AMENDMENT 0010

BROAD AGENCY ANNOUNCEMENT (BAA)
Number DHAPP-BAA-15-002

"FY15 – FY16 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 0010 is to incorporate the following:

NHRC/DHAPP is accepting "Concept papers" for Jamaica, South Sudan, Zambia, and Malawi as described below through 28 September 2015.

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

Eligible Applicants are requested to submit **Concept Papers** following the guidelines and format provided in the DHAPP BAA-15-002, 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.

JAMAICA: Stigma and Discrimination among Key Populations

	Phase 1
HVSI	$100,000
TOTAL	**$100,000**

Proposals are requested for an 18 month study to research and document incidences and the effects of stigma and discrimination (S&D) on HIV diagnosis, care and treatment among key populations (KP) in Jamaica. Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the MOH will focus on strategic information (HVSI). The TBD implementing partner (IP) must work in complete coordination with the MOH and MOH-designated national partners, as well as the DHAPP/DoD Program Manager based at the US Embassy in Barbados and the DHAPP Headquarters Team.

The IP will work directly with the Jamaican Ministry of Health (MOH) and its stakeholders through the Department of Defense HIV/AIDS Prevention Program (DHAPP) to generate significant progress towards achieving HIV epidemic control by identifying barriers of S&D that impede access to HIV prevention, care, and treatment. The proposal must demonstrate collaboration and support from national partners. Activities must be clearly aligned with the 2015 Caribbean Regional Operating Plan. Performance milestones must meet Technical Assistance – for Service Delivery Improvement (TA-SDI) guidelines.

Study Narrative:

The clinical cascade has become the framework for aligning and assessing HIV-related program activities. A recent assessment demonstrated significant attrition within the Jamaican public health care system with substantial gaps in testing, retention and adherence. According to the MOH, there are currently 18,939 persons linked to care but only 8,648 (46%) retained in care. There is reason to believe that stigma and discrimination are contributing to this large gap in retention.

The overall goal of the study is to collect, document and analyze strategic information on the extent and forms of individual-, community-, and institutional-level S&D experienced by people living with HIV (PLHIV) with emphasis on key populations in select high volume treatment sites.

The IP will be responsible for:

- Conducting focus group interviews, qualitative interviews, and surveys to document the attitudes and practices of clients and staff in select treatment settings. The sample size will include a minimum of 40% of KPLHIV in the select treatment settings and a representative sample of site staff, including but not limited to: health care providers (e.g. technician, nurses, clinicians) and ancillary/supporting staff (e.g. laboratory, pharmacy, triage persons, counselors, cashiers, guards).
- Compiling and analyzing the various sources of information, including data available through the MOH.

- Making recommendations to mitigate incidences of HIV-related S&D documented during the study through targeted interventions to improve retention in care and the overall quality of the service delivery system. Further, recommendations must address any needs for monitoring and evaluation (M&E) found during the study.
- Preparing and presenting a final report of findings to DHAPP, the Jamaican MOH and other stakeholders identified.

WORK PLAN:

- 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.

SOUTH SUDAN: Improving HIV/AIDS Care and Treatment

	Phase 1	Phase 2	Phase 3	Phase 4
HTXS	$350,000	$350,000	$350,000	$350,000
HVTB	$150,000	$150,000	$150,000	$150,000
HVCT	$100,000	$100,000	$100,000	$100,000
TOTAL	**$600,000**	**$600,000**	**$600,000**	**$600,000**

Proposals are requested to support the Sudanese People's Liberation Army (SPLA) to reduce the number of new HIV infections among members of the SPLA, their families, and the surrounding civilian communities served by SPLA health facilities. The TBD partner will support the SPLA to improve their HIV care and treatment program, working towards the UNAIDS goal of 90-90-90. Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the SPLA will focus on the following OGAC funding areas: 1) Adult Care and Treatment (HTXS), 2) Tuberculosis/HIV Co-infection, and 3) HIV Testing and Counselling (HVCT).

Activities are to be implemented through the Sudanese People's Liberation Army (SPLA) HIV/AIDS Secretariat. The TBD partner must work in complete coordination with the military's HIV prevention and health services, as well as the DHAPP/DoD Program Manager in Juba and the DHAPP Headquarters Team. Within the proposal the partner will need to demonstrate transition of programmatic capabilities and capacity to the military over the life of the grant. The Grantee is the Implementing Partner and will be referred to as IP in this document.

Adult Care and Treatment (HTXS) - $350,000

Adult Care and Treatment Targets, Year 1		
Indicator	**Label**	**Target**
CARE_CURR_TA	Number of HIV-positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load	2500
CARE_NEW_TA	Number of HIV-positive adults and children newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	300
TX_CURR_TA	Number of adults and children with HIV infection receiving antiretroviral therapy (ART)	1200
TX_NEW_TA	Number of adults and children newly enrolled on ART	500

TX_RET_TA	Percentage of adults and children known to be alive and on treatment 12 months after initiation of ART	75%

The IP will be responsible to:

- Partner with the SPLA to support the ongoing improvement of HIV care and treatment services provided at Juba Military Hospital
- Employ a Clinical Program Manager, who will provide technical oversight in the quality improvement of the SPLA's HIV Care and Treatment program
    - Contracted Clinical Program Manager will oversee implementation of recommendations from ICAP and other assessments conducted within the Juba Military Hospital ART clinic;
    - The Clinical Program Manager will provide technical assistance for quality improvement in the standard of medical care within the ART unit(s);
    - The Clinical Program Manager will provide training and mentoring to HTC staff to assure linkages between HIV testing and clinical services, including active referrals and counter-referrals;
    - Ensure dissemination of national and SPLA guidelines, standard operating procedures and updates;
    - Support the program to monitor patient retention and medication adherence, including active patient tracking
- Employ a local Project Manager who will manage day to day project operations and act as liaison between the Ministry of Defense, Ministry of Health, SPLA HIV Secretariat, DHAPP HQ, and in country PEPFAR South Sudan team
    - Project Manager will be the primary individual responsible for project monitoring, overseeing the quality of implementation and the achievement of targets
    - Project Manager will spearhead collection of site level program data on a quarterly basis for preparation and reporting to SPLA and DHAPP HQ. Project Manager will review data with SPLA to inform programmatic decision making on a quarterly basis
- Support SPLA HIV Secretariat with basic operating expenses (internet, fuel for generator, vehicle maintenance) for a 12 month transition period.

Tuberculosis/HIV (HVTB) - $150,000

Tuberculosis/HIV Targets, Year 1		
Indicator	**Label**	**Target**
TB_SCREEN_TA	% of PLHIV in HIV clinical care who were screened for TB symptoms at the last clinical visit	80%
TB_ART_TA	% of registered new and relapse TB cases with documented HIV+ status who are on ART during TB treatment	90%

The Juba Military Hospital provides TB screening for PLHIV and is currently exploring strategies to equip JMH with the capabilities to perform TB diagnosis and treatment. Current priority is placed on ensuring that all patients with presumptive TB or TB disease receive HIV testing and are provided immediate access to ART, with the goal of providing universal ART coverage among HIV-infected TB patients and universal TB screening for all HIV-infected individuals.
The IP will be responsible to:

- Support the SPLA to implement, track, and report on TB screening among all PLHIV (including pregnant and breastfeeding women and their children),
- Ensure referral for diagnostic follow up for PLHIV with presumptive TB
- Support the SPLA to provide all patients with presumptive TB or TB disease with HIV testing, ensuring PLHIV with TB are enrolled into care and initiated on cotrimoxazole and ART
- Strengthen HIV program monitoring to ensure documentation of TB screening, TB status, and TB treatment of PLHIV
- Support the development of necessary facility policies, screening tools/algorithms, and recording systems
- Provide technical assistance to strengthen referral and follow up between TB and HIV programs

HIV Testing and Counselling Services (HVCT) - $100,000

HIV Testing and Counselling Targets, Year 1		
Indicator	**Label**	**Target**
HTC_TST_TA	Number of individuals who received HTC services and received their test results during the PEPFAR reporting period	5,500
HTC_TST_TA (Disagg: Positive)	Dissagregation of the above indicator. Number of HIV-positive individuals identified through PEPFAR supported HIV testing and counselling services	500

The SPLA currently provides HIV Testing and Counselling services to military, their dependents, and surrounding civilian communities at 7 fixed sites (Juba Military Hospital, Bilpam, Mogiri, Lainya, Yei, Nimule and Owiny Kibul) as well as mobile HTC outreach to smaller units nearby. While testing and outreach services have recently slowed given the current conflict situation, the IP is requested to provide continued TA support to providers and HTC counsellors at static sites and facilities. Any outreach testing should focus on highest HIV burden locations. The IP should work with the SPLA to ensure that any positives identified are linked to HIV care and treatment with the goal of achieving 90% linkage of HIV+ individuals identified through testing at static sites and 85% linkage of HIV+ individuals identified through outreach testing. The IP will monitor HIV testing yield; modifying strategies or locations that are not identifying and/or linking significant numbers of HIV positive persons to HIV care and treatment.

The IP will be responsible for:

- Training a minimum of 80 SPLA health providers in Provider-Initiated Testing and Counseling (PITC) with focus placed on providers at Juba Military Hospital.
- Quality Improvement / Quality Assurance for all SPLA HIV Testing Services (HTS) including continuous training and mentoring.
- Tracking PLHIV from HTS to clinical care and treatment services
- Procurement of HIV test kits to avoid shortages and stock outs.
- Training the military in Supply Chain Management to ensure commodity forecasting and distribution (with specific emphasis on condoms and tests) are adequate to meet the needs of military health facilities.
- Providing support as needed with commodity distribution to hard-to-reach locations.

WORK PLAN:

- 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.

ZAMBIA: ZDF Voluntary Medical Male Circumcision Scale-Up

	Phase 1	Phase 2	Phase 3	Phase 4
CIRC	$750,000	$750,000	$750,000	$750,000
TOTAL	**$750,000**	**$750,000**	**$750,000**	**$750,000**

Proposals are requested to support the Zambia Defense Force (ZDF) to reduce the number of new HIV infections among military personnel, their families, and the surrounding. The partner will work with the Defense Force Medical Services (DFMS) to aggressively scale-up the military voluntary medical male circumcision program to achieve 90-90-90 goals for HIV epidemic control within the military over the life of this grant.

Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the ZDF will focus on the following OGAC funding areas: 1) Voluntary Medical Male Circumcision (VMMC). 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 ZDF DFMS, the DHAPP/DoD Program Manager based at the US Embassy in Lusaka, and the DHAPP Headquarters Team. The Grantee is the Implementing Partner and will be referred to as IP in this document.

The partner must work in complete coordination with the ZDF's Defense Force Medical Services (ZDFMS), DHAPP/DoD Program Manager based at the US Embassy in Lusaka, and the DHAPP Headquarters Team. Within the proposal the partner will need to demonstrate transition of programmatic capabilities and capacity to the military over the life of the grant. The Grantee is the Implementing Partner and will be referred to as IP in this document.

Technical Area Targets, Year 1		
Indicator	**Label**	**Military**
VMMC_CIRC	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period	7,500
VMMC_AE	Number of males circumcised surgically or by medical device that experienced at least one moderate or severe adverse event(s) (AEs)	34
PP_PREV	Number of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period	8,250

The IP will work closely with ZDF to provide comprehensive VMMC services in five high HIV prevalent provinces (Central, Copperbelt, Eastern, Lusaka, TBD) in 12 health facilities to reach uncircumcised men in the target age group (15-29 years). Targets for VMMC will focus on generating significant progress towards maximum and immediate
impact on the HIV epidemic. Progress on achieving Year 1 targets (68.1% expected coverage) will be frequently monitored and may be revised to attain 80% saturation by 2017 among PLHIV attending the 12 health facilities.

The IP will provide technical assistance to transition VMMC services to ZDF leadership to champion the program and strengthen overall coordination. The IP will work closely with ZDFMS to integrate all components of program implementation into existing ZDF activities according to ZDF protocols and regulations. Site-specific work plans will be developed and refined through continuous consultations with ZDF officials and relevant non-governmental organization (NGO) partners.

The IP will be responsible for:

- Demand creation using a combination of communication approaches
    - Raise awareness of VMMC as an HIV/STI prevention method through troop-level education and individual behavior change counseling for 8,250 ZDF VMMC clients and their female partners.
    - Orientation of 30 ZDF and community peer educators on VMMC information and promotional techniques to support community mobilization and sensitization.
- Training, mentorship, and supportive supervision
    - Development of a ZDF-specific mentorship training package for 32 VMMC providers from supported sites. Mentors will conduct quarterly supportive supervision visits, which will include clinical mentoring and use of quality assurance systems at ZDF sites to identify gaps and cultivate strategies to improve the quality of services.
    - Conduct trainings in VMMC clinical skills and counseling for 16 ZDF personnel.
- Quality service delivery
    - Development, implementation and coordination of strategies to link the highest at risk sub-populations of the VMMC eligible population in the military.
    - Procurement and distribution of male medical circumcision kits to reach 7,500 ZDF clients.
    - Provision of the WHO-prescribed minimum package of VMMC services at static and mobile service delivery points.
    - Support to community and facility staff in the provision of VMMC services offered in through the use of static and mobile models with extended hours.
    - Counseling and referral of identified HIV-infected VMMC clients to ensure linkage to care and treatment.

WORK PLAN:

- 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:

- Grantee must present quarterly programmatic and financial reports to the DHAPP Program Manager in Country; Quarterly Reports are due on the 10th of the first month of the next quarter.
- Grantee must submit PEPFAR Semi Annual Progress Report and the Annual Progress Report to DHAPP Program Manager in Zambia and DHAPP Headquarters – following the dates established by OGAC and the PEPFAR Team in Country;
- Reports will follow DHAPP Headquarters and Zambia PEPFAR Team Templates

ZAMBIA: ZDF Cross Cutting

	Phase 1	**Phase 2**	**Phase 3**
MTCT	$200,000	$200,000	$200,000
HVCT	$400,000	$400,000	$400,000
HLAB	$300,000	$300,000	$300,000
HVSI	$250,000	$250,000	$250,000
TOTAL	**$1,100,000**	**$1,100,000**	**$1,100,000**

Proposals are requested to support the Zambia Defense Force (ZDF) to reduce the number of new HIV infections among military personnel, their families, and the surrounding community catchment areas at ZDF facilities. The TBD partner will work with the Defense Force Medical Services (DFMS) 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 grant. Activities will focus on a minimum of 43 ZDF facilities in seven high burden provinces: Muchinga, Luapula, Northern, Lusaka, Central, North Western, and the Copperbelt. The majority of effort will target high-yield sites with aggressive scale up of activities to reach 80% saturation of ART coverage among people living with HIV (PLHIV) among these sites by 2017. Lower yield sites will receive ongoing support for passive enrollment via HIV testing and counseling on request or as indicated by clinical symptomology, care and treatment services for PLHIV, and essential laboratory services for PLHIV. The IP will closely frequently analyze data to inform strategic interventions needed to improve the quality of services provided to achieve 90-90-90 goals.

Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the ZDF will focus on the following OGAC funding areas: 1) Prevention of Mother-to-Child HIV Transmission (PMTCT); 2) HIV Testing Services (HVCT); 3) Laboratory (HLAB); 4) Strategic Information (HVSI); and 5) Health Systems Strengthening (OHSS). 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 ZDF DFMS, the DHAPP/DoD Program Manager based at the US Embassy in Lusaka, and the DHAPP Headquarters Team. The IP will implement a monthly monitoring and evaluation plan to collect and analyze data to inform strategic interventions needed to improve the quality of services provided. The Grantee is the Implementing Partner and will be referred to as IP in this document.

Prevention from Mother-to-Child HIV Transmission: $200,000

Indicator	Label	Total
PMTCT_STAT	Number of pregnant women who were tested for HIV and know their results plus number of pregnant women with known HIV status at entry to services	507
PMTCT_ARV	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child transmission during pregnancy	661
PMTCT_EID	Number of infants who had a virologic HIV test within 12 months of birth during the reporting period	591
PMTCT_CTX	Number of infants born to HIV-positive women who were started on cotrimoxazole prophylaxis within two months of birth at USG supported sites within the reporting period	591
PMTCT_FO	Number of HIV-exposed infants with a documented outcome by 18 months of age	557

In 2013, Zambia adopted WHO Option B+ for PMTCT along with the elimination of Mother-to-Child Transmission (eMTCT) strategy to reduce the transmission of HIV from pregnant and breastfeeding women to their children to less than 5% by 2015. Additionally, the Zambia PEPFAR team has tailored their fiscal year 2016 plan to target priority geographic locations with the goal of reaching 90% coverage of HIV positive pregnant women by 2017.

In line with this plan, the implementing partner will support the ZDF to achieve this goal through the following defined package of core services:

- Training for healthcare workers;
- HIV case finding among pregnant and breastfeeding women and HIV exposed infants;
- Institutionalization of monitoring and evaluation (M&E) systems for cohort monitoring;
- Incorporation of quality assurance systems for HIV rapid testing;
- Laboratory clinical monitoring;
- Scale-up of Option B+; and

- Support for adherence and retention of mother-baby pairs in Option B+ and through community lay workers.

The IP will be responsible for:

- Providing HTS and identifying 507 HIV-positive pregnant women who receive their test results.
- Initiating 661 HIV-positive pregnant women on ARVs in PMTCT settings to reduce MTCT.
- Training health care workers and military medical assistants (MMAs) in the provision of PMTCT services according to national or international standards.
- Providing cotrimoxazole (CTX) prophlyaxis to 591 HIV-exposed infants within two months of birth and ensuring: a) 100% are tested for HIV with a virologic test within 12 months of birth and b) 95% have a documented final outcome by 18 months of age.
- Ensuring program retention and ART adherence among mothers and infants in care and treatment.
- Quality improvement activities include ongoing technical support and mentorship as well as regular administration of specific quality assessment/quality improvement (QA/QI) tools.

HIV Testing Services: $400,000

Indicator	Label	Total
HTC_TST	Number of individuals who received HTC services and received their test results during the PEPFAR reporting period	10,643
HTC_TST (Disaggregation: Positive)	Number of HIV+ individuals identified of those tested during the reporting period	2,796

The IP will work closely with ZDF to aggressively scale-up HIV testing services in an effort to achieve 80% coverage of HIV testing services (HTS) among military personnel, their families, and the surrounding civilian populations by 2017. The IP will provide support to increase the number of service outlets providing HTS according to national and international standards, including the expansion of provider-initiated testing and counseling at high-yield entry points (inpatient wards, tuberculosis (TB) clinics, malnutrition treatment sites).

The IP will be responsible for:

- Training health care workers and military medical assistants in HTS according to national and international standards.
- Providing HTS to 10,643 individuals and identifying 2,796 HIV-positive persons.

- Increasing quality of HIV testing and counseling services (including PITC) to individuals, couples, and families.
- Strengthening linkages from HTC to treatment, care & support services
- Supporting the use of electronic and paper based systems to monitor linkages from HTC to care and treatment.
- Supporting demand generation activities to increase uptake of services (in scale-up sites).
- Providing technical support and mentorship as well as regular administration of specific quality assessment/quality improvement (QA/QI) tools.

Clinical Laboratory Support: $300,000

The IP will be responsible to work with ZDF to strengthen the laboratory infrastructure for improved access, quality, and coverage of HIV related diagnostic testing. Activities include quality assurance programs for diagnosis of HIV, TB, other comorbidities and opportunistic infections, enhancement of laboratory infrastructure, support for national equipment Sustained program, training and capacity building of staff, and referral process improvement for laboratory specimens.
The IP will be responsible for:

- Within six months the IP will complete a needs assessment of the selected facilities.
- Building capacity of 20 facilities with HIV testing laboratories that can perform clinical laboratory tests including but not limited to HIV, CD4, hematology, chemistry and RPR. This will be over the life of the award.
- Yearly training 80 health care workers in the provision of HIV laboratory services
- Providing technical support and mentorship as well as regular administration of specific quality assurance/quality improvement (QA/QI) tools.

Strategic Information: $250,000

The IP will be responsible for strengthening QA/QI aspects of supported service areas. Activities include:

- The creation and training of ZDF QA/QI teams with provision of technical support in the development of a QA/QI plan.
- Conducting annual Data Quality Assessments in coordination with ZDF, the in-country DHAPP team, and other partners
- Support ZDF staff to strengthen monitoring and evaluation skillset including the routine collection and analysis of program data for improved programmatic decision making.
- Generation of reports that include information on relevant indicators, baseline assessment, and final project evaluation report.

- The partner will support the ZDF to provide *quarterly* supportive supervision visits to all supported facilities to monitor and track progress towards the implementation of activities and the achievement of programmatic targets.

WORK PLAN:

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

REPORTING:

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

ZAMBIA: ZDF Care and Treatment Scale-Up

	Phase 1	Phase 2
HVTB	$ 350,000	$ 300,000
HBHC	$ 400,000	$ 350,000
PDCS	$ 182,332	$ 150,000
HTXS	$1,702,242	$ 900,000
PDTX	$ 350,000	$ 300,000
TOTAL	**$2,984,574**	**$2,000,000**

Proposals are requested to support the Zambia Defense Force (ZDF) to reduce the number of new HIV infections among military personnel, their families, and the surrounding community catchment areas at ZDF facilities. The TBD partner will work with the Defense Force Medical Services (DFMS) 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 grant. Activities will focus on a minimum of 43 ZDF facilities in seven high burden provinces: Muchinga, Luapula, Northern, Lusaka, Central, North Western, and the Copperbelt. The majority of effort will target high-yield sites with aggressive scale up of activities to reach 80% saturation of ART coverage among people living with HIV (PLHIV) among these sites by 2017. Lower yield sites will receive ongoing support for passive enrollment via HIV testing and counseling on request or as indicated by clinical symptomology, care and treatment services for PLHIV, and essential laboratory services for PLHIV. The IP will closely frequently analyze data to inform strategic interventions needed to improve the quality of services provided to achieve 90-90-90 goals.

Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the ZDF will focus on the following OGAC funding areas: 1) Adult Care (HBHC); 2) Pediatric Care and Support (PDCS); 3) TB/HIV Integration (HVTB); 4) Adult Treatment (HTXS); 5) Pediatric Treatment (PDTX). 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 ZDF DFMS, the DHAPP/DoD Program Manager based at the US Embassy in Lusaka, and the DHAPP Headquarters Team. The IP will implement a monthly monitoring and evaluation plan to collect and analyze data to inform strategic interventions needed to improve the quality of services provided. The Grantee is the Implementing Partner and will be referred to as IP in this document.

Tuberculosis Diagnosis and Treatment (HVTB) $350,000

Indicator	Label	Total
TB_SCREEN	Number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	18,800
TB_STAT	Number of registered new and relapsed TB cases with documented HIV status, during the reporting period	162
TB_ART	Number of new and relapsed registered TB cases with documented HIV-positive status who are on ART during TB treatment during the reporting period	1,007
TB_IPT	Number of PLHIV newly enrolled in HIV clinical care who start IPT and received at least one dose, during the reporting period	2,881
TB_OUTCOME	TB treatment outcomes among registered new and relapsed TB cases who are HIV-positive	906

The IP will work closely with the ZDF to aggressively scale-up TB diagnosis, care, and treatment services in the focus regions. The IP will support the ZDF to increase the number of service outlets and health care workers providing TB treatment to HIV-infected individuals (diagnosed or presumed) in health facilities providing care and treatment Linkages between ART and TB clinics will be strengthened through referral processes.

The IP will be responsible for:

- Ensuring that 100% of patients with presumptive TB or TB disease receive HIV testing and counseling and initiate 100% of those that are co-infected on ART (Target for TB/HIV patients starting ART in Year 1 is 1,007).
- Supporting integration of TB/HIV care and treatment to ensure linkages and retention.
- Ensure that 18,800 HIV positive patients are screened for TB and refer those identified for TB diagnosis and treatment.
- Ensuring that 60% of HIV positive individuals who do not have TB disease are initiated on Isoniazid Preventive therapy (Target for TB infected patients starting IPT in Year 1 is 2,881).
- Expanding interventions, including Xpert MTB/RIF assay to improve early diagnosis and treatment of TB among PLHIV.
- Supporting TB infection control measures to prevent transmission of TB in healthcare and community settings.
- Strengthening TB/HIV program monitoring and evaluation.

Adult and Pediatric Care and Support (HBHC): $400,000

Indicator	Label	Total
CARE_NEW	Number of HIV-positive adults and children newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	2,237
CARE_CURR	Number of HIV-positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load	22,741
CARE_SITE	Number of PEPFAR-supported clinical care sites at which at least 80% of PLHIV received the following during the reporting period: 1) clinical assessment (WHO staging) OR CD4 count OR viral load, AND 2) TB screening at last visit, AND 3) if eligible, cotrimoxazole	10

The IP will work closely with ZDF in the provision of evidence-based care and support services for HIV positive clients through clinical mentorship and monitoring. Trained providers will be supported with treatment algorithms and triages that will enable them to provide a care package that consists of: CD4 monitoring and clinical staging for pre-ART adults; viral load testing; provision of CTX prophylaxis; linkage of facility-based services with community-based structures; facility-based positive health and dignity promotion (PHDP) services including adherence counseling and support, condom promotion and distribution; family planning counseling and provision of commodities, patient treatment literacy; and adherence counseling and support through use of mobile text messaging services. Quality improvement activities will include ongoing technical support and mentorship as well as regular administration of specific quality assessment/quality improvement (QA/QI) tools.
The IP will be responsible for:

- Supporting the training of health workers through clinical mentorship and monitoring.
- Newly enrolling 2,237 HIV-positive adults and children into clinical care and provide at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load.
- Maintaining 22,741 HIV-positive adults and children in care and provide continuing care, including clinical assessment (WHO staging), CD4 count, or viral load according to national guidelines.
- Providing support to 10 PEPFAR-supported clinical care sites in which at least 80% of PLHIV received one of the following services: 1) clinical assessment (WHO staging) OR CD4 count OR viral load, AND 2) TB screening at last visit, AND 3) if eligible, cotrimoxazole.

Pediatric Care and Support (PDCS): $182,332

The IP will work closely with the ZDF to increase the number of children newly initiated and continuing treatment in the focus regions.
The IP will be responsible for:

- Scaling up Early Infant Diagnosis sample collection, transportation and result return
- Creating and implementing models of facilitated linkage processes at point of diagnosis to address loss to follow-up prior to treatment enrollment.
- Appropriate clinical staging and laboratory monitoring to guide pediatric care and treatment.
- Promoting a comprehensive package of pediatric HIV care and treatment, including antiretroviral treatment, treatment of malnutrition and life-threatening infections, and pain and symptom management, all within a family-centered context.
- Developing and implementing strategies to decrease loss to follow-up through health facility- and community-based retention strategies. This is to include establishing a system of peer support for adolescents involving a treatment buddy program and peer support.
- Implementing of consolidated pediatric treatment guidelines and recommendations as well as alignment with the OVC Minimum Standards, National Plan of Action for Children, and forthcoming GRZ standards for vulnerable children.
- Training, mentoring, and supervision of health care workers to provide high quality pediatric care and treatment services.
- Quality improvement activities include ongoing technical support and mentorship as well as regular administration of specific quality assessment/quality improvement (QA/QI) tools.

Adult and Pediatric Treatment (HTXS): $1,702,242

Indicator	Label	Total
TX_NEW	Number of adults and children newly enrolled on ART	969
TX_CURR	Number of adults and children with HIV infection receiving antiretroviral therapy (ART)	21,894
TX_VIRAL	Number of adult and pediatric ART patients with a viral load result documented in the patient medical record within the past 12 months	2,189
TX_UNDETECT	Number of viral load tests from adult and pediatric ART patients conducted in the past 12 months with viral load <1,000 copies/ml	1,095

TX_RET	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	1,046

The IP will work closely with the ZDF to increase the number of service outlets providing HIV-related palliative care, excluding TB/HIV, with an expected consequent increase in the number of individuals provided with care. The core package of services to be provided includes clinical staging, CD4 count, viral load, OIs diagnosis, treatment and prevention through prophylaxis with cotrimoxazole (CTX) per national protocols, TB screening & treatment, and referrals of PLHIV to community-based care services.

The IP will continue an emphasis on human resource development with the provision of refresher training on a full package of HIV Care & Treatment to DFMS service providers in collaboration with ZDF. The IP will also provide TA to ZDF providers to strengthen linkages between community-based and clinic-based HIV care services.

The IP will be responsible for:

- 969 adults and children newly enrolled on antiretroviral therapy (ART).
- A total of 21,894 adults and children receiving ART.
- 2,189 adult and pediatric ART patients with a documented viral load result in their patient medical record within the past 12 months.
- 1,095 adults and pediatric ART patients with undetectable viral load at <1,000 copies/ml.
- 1,046 adults and children who are still alive and on treatment at 12 months after initiating ART.
- Training health care workers to provide HIV palliative care (excluding TB/HIV), adult ART and opportunistic infection services according to national and international standards.
- Training military medical assistant to provide adherence counseling and screening for chronic conditions such as diabetes and hypertension.
- Quality improvement activities including ongoing technical support and mentorship as well as regular administration of specific quality assessment/quality improvement (QA/QI) tools.

Pediatric Treatment (PDTX): $350,000

The IP will work closely with the ZDF to generate significant progress made towards doubling the number of children on treatment. An additional focus area will be the implementation of adolescent specific HIV services that will involve the training of health care providers based on best practice models.

The IP will be responsible for:

- Enhancing early identification of HIV infected children through index adult patient linked family testing.
- Implementing routine PITC in all service points where children are accessed (priority districts).
- Improving the quality of EID services.

WORK PLAN:

- 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.

MALAWI: HIV Clinical Monitoring Systems

Program Area	Phase 1- 24 m	Phase 2- 12 m	Phase 3- 12 m	Phase 4- 12 m
HVSI	$300,000	$100,000	$100,000	$100,000
Total	**$300,000**	**$100,000**	**$100,000**	**$100,000**

Proposals are requested to provide the Malawi Defense Force (MDF) with eHealth capabilities. Successful tracking of patient level data is critical to the success of the Malawi Defence Force (MDF) clinical care and treatment program's ability to monitor progress towards epidemic control. The military is a highly mobile population. Clinical monitoring systems, including patient level data, are required to ensure that MDF clinical staff have access to the right information at the right time in any location the patient may be seen.

The successful offeror will use a standards-based technology platform to provide eHealth capabilities including:

- Data collection using electronic tools to support the MDF/PEPFAR programs.
- Enhance operational management of medical programs and care provider productivity.
- Work with Implementing Partners (IP), DHAPP, and MDF on adoption and use of Electronic Medical Record (EMR) software for data collection and reporting.
- Tools which support PEPFAR MER reporting.
- Support networked and "occasionally connected" technical architecture that offers countrywide system capabilities.
    a. Reuse of Internet connectivity to national (eGov) broadband
    b. Intranet installation at Kamuzu Barracks and up to three additional MDF HIV clinic sites, exact locations yet to be determined.
    c. Intranet for 1 mobile clinic with 'occasionally connected' Internet capabilities for data file transfers.

Within the proposal the offeror must demonstrate a sustainable transition of eHealth platform capabilities and capacity to MDF over the life of the grant.

1. Hardware Service Activities

- Support, and train MDF to support, back-end Computer Servers, with MDF's Information and Communications Technology (ICT) unit.
- Procure computer equipment for new eHealth deployments user devices, 1 computer server per facility, Intranet (Wi-Fi) equipment for each facility and peripheral infrastructure equipment (UPS, line conditioners, cable, etc.) are the requirements for initial deployment. As well as support user devices over the course of the life of the award.

2. Network Service Activities

- Support LAN / Wi-Fi Intranet installations on military bases as directed by DHAPP.
- Support eGov Internet connectivity to National telecommunications provider.

3. Software Service Activities

- Support data collection, data management and data reporting capabilities.
- Support eHealth Reporting tools for data visualization and dashboards, including but not limited to lab results, appointments, pharmacy, etc.
- Provide eHealth training for MDF workforce to improve technologic capacity
- Specify a sustainable service level agreement (SLA) with MDF that supports electronic data tools and ICT technology infrastructure.
- Support Government of Malawi eHealth and technology standards compliance.
- Support Epidemiology information software as requested by DHAPP and MDF.
- Provide Electronic Medical Record software or collaborate with PEPFAR implementing partners.
- Support modification of software as required to enhance eHealth capabilities, including routine software upgrades to support for existing installations.

4. Help Desk Service Activities

- Establish local Help Desk with MDF and local service providers.
- Provide Help Desk ticketing system for problem tracking of response to resolution.
- Provide training of MDF personnel
- Support equipment inventory control / asset management

5. Reporting Activities

- Monthly Service Request trend report provided to DHAPP and MDF
- Quarterly Announcement Report of system upgrades provided to DHAPP and MDF
- Quarterly equipment inventory reports including equipment being returned for repairs under warrantee.
- Support a list of Cleared Employees needing data access in the performance of eHealth support and maintenance activities on a Quarterly basis.
- Quarterly report of software Quality Assurance to DHAPP and MDF.
- Monthly Communications Report of system updates and user statistics.

WORK PLAN

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.

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.