduce HIV disease-related stigma and discrimination as well as stigma and discrimination against Key Populations and PLHIV that impede uptake of services across the continuum; 6) Enhance national capacity for governance for sustained leadership and ownership and effective health policy adoption; 6) Bolster health systems strengthening for quality control, monitoring and real-time response. To achieve these objectives Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the FACI will focus on the following technical areas: 1) HIV Prevention; 2) HIV Testing Services (HTS); 3) Prevention of Mother-to-Child Transmission (PMTCT); 4) HIV/AIDS Care and Treatment; 5) Clinical Laboratory Support; and 6) HIV Clinical Monitoring Systems; and 7) 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 FACI leadership as well as FACI 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 FACI 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 FACI's Health and Social Action Directorate (DSASA – Direction de la Sante et de l'Action Sociale des Armees) and its HIV Sectoral Committee (CSLS), as well as the DHAPP/DoD Program Manager based at the US Embassy in Cote d'Ivoire and the DHAPP Headquarters Team in San Diego. The Grantee is the Implementing Partner and will be referred to as IP in this document. Dollar amounts, budget codes, and implementing strategy are subject to change in alignment with the annual Country Operational Plan (COP) process conducted by President's Emergency Plan For AIDS Relief (PEPFAR) each year. PEPFAR requires that at least 50% of funding be implemented by indigenous organizations. The TBD partner must describe and implement a clear Direct Service Delivery model through the different technical areas covered by the grant.

HIV/AIDS Prevention

Technical Area Targets, Year 1 – January to September (9 months)				
Indicator	**Label**	**Military Only**	**Civilian**	**Total**
PP_PREV	# of the priority populations (PP) reached with the standardized, evidence-based intervention(s) required	10,142	0	10,142
KP_PREV	# of the key populations (KP) reached with individual and/or small group-level HIV prevention	0	1,500	1,500

	interventions designed for the targeted population			

The IP will strategically target sub-populations within the military and other priority populations (ie: FSW near military bases) as defined by the Cote d'Ivoire OU team in the COP process with a written plan for identifying the specific sub-populations.

The intervention package for adults will include the following:
• Assessment of barriers for testing services uptake among military personnel through a qualitative survey
• Promotion of relevant prevention and clinical services and demand creation to increase awareness, acceptability, and uptake of these services, including via sms through the military corporate cellphone network
• 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 aggressive stigma and discrimination 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.
• Improve access to PrEP services for FSW, and their clients and linked to nearby mapped PrEP services supported by other partners

Data collection requires reliable tracking systems that are designed to count the number of one-on-one encounters or participation in group interventions and that reduce double-counting of individuals in a reporting period. Data should be collected at every encounter/point of service and aggregated in time for PEPFAR reporting cycles. This indicator only counts those interventions at the individual and/or group level.

HIV/AIDS Testing Services

Technical Area Targets, Year 1 – January to September (9 months)				
Indicator	**Label**	**Military Only**	**Civilian**	**Total**
HTS_TST	# of individuals who received HTS services for HIV and received their test results	7,462	8,881	16,343
HTS_TST_POS	# of individuals who received HTS services for HIV and received their positive test results	407 5.5%	872 9.8%	1,279

TB_STAT	Percentage of new and relapse TB cases with documented HIV status	100%	100%	100%
TB_STAT_POS	# of of new and relapse TB cases with known and new HIV+ status	0	110	110
HTS_SELF	# of individual HIV self-test kits distributed	1,388	0	1,388

The IP will work closely with the FACI and DHAPP to 1.) target HIV testing to populations with high risk and high HIV seropositivity; 2.) begin to transition routine, low-risk HIV testing to the FACI; and 3.) regularly review (weekly) programmatic data in order to constantly inform programming and refine strategy to identify more PLHIV. Ensuring that any positives identified are linked to HIV care and treatment is essential to the success of the FACI program. Therefore, the IP should work with the FACI to create/maintain a system to follow-up and document successful linkages into care, even if the linkage is into the MoH care system. The IP should work to achieve 95% linkage of HIV+ individuals identified for both FACI members and civilians. 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 ensure that all HTS is conducted via finger prick method. The IP will insure that at least 30% of the FACI members and civilians tested positive are identified through the index testing modality.

The IP will work closely with the FACI 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.

The IP will be responsible for:

- Targeted testing to geographic locations and populations with high risk and high HIV seropositivity
    - Utilize a risk screening tool to help identify high-risk individuals for testing at both facility and community levels
    - Index-case testing/partner notification for spouses and other sexual partners and sexual partners' networks of HIV+ individuals
        - Training healthcare providers on partner notification
    - Index-case testing/partner notification for children under 15 of HIV+ females
    - 100% testing of all TB-infected clients (both military and civilian) treated in military health services
    - Training healthcare providers on HIV self-testing (HIVST) (how to direct assisted and unassisted testing and in what modalities/circumstances it is most effective)
        - Creating HIVST resource package to be distributed with each self-test that has education and linkage information for military facilities

- Provider-Initiated testing and counseling within military health services for both military personnel and civilians who are at high risk
- 95% of positives diagnosed linked to HIV care and treatment services
- Quality Improvement / Quality Assurance for all FACI HTS including continuous training and mentoring
- Tracking PLHIV from HTS to clinical care and treatment services for same day initiation

Prevention of Mother-to-Child Transmission

Technical Area Targets, Year 1– January to September (9 months)		
Indicator	**Label**	**Target**
PMTCT_STAT	# of pregnant women with known status (includes women who were tested for HIV and received their results)	709 (100%)
PMTCT_ART	# of HIV+ pregnant women who received ART to reduce risk for mother-to-child-transmission during pregnancy	11 (100%)
PMTCT_EID	# of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth	11 (100%)

The IP will support all FACI ART sites 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 FACI clinical services to screen all pregnant women attending military health services for HIV
- Initiating all HIV+ pregnant women on ART; with a focus on adherence and retention during pregnancy and post-partum
- Quality Assurance / Quality Improvement of FACI PMTCT services
- Ensuring post-partum neonatal ART prophylaxis per existing Option B+ guidelines
- 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
- Routine opt-out HIV testing for partners (including partner notification options for all sexual partners) of pregnant women to identify HIV serodiscordant couples
- Begin discussions to transfer PMTCT low yield testing to the FACI

HIV/AIDS Care and Treatment

Technical Area Targets, Year 1– January to September (9 months)				
Indicator	**Label**	**Military**	**Civilian**	**Total**
TX_NEW	# of adults and children newly enrolled on ART	179	774	953
TX_CURR	# of adults and children currently receiving ART	952	4,271	5,223
TX_RET	# of adults and children known to be alive and on treatment 12 months after initiation of ART	88	2,673	2,761
TX_PVLS	Percentage 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)	857 90%	3,844 90%	4,701
TX_TB	The proportion of ART patients screened for TB in the semiannual reporting period who are receiving TB treatment	904	4,059	4.963
TB_ART	The number of HIV-positive new and relapsed TB cases on ART during TB treatment	0	110	110

The IP will work closely with the FACI to scale-up the HIV Care and Treatment program and increase the FACI's capacity to deliver comprehensive and quality HIV care and treatment in a sustainable and cost effective way.

The IP will work closely with the FACI to continue to provide quality and comprehensive HIV/AIDS care and treatment services throughout the country. The IP will continue to practice Test and Start (starting ART immediately upon HIV diagnosis) for FACI military members and for civilians.

The IP will be responsible for:

- Enrollment into HIV clinical care and treatment
  - Aggressive enrollment of HIV-infected military personnel nationwide and HIV-infected civilians into clinical care and treatment
- Ongoing clinical support for all ART patients
  - Supporting the FACI with multi-month scripting according to the national policy
  - Clinical monitoring of all HIV+ positive patients including CD4 at baseline, viral load at first 6 months and then every 12 months

thereafter, tuberculosis screening, screening for other opportunistic infections including cryptococcosis, etc.
    - Support military on ART during deployment
    - 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, etc.
    - Universal TB screening using standard TB questionnaire at least every 6 months for 100% of HIV-infected individuals in care
    - Close coordination with FACI to track down and follow enrolled patients that are deployed, to ensure they have their meds and continue to receive regular viral load (SMS VL results and education) and other required lab checks and ensure that they are included in data reporting back to FACI during deployment (ie: counted as part of TX_CURR cohort, VL result recorded, etc.)
    - Medication adherence and retention support including treatment literacy, active tracing and peer support groups for HIV+ patients, and other evidence-based retention interventions for adults men and women, children, and pregnant women on ART.
    - Community-based ART distribution when and where necessary
- Coordination of HIV clinical care and treatment services
    - Organize a comprehensive training program for HIV curriculum targeting officers from the CISSA "Centre d'Instruction des Services de Sante des Armees" in the view of enhancing their capacities for addressing HIV prevention, care and treatment activities
    - Planning, logistics, and monitoring of ART clinics to reach military ART targets
    - Promoting ongoing communication and collaboration between FACI 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
    - Transitioning first-line ART to Tenofovir Lamivudine Dolutegravir (TLD) in all FACI facilities

Clinical Laboratory Support

Clinical laboratories for HIV care and treatment are present at eight (8) military sites. The IP will work with FACI clinical and laboratory staff in support of all HIV laboratory services.

The IP will be responsible for:

- Implementation of an electronic data management system in the military laboratory network with appropriate SOPs
- Inventory control, forecasting, and follow-up with MoH services for laboratory reagents supply to ensure that laboratory services are uninterrupted
- Training of the laboratory staff on the use of the equipment
- Ensure monitoring laboratory quality improvement and adherence to quality systems and guidelines through routine visits to each of the labs to assess achievements, review/evaluate activities, and provide recommendations with the development of improvement plans to resolve any identified problems
- Linking FACI laboratory services to other laboratory resources at the district, provincial, and national levels
- Building capacity in the FACI for FACI staff to take full ownership of lab functionality
- Working with the military on an aggressive timeline towards full lab accreditation
- Laboratory refurbishment work for viral load testing services delivery in five (5) military laboratories – CDC will provide equipment and training to have one (1) viral load testing capacities in *Hopital Militaire d'Abidjan (HMA)*, and viral load testing satellite capacities in four (4) military medical centers: *ICT 4eme Bataillon Korhogo, ICT Camp Genie Bouake, CMM @eme Bataillon Daloa, CMM Brigade San Pedro*.

HIV Clinical Monitoring Systems (Strategic Information)

Successful tracking of patient level data is critical to the success of the FACI 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 FACI 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 FACI to support the collection of patient-level data, the clinical and programmatic use of data, and the reporting of site-level data to DHAPP and the FACI leadership. All medical record (EMR) work should be coordinated and aligned with PEPFAR, 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 FACI clinical staff and leadership; and, how the IP will responsibly protect military data from dissemination outside of FACI and DHAPP.

The IP will be responsible for:

- Implementation at scale of an electronic data management system for patients records (EMR) with appropriate SOPs
- Staffing support and mentoring of existing FACI staff for data entry, information technology assistance, data managers, etc. to fill any gaps where the FACI is unable to provide sufficient staff

- Training and on-the-job mentorship of FACI clinical staff on the use of any clinical monitoring system at site and national/program levels
- All data collection tools available on all sites with no stock out
- 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 FACI, DHAPP, and PEPFAR disaggregated by military and civilian and all other MER required disaggregation
- Securing all patient-level and site-level data from dissemination outside of FACI and DHAPP without prior approval from FACI
- Support for data entry, cleaning, reporting, analyzation, and use
- Implementation of clinical monitoring system, including maintenance of network infrastructure (if necessary)
- Listing and mapping of all military personnel available in the FACI trained in HIV-related domains.
- Listing and mapping of all military laboratory equipment.
- Support evidence based surveillance.

HIV Military Health System Strengthening

The success of the DOD-FACI partnership program for sustainable HIV epidemic control among the military and non-military population seeking health services in military settings will rely on a strong military health system. And the vision of PEPFAR for health systems strengthening is to address the major gaps identified and reviewed on a yearly basis during the assessment of the Sustainability Index Dashboard (SID) process.

For the phase I of the grant (January to September 2019), the IP will be responsible for:

- Update of Ministry of Defense's HIV policies to integrate new priorities and their modalities of application
- Strengthening of the Ministry of Defense's HIV Sectoral Committee (CLSL) capacities - to lead high quality coordination and planning activities, and the Military Health Training Center (CISSA) - to lead high quality in-service trainings (minor repairs, office supplies, virtual library)
- Assessment of 2018-2022 Military HIV Strategic Plan's year 1 implementation status including financial reporting, and support to the production of the following year budgeted operational plan
- Advocacy efforts (workshops/meetings) for the request to increase GoCI and other health sector donors contribution towards HIV/AIDS for the military sector;
- Provision of technical assistance to the Ministry of Defense to effectively track accurate information on expenditures in HIV sector;

- Support to the creation of a Central Strategic Information Department and Regional Quality Management Offices to strengthen the military service delivery quality and the Military Strategic Information System (SISA);
- Support of quarterly monitoring and coordination regional meetings between the CSLS/D, the health directors of each military branch, the DSASA and field actors.

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
- Partner Performance Management: Grantee shall submit weekly status of target achievements no later than 2 opening days after each week, and monthly status of target achievements and budget consumption by cost category no later than the 15th of the following month.
- Reports will follow DHAPP Headquarters and Country Team Templates