AMENDMENT 0021

BROAD AGENCY ANNOUNCEMENT (BAA)
Number DHAPP-BAA-13-002

"FY13 – FY14 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 0021 is to incorporate the following:

NHRC/DHAPP is accepting "Concept Papers" for Forcas Armadas de Defesa de Mocambique PHDB and GBV Prevention Program Support, Forcas Armadas de Defesa de Mocambique Prevention Program Support, Nicaragua Prevention Program Support, Rwanda Prevention Program Support, and Zambia Prevention Program Support as described below through 26 September 2014 for first round consideration.

Eligible Applicants are requested to submit **Concept Papers** following the guidelines and format provided in the DHAPP BAA-13-002, 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.

FORÇAS ARMADAS DE DEFESA DE MOÇAMBIQUE – **PHDP AND GBV Prevention Program Support**

Funding Summary

	BAA Y1	BAA Y2	BAA Y2
HBHC	$480,000	$480,000	$480,000
GBVI	$600,000	$600,000	$600,000
TOTAL	**$1,080,000**	**$1,080,000**	**$1,080,000**

Narrative

Proposals are requested to support the *Forças Armadas de Defesa de Moçambique* (FADM) to provide a minimum package of prevention services to all people living with HIV (PLHIV); to strengthen linkages across services and between facility and community settings; promote positive male norms, gender equity, reduction of military sexual violence, and prevention of gender-based violence (GBV). The TBD partner will work directly with the FADM in two priority technical areas: 1) adult care and support (HBHC) and 2) prevention of gender-based violence (GBV) at FADM sites across the country. The TBD partner will build on the existing programs.

Cross-Cutting

The TBD partner's program should have a significant emphasis on capacity building across all activities and technical areas. All proposals should detail how the partner will engage the FADM leadership as well as FADM 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 FADM to conduct these activities.

The TBD partner is expected to collaborate closely with the other DOD/FADM programs and implementing partners including the FADM Voluntary Medical Male Circumcision and HIV Prevention Program; the University of California San Diego (UCSD) Cloud Health Portal program; and the Vista Lifesciences Electronic Medical Records (EMR) project. The TBD partner should capitalize on existing opportunities and resources provided by the other DOD/FADM projects to strengthen the implementation of the PHDP/GBV program.

In addition, the TBD partner is required to support sufficient local staff and project space to implement the PHDP activities across all three regions of country.

HBHC ($480,000)

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

should include delivery of, or referral for: provision of condoms and risk reduction counseling; support HIV disclosure to sex partners and family members; referral for partner HIV testing; referral for STI treatment and partner treatment; assessment of family planning needs and referral for family planning services; alcohol reduction counseling; and ongoing adherence support and counseling Methods of PHDP service delivery should include an appropriate mix of one-on-one, clinic-based counseling in addition to broader, outreach-style PHDP activities. Proposals should specify how these activities will be accomplished.

The TBD partner should seek to maximize the number of PLHIV reached with PHDP activities at the clinics and the bases and communities where PLHIV live. Proposed activities should clearly identify how the partner will target PHDP services to FADM members and their families. The TBD partner should explore innovative approaches to PHDP counseling and education (e.g. virtual counseling through electronic tools) to improve the reach of these services including building on the existing FADM EMR

The TBD partner should support efforts to reduce HIV stigma and discrimination within the FADM at all levels: from soldiers, to base commanders, to leadership. In addition, the TBD partner will provide training and other technical assistance to improve client confidentiality for FADM clinical staff and other support personnel in contact with clients.

GBV ($600,000)

The TBD partner will develop, implement, and evaluate an evidence-based gender-based violence (GBV) program for soldiers in the FADM to promote positive male norms, gender equity, reduction of military sexual violence, and prevention of gender-based violence. The program should target activities at all levels within the FADM; from leadership, to base commanders, to soldiers; to ensure maximum penetration and impact. The program will provide extensive training and material support for gender and GBV prevention to FADM peer educators and drama groups in coordination with other FADM/DOD prevention partners. The TBD partner will execute the continued implementation of the GBV prevention social marketing campaign component of the PHDP/GBV project predecessor. GBV prevention efforts should utilize multiple communication channels including but not limited to: peer-to-peer education, printed distribution materials, and mass media approaches. The partner will provide technical support to all FADM/DOD partners to ensure that gender and GBV prevention activities are integrated across all technical areas. All GBV activities should aim to create a unified, visible FADM GBV prevention program.

FORÇAS ARMADAS DE DEFESA DE MOÇAMBIQUE –
Prevention Program Support

Funding Summary

	BAA Y1	**BAA Y2**
CIRC	$2,100,000	$2,100,000
HVCT	$200,000	$200,000
HVOP	$150,000	$150,000
GBVI	$20,000	$20,000
TOTAL	**$2,470,000**	**$2,470,000**

Narrative

Proposals are requested to support the *Forças Armadas de Defesa de Moçambique* (FADM) to reduce the number of new HIV infections and other sexually transmitted diseases among members of the FADM, their families, and the civilian communities served by the FADM. The TBD partner will work directly with the FADM in three priority technical areas: 1) safe male circumcision (SMC); 2) HIV testing and counseling (HTC); and, 3) non-clinical HIV prevention at FADM sites across the country. The TBD partner will build on the existing programs. To ensure that the program is reaching those at higher risk for HIV infection, the primary target for all proposed prevention activities should be members of the FADM and their families.

The TBD partner's program should have a significant emphasis on capacity building across all activities and technical areas. All proposals should detail how the partner will engage the FADM leadership as well as FADM 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 FADM to conduct these activities.

Cross-Cutting

The TBD partner will work with the FADM to develop an annual, intensive combination HIV prevention campaign that rotates through the FADM bases providing SMC, HTC, condom promotion and distribution, and peer education/outreach. The partner will assist the FADM in all aspects of the campaign including: planning, mobilization, material creation and distribution, and service delivery in partnership with the FADM personnel. The partner should also assist in developing a strategy and timeline for the updating of campaign materials (billboards, posters, brochures, etc.) to determine how often materials need to be updated before they become ineffective.

All prevention activities, including the combination prevention campaign, should aim to create a unified, visible FADM HIV prevention program. This HIV prevention "brand" and its component services should be military-focused and military-owned. Advocacy for this HIV prevention program should focus on creating buy-in at all levels within the FADM; from leadership, to base commanders, to soldiers; to ensure maximum penetration and impact.

The TBD partner is expected to collaborate closely with the other DOD/FADM programs and implementing partners including the FADM PHDP and GBV Program; the University of California San Diego (UCSD) Cloud Health Portal program; and the Vista Lifesciences Electronic Medical Records (EMR) project. The TBD partner should capitalize on existing opportunities and resources provided by the other DOD/FADM projects to strengthen the implementation of the PHDP/GBV program.

CIRC ($2,100,000)

The TBD partner will provide technical and operational support for FADM SMC program. Specifically, the partner will: assist in provision of SMC services during the combination prevention campaign; provide continuous, rotating mobile SMC at FADM barracks and other sites identified by FADM leadership; facilitate monitoring of fixed SMC sites staffed by FADM personnel; train FADM clinical staff in SMC service provision; procure SMC commodities for both static and mobile services as needed; and, support the use of the FADM electronic medical record (EMR) system for all SMC services. FADM personnel should be the primary target for all SMC service provision under this project. FADM staff should be trained and used, where feasible, in all components of SMC service delivery. The TBD partner should explore efficiencies and innovative service delivery models to gradually reduce the cost per circumcision where possible. In addition, the TBD partner will support demand creation including the printing of materials, mass media efforts, peer educators, and other supportive communications activities to increase the uptake of FADM SMC continuous services and campaign service provision.

HVCT ($200,000)

The TBD partner will support targeted HVCT activities that will identify the greatest number of HIV positive clients. Targeted HTC methods should include Provider-Initiated Testing and Counseling (PITC), Couples' HTC, and other targeted HTC methods that produce similar yields. HTC methods that do not produce significant yields, such as broad community-based outreach testing, should be transitioned to more targeted HTC service delivery approaches. In addition, the TBD partner will facilitate development of FADM HIV counselors' capacity to provide these targeted HTC services. The partner will help develop job aids and other HTC materials, ensuring that counseling activities address the military-specific context. Other HTC activities should include: assistance in HTC promotion and provision during campaigns; standardization of trainings and materials for FADM HIV counselors; quality assurance and quality improvement (QA/QI) for FADM HTC services; and, technical support for the implementation of targeted HTC methods including Provider-Initiated Testing and Counseling (PITC) and Couples' HTC. The TBD partner should assist FADM in providing HTC services for recruits during health screenings. In addition, the TBD partner will support demand creation for HTC services including messages about knowing your status, knowing your partners' status, and the possibility of HIV sero-discordance in couples.

HVOP ($150,000)

The primary goal of HVOP activities is to increase condom use, improve education around the importance of using condoms, and continuous, widespread promotion of the military camouflaged condoms for the uniformed FADM personnel. The TBD partner should develop a marketing campaign

that aligns with the combination prevention campaign around military camouflaged condoms (currently the Powa condom). The partner should explore updates to FADM condom design and packaging. The TBD partner will assist the FADM in the forecasting, procurement, and marketing of the condom brand. Condom demand creation and education activities should be a key component of the prevention program. The TBD partner will support demand creation including the printing of materials, mass media efforts, peer educators, and other supportive communications activities to increase uptake and use of the branded condoms. In addition, the TBD partner should support the FADM in the coordination, training, and job material provision for military peer educators. Additional activities for peer education support include: updating training content as necessary, QA/QI of peer educators, and use of the FADM electronic medical records (EMR) by peer educators. The TBD partner should continue support for FADM theater groups including training, materials, and equipment.

GBVI ($20,000)

The TBD partner should incorporate GBVI messaging and programing into the FADM prevention program. This includes providing training and material support on GBVI to FADM peer educators and drama groups in coordination with other FADM/DOD GBVI partners.

NICARAGUA - Prevention Program Support

HVCT ($80,000)

Since 2009, DHAPP has been providing support to the Nicaraguan Armed Forces in the development and monitoring of a range of training and prevention activities. This activity represents a shift toward assuring appropriate linkages throughout the entire HIV prevention, care, and treatment cycle by the Military Medical Corps via a process of continuous quality improvement. The applying partner will, in conjunction with the military, utilize current epidemic data to geographically identify and prioritize sites that should receive technical assistance support in the following activities:

1. Train military health personnel at health units to actively ensure compliance with military's HIV Policy including testing guidelines for uniformed personnel to provide Provider Initiated Testing (PIT), ensuring each routine HIV test includes pre and post-test counseling, condom demonstration and user practice, condom and IEC materials distribution, and referrals to other prevention, clinical, and social services as needed at each encounter.

2. Include reduction of stigma and discrimination in the training of military health personnel.

3. Assist with strengthening the referral system from HTC services to providers' services for HIV positive clients including retention, and adherence of HIV positive personnel in care, treatment, and support services with special attention to case management of positive personnel moving to new posts.

4. Train medical corps and health unit chiefs in quality assurance, and supportive supervision of doctors and nurses at medical and health posts.

5. Provide training in and assist with the implementation of standardized data collection instruments for identifying gaps in HIV services and streamlining processes for improving the ability to monitor the quality of services being provided.

6. Train doctors and nurses at medical and health posts to utilize PEPFAR monitoring tools to collect quarterly HTC data for reporting program results.

7. Conduct quarterly supervision visits in conjunction with military medical corps personnel utilizing standardized PEPFAR site monitoring data collection tools.

RWANDA - Prevention Program Support

Funding Summary

	BAA Y1	BAA Y2	BAA Y3
MTCT	$50,000.00	$50,000.00	$50,000.00
CIRC	$90,000.00	$90,000.00	$90,000.00
HVCT	$36,870.00	$36,870.00	$36,870.00
HBHC	$275,000.00	$275,000.00	$275,000.00
PDCS	$45,000.00	$45,000.00	$45,000.00
HVTB	$82,676.00	$82,676.00	$82,676.00
HTXS	$740,937.00	$740,937.00	$740,937.00
PDTX	$62,155.00	$62,155.00	$62,155.00
HLAB	$63,000.00	$63,000.00	$63,000.00
HVSI	$82,500.00	$82,500.00	$82,500.00
TOTAL	**$1,528,138**	**$1,528,138**	**$1,528,138**

Narrative

Proposals are requested for continued support to the Rwanda Defense Force (RDF) to reduce the number of new HIV infections and other sexually transmitted diseases among members of the RDF, their families, and the civilian communities served by the RDF through a complete package of HIV/AIDS service delivery (prevention, care and treatment services).
Members of the Rwandan Defense Forces (RDF) remain one of the vulnerable populations for HIV/AIDS infection in Rwanda because they are typically young, highly mobile, and sexually active. The grantee will ensure that HIV/AIDS support continues to be integrated within existing RDF health service delivery systems in the country- wide with the aim of building capacity, human resource development, country ownership and sustainability.
Consistent with country ownership and Rwanda's National Strategic Plan 2013-2018, the grantee will continue to provide TA in human resource development that includes pre-service and in-service training of RDF health personnel geared to promote gender equality and women empowerment and operational research. These efforts will improve the capacity of the RDF to provide quality HIV prevention, care and treatment services for military personnel, their families, and the surrounding communities. Services include HIV Counseling and Testing, PMTCT, Pediatric Care and Treatment, HIV Palliative Care and Treatment, Laboratory services, TB/HIV Interventions, PHDP, VMMC services through TA focusing mainly on in-service training of RDF health personnel, and M&E. The program objectives are to: improve HIV prevention services, ensuring in-country ownership and sustainability, and improve the quality, availability and sustainability of HIV treatment options for

RDF personnel, family, and surrounding communities. The grantee will provide technical support (training & supervision), human resource development, as well as support to M&E activities at facility level in order to ensure data quality and data use in program management.

MTCT ($50,000)

The grantee will work with RDF and Rwanda Biomedical Center (RBC) to increase access to PMTCT services in 2 RDF hospitals as well as the 6 brigade clinics located throughout the country through referral and follow-up of identified Voluntary Testing and Counseling (VTC) and Provider Initiated Testing (PIT) clients. The PMTCT interventions will be implemented as per the National Strategic Plan and fully integrated within existing RDF health service delivery systems. The grantee and RDF will use RDF HIV+ males as "entry points" to their families, maintaining a comprehensive demographic data base of each soldier and their family, which is updated through Mobile Treatment and Care Unit (MTCU) implementation. This approach enables tracking and implementation at the brigade level via targeted training sessions for identified at-risk spouses of HIV+ soldiers, with HTC conducted simultaneously. The grantee will promote full utilization of PMTCT and support the spouses of identified HIV+ soldiers to bring their children for HIV testing. 45 infants will have a virologic HIV test within 12 months of birth. The grantee will strengthen the community outreach services through home visits to encourage HIV+ women to have their children tested. The grantee will continue to work closely with potential health centers in targeted areas through linkages, referrals and sharing of clinical records to ensure follow-up and continuity of services of the identified HIV+ soldiers' spouses. Couple HTC will be an important tool for improving utilization of PMTCT services. A total of 1,500 pregnant women with known HIV status will be reached with PMTCT services (includes women who were tested for HIV and received their test results). The grantee will ensure delivery of standardized PMTCT services to pregnant women attending ANC services and provide ART prophylaxis to HIV exposed women at all RDF health settings. Emphasis on Human Resource development will continue in order to maximize ownership and sustained health impact at the end of the funding period. The grantee will train health service providers on PMTCT service delivery skills, ensure provision of necessary material & equipment, and provide supervision and M&E.

CIRC ($90,000)

The main objective of voluntary medical male circumcision (VMMC) activities is to decrease new HIV infections through voluntary medical male circumcision services targeting members of the Rwanda Defense Forces (RDF), their family members and surrounding communities. The grantee will offer VMMC services including Prepex option as part of an expanded approach of HIV services delivery in existing RDF health facilities throughout the country. A total of 2,500 males will be circumcised for HIV prevention within the reporting period. VMMC activities will be implemented concurrently with other core component activities such as HIV Testing and Counseling, treatment for STIs, promotion of safer-sex practices and condom distribution. VMMC will not replace other known methods of HIV prevention and will be considered as part of a comprehensive HIV prevention package. Sensitization among the Rwanda military will be conducted regarding the role of circumcision in HIV prevention, including the fact that there is need to continue to practice abstinence, have fewer sex partners and use condoms. Emphasis will be made on abstinence from sexual activity for the recommended period after VMMC to allow complete healing of the wound. RDF health care providers will be trained on VMMC and appropriate infection control practices. Regular supportive

supervision to all RDF VMMC sites will be conducted on routine basis and follow-up of those who have been circumcised in order to prevent infection and ensure compliance with VMMC management protocols. It is anticipated that 25 males circumcised surgically or by medical device will experience at least one moderate or severe AEs.Together with Society for Family Health (SFH-DOD), information education communication/behavior change communication (IEC/BCC) messages will be tailored to sensitize circumcised persons on basic hygiene, safe sex practices and the need for medical follow-up to monitor infection. VMMC efforts will continue to be integrated in existing RDF health delivery facilities as an additional method for HIV Prevention. The grantee will also work with RDF medical services to ensure that physical & clinical infrastructures are maintained in conditions that meet standards for VMMC, and demand created for maximum utilization of VMMC services by RDF soldiers and surrounding community members is met by the supply and availability of services. VMMC will be conducted on a voluntary basis with all socio-cultural considerations.

HVCT ($36,870)

The grantee will continue to work with the RDF and other partners to ensure that Voluntary Testing and Counseling (VTC) services are available in the 2 RDF hospitals as well as the 6 brigade clinics settings located throughout the country. The grantee will employ counseling techniques that ensure confidentiality, minimize stigma and discrimination according to national guidelines and reach those individuals most likely to be infected. Couples Voluntary Testing and Counseling (CVTC) in ANC will be expanded and integrated with VTC services as a Prevention Intervention and Provider Initiated Testing (PIT) will continue as a testing strategy. Clients will be reached with counseling that includes messages on alcohol reduction, prevention for positives, GBV, disclosure of status to partner, partner testing, and counseling for negatives and provision of condoms. 12,500 of the target population will complete a standardized HIV prevention intervention including the minimum components during the reporting period. A total of 18, 650 individuals will receive VTC services for HIV and receive their test results. A human resource development approach will include the provision of refresher training for RDF health care providers in collaboration with RBC. This approach will help ensure ownership and sustained health impact at the end of the funding period. Voluntary Medical Male circumcision (VMMC) will also be a pillar in the VTC program and all prospective VMMC clients will be offered testing. An emphasis will be made on prevention counseling and follow-up for HIV positive clients, discordant couples and other high risk groups. HIV+ individuals will immediately be enrolled in HIV care and treatment to minimize the risk of loss to follow up. These activities will be coordinated to avoid duplication and maximize accessibility to the most at-risk populations. The grantee will coordinate its activities with other DoD implementing partners to avoid duplication, strengthen referral linkages and continue the promotion of TC among key populations, including the military. The grantee will provide TA, mostly in the area of in-service training and supportive supervision to ensure quality of VTC services that follow the standard testing algorithms and ensure the efficiency of the program and transition to RDF. The grantee will also use MER PEPFAR indicators to monitor the quantity and quality of all services delivered and work with RDF to ensure data inform decision making.

HBHC ($275,000)

The main objective of the grantee is to improve the capacity of RDF to provide quality HIV treatment & care for RDF personnel, their partners & families and community members living in surrounding areas at all 8 RDF health facilities throughout the country. A palliative care package will be integrated

within existing health service delivery systems and offered to patients. The palliative care package includes clinical staging, CD4 count, OIs prevention through prophylaxis with CTX and other prophylaxis based on national protocols, psychosocial support and referrals of PLHIV to community based care services. 150 newly HIV-infected adults and children will be enrolled in clinical care and receive at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load. A Human Resource development focus will continue with the training of 90 RDF health care providers in HIV palliative care and provide supportive supervision for peer educators & lay counselors who provide psychosocial support at community levels through periodic inter-brigade/community, experience-sharing discussions, meetings & workshops to increase treatment adherence and share success stories. To improve the health of RDF members deployed in remote, hard to reach areas, the grantee will continue to support outreach services through a Mobile Treatment Care Unit (MTCU) along with monthly ARV drug distribution as a bridge to the achievement of full sustainability of HIV services for these deployed troops. MTCU services include: basic HIV lab tests; STIs/OIs screening &treatment; provision of CTX, ART, ART adherence support; psychosocial support, Family Planning services; nutrition counseling; positive health, dignity and prevention (PHDP); spiritual care; bereavement care; and hygiene education. The grantee will continue to provide TA & material support to Anti-AIDS clubs to sensitize & mobilize RDF personnel and community members on HIV/AIDS, prevention, care and support & adherence to treatment. At the brigade level, the grantee will support: formation of support groups of PLHIV and train members in the provision of home-based care services and referrals as appropriate (including PHDP); and access to locally available nutritional support & income generating activities. The grantee will provide supervision and M&E TA to RDF to strengthen linkage between community-based & clinic-based HIV care services. The grantee will intensify its support to focus on retention of clients through quality services delivery and follow-up. 4,200 HIV-positive adults and children will receive a minimum of one clinical service.

PDCS ($45,000)

The grantee will utilize a human resource development approach in continuing to train health care providers in 2 supported RDF hospitals as well as the 6 brigade clinics that ensure the provision of an integrated package of care and support for 100% of HIV exposed and infected children. Care and support for HIV-exposed infants identified in PMTCT will include access to early infant diagnosis using DBS, provision of CTX prophylaxis, and tracking of mothers and infants lost-to-follow-up for re-engagement in care. The grantee will also continue earlier enrollment of mothers in PMTCT, regular clinical assessments & staging, baseline CD4 count for all HIV-infected children, control CD4 count, viral load monitoring, management of other HIV-related illnesses (OIs, TB), INH & CTX prophylaxis and ART for eligible children and HIV-exposed infants. The grantee will ensure the provision of integrated management of childhood illness, distribute long-lasting insecticide treated nets, implement safe water interventions, and provide basic hygiene education and community outreach services including referral for complimentary food support and linkage to poverty alleviating programs at existing RDF health delivery sites. In collaboration with RBC, the grantee will also provide training for 90 health care providers in psychosocial care for children and adolescents living with HIV/AIDS that assist adolescents in transitioning to adult care at all RDF sites. The grantee supported sites will include nutritional education and counseling to HIV positive mothers during pregnancy and after delivery regarding best feeding practices. The grantee will ensure programmatic linkages to existing nutritional resources for all clinically eligible PLHIV (including children) in selected sites which provide complementary food support for HIV-exposed and affected infants.

Supported RDF health delivery sites will establish HIV community outreach services by working with existing trained community health care workers to provide key HIV messages emphasizing care and referral for pediatric HIV cases. RDF liaisons' collaboration with community health workers in surrounding communities constitutes an effective system to ensure continuity of care, retention into HIV care, and improved quality and sustainability of pediatric HIV services.

HVTB ($82,676)

The grantee will continue to support integration of HIV and TB services at the 2 RDF hospitals as well as the 6 brigade clinics as per the national TB/HIV Protocol and supporting facilities to strengthen referral mechanisms within the same facility and between facilities which will enable patients diagnosed with TB and HIV to adhere to TB treatment via DOTS, and have access to CTX prophylaxis and follow-up of CD4 and ART services if eligible. In line with National Health Strategy, all HIV+ patients (100%) seen at RDF health facilities will be screened for TB and provided TB prevention services. 4,116 PLHIV will be screened for TB symptoms at the 8 RDF health facility. All patients identified with TB (100%) will be offered HTC, and all co-infected patients will also receive TB treatment. 40 TB cases will be registered with documented HIV-positive status who start or continue ART. A Human Resource Development approach will be used by the provision of training of RDF health care providers in partnership with RBC/TB program. In addition, the grantee will ensure through regular supervision to all RDF sites TB/HIV data is recorded & reported using the MER TB/HIV indicators provided by PEPFAR. M&E will use the national TB and HIV M&E framework and tools. To ensure ownership and sustained health impact, the grantee will ensure that TB clinical care continues to be part of a continuum of a comprehensive HIV/AIDS care strategy by improving infrastructure at RDF hospitals and brigade clinics, as well as training RDF health providers to diagnose, treat, monitor and report TB progression trends. In addition, the grantee will ensure 100% of HIV+ TB patients seen at RDF health sites and are eligible for ART will be immediately offered ART and TB treatment, and followed-up through existing RDF health delivery systems. To ensure successful TB prevention, the grantee will provide patients with education regarding infection control strategies. At the brigade/community-level, Anti-AIDS clubs and support group activities will include TB awareness-raising activities. These activities support the Rwandan National Health Strategy for TB/HIV in preventing, diagnosing and treating patients with both TB and HIV patients.

HTXS ($740,937)

The grantee will work to improve the capacity of the 2 RDF hospitals as well as the 6 brigade clinics to provide quality HIV treatment & care for military personnel, their partners & family members, as well as community members who live in surrounding areas. The package will be delivered within existing RDF health service delivery systems to individuals in a manner that ensures sustained health impact at the end of the funding period. The package 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 grantee will continue an emphasis on human resource development with the provision of refresher training on a full package of HIV Care & Treatment to RDF service providers in collaboration with RBC. To improve the health of HIV-positive RDF personnel, the grantee will support a Mobile Treatment and Care Unit (MTCU) for HIV-positive patients in hard-to-reach areas. The MTCU will provide comprehensive medical evaluations, basic HIV lab tests, STIs/OIs screening and treatment,

provision of CTX, ART, ART adherence support, psychosocial support, FP, nutrition counseling, PHDP, spiritual care, bereavement care, hygiene and malaria education. It is anticipated that 200 adults and children will be newly enrolled in antiretroviral therapy (ART) and a total of 3,544 adults and children will receive antiretroviral therapy during the reporting period. The grantee will provide supportive supervision and M&E using MER PEPFAR indicators to ensure quality data that will inform decision making. Peer educators and lay counselors will be trained to provide social support to patients through periodic inter-brigade/community interactive sessions. Peer-to-peer experience sharing discussions & workshops will be organized to increase treatment adherence & the sharing of HIV treatment success stories. The grantee will also provide TA to RDF to strengthen linkages between community-based and clinic-based HIV care services. At the brigade and/or community level, the will support 1) the formation of support groups of PLHIV & train its members in the provision of home-based care services and 2) access to locally available nutritional support resources.

PDTX ($62,155)

The grantee will scale up pediatric care and treatment by providing TA in the form of training, regular supervision and M&E at existing 2 RDF hospitals as well as 6 brigade clinics located throughout the country to ensure they are in line with national policies and sustainability strategies. Data will be collected using the MER PEPFAR & National indicators and monitoring will be done to ensure quality. The grantee will provide an integrated package of care & support services for 100% of HIV-exposed infants and HIV-infected children followed up at RDF supported sites. The grantee 's support to pediatric HIV treatment activities will ensure access to early infant diagnosis using DBS, provision of CTX prophylaxis and ART, tracking of mothers & infants lost-to-follow-up, regular clinical assessments, baseline CD4 count & percentages for all HIV-infected children, regular CD4 and viral load monitoring, management of other HIV-related illnesses (OIs and TB) and psychosocial support. Suspected TB cases will be investigated to establish a diagnosis and begin treatment as per national guidelines & INH prophylaxis provided to those exposed to active TB. Referral systems will be developed to ensure quality care. Following a human resource development approach, the grantee will collaborate with RBC in the training of 90 health care providers in pediatric HIV/AIDS palliative and psycho-social care, with an emphasis on adolescent transition into adult care & treatment. All supported RDF health delivery sites will establish HIV community outreach services by working with trained community health care workers to provide HIV education that emphasizes pediatric HIV care and treatment, and increased awareness and utilization of services. The collaboration of military liaison with community health workers in surrounding communities constitutes an effective system to ensure continuity of quality pediatric HIV care and treatment services, increased retention in care & treatment, as well as increased ownership and sustained health impact at the end of the funding period.

HLAB ($63,000)

The grantee will provide DSD and TA to 8 laboratories at all existing RDF health care sites located throughout the country that serve military personnel, their partners and family members, and community members living in surrounding communities. In collaboration with RDF medical services, all 8 supported laboratory sites will continue to collaborate and work within the National Referral Laboratory system and follow their policies. In addition, the grantee will continue to work closely with other cooperating partners on key issues, particularly those pertaining to lab accreditation. All RDF laboratories will continue to provide the minimum package of HIV-related tests such as hematology

and biochemistry, as well as provide other tests such as malaria testing and stool exams. Laboratories at the 2 military hospitals will also continue to provide CD4 count tests. The Rwanda Military Hospital laboratory will be supported to provide services at a Referral Hospital level. With quality laboratory infrastructure in place, the Rwanda Military Hospital laboratory will continue to receive TA from the grantee with the goal of achieving full accreditation as a referral laboratory. MER PEPFAR indicators will be used for measuring quality in laboratory services and support program decision making. Following a human resource development approach, the grantee will train laboratory specialists on quality assurance protocols and good laboratory practices. Laboratory support provided by the grantee will be integrated within existing health service delivery systems, staffed by medical personnel within the RDF health facilities, thereby ensuring cost effectiveness, continuity and sustainability of the program. This approach ensures increased ownership and facilitates a smooth transition of laboratory services to the RDF at the end of the funding period.

HVSI ($82,500)

The grantee will assist existing RDF health facilities located throughout the country to improve their IT infrastructure. In addition, the grantee will provide support for quality data collection methodologies, analysis, reporting and use through ongoing training and supervision to RDF health providers. The RDF will receive assistance with implementing a continuous quality improvement process. Specific activities include continuous improvement of existing data collection methodologies, processes and systems, as well as data analysis and use of data in program decision making. These improved data collection processes will assist the RDF in evaluating the effectiveness of HIV treatment and care services provided in RDF health facilities. Specifically, the grantee will 1) provide material and TA support to improve the existing military data systems, 2) update data reporting tools to monitor HIV care and treatment activities, 3) improve the capacity of supported RDF health care facilities through HMIS and OpenMRS in order to meet the national standard for monitoring & evaluation, as well as accuracy of patient records, 4) ensure that the national coding system for all

patients receiving care in RDF health care facilities is implemented, and 5) offer TA to improve hospital information management systems at the 2 military hospitals. Following a human resource development approach, the grantee will conduct a training of trainers for 10 health service providers from all RDF sites on data collection, analysis, use and reporting according to the national HMIS guidelines. The grantee will also work closely with the MOH/Monitoring and Evaluation Taskforce to ensure compliance with National HMIS plan. All Strategic Information activities will be conducted within existing RDF health service delivery sites and with RDF staff in a manner that will transfer knowledge, increase ownership and sustainability of programs.

ZAMBIA – Prevention Program Support

Funding Summary

Budget Code	**Funding Amount**
Adult Care and Support (HBHC)	$200,000
Orphans and Vulnerable Children (HKID)	$800,000
Pediatric Care and Support (PDCS)	$300,000
Counseling and Testing (HVCT)	$340,000
Condoms and Other Prevention (HVOP)	$400,000
Mother to Child Transmission (MTCT)	$200,000
Health System Strengthening (OHSS)	$200,000
Strategic Information (HVSI)	$200,000
Central Initiative - Saving Mothers, Giving Life	$250,000
TOTAL	**$2,890,000**

Narrative

Proposals are requested to work with the Zambia Defense Force in the implementation of HIV prevention and care services with military members, their families and civilians. Since 2004, DHAPP has partnered with the Zambia Defense Forces to implement prevention, care and treatment programs. The direction of the program is to focus on capacity building for improved service delivery and system strengthening. The overall goal is to improve prevention and care services including improving the quality of delivering of mother to child transmission services, expanding Saving Mothers, Giving Life initiative services, improving the quality of basic health care services for people living with HIV/AIDS including pediatric patients, orphans and vulnerable children services, strengthen the health information management system, support the implementation of quality home-based and mobile CT services, and prevention activities that target sexual prevention and gender based violence while raising awareness and demand creation for biomedical HIV prevention services.

CARE
Adult Care and Support (HBHC) $200,000

THE PARTNER and Zambia Defense Force (ZDF) will support Home Based Care (HBC) caregivers to reach People Living with HIV/AIDS (PLHIV) with quality community-based care and support services that link to facility-based services. THE PARTNER will support HBC caregivers to reach PLHIV and other family members enrolled in the HBC program with services including: Anti-Retroviral Treatment (ART) drug and clinic appointment adherence; co-trimoxazole (CPT) and Isoniazid (INH) prophylaxis adherence; referral for prevention with positives services; Gender Based Violence (GBV) prevention—in relation to how it precludes ART adherence and partner disclosure; opportunistic infections and side effects assessment and management; nutrition counseling; psychosocial and spiritual support, and death preparedness; and, early referral of pregnant clients to Prevention of Mother to Child Transmission (MTCT) services. THE PARTNER will continue to

support the ZDF to maintain and sustain the robust referral linkage between community-based and facility-based services, and thus ensure that PLHIV are provided with continuum of care from facility to the community platform.

THE PARTNER will support 30 ART ZDF sites to provide quality Nutrition Acceleration Counselling Services (NACS). THE PARTNER and ZDF will reach malnourished PLHIV with therapeutic feeding services. THE PARTNER will continue to assist ART sites to conduct nutrition assessments using anthropometric measurements and will continue to support the ZDF to fully integrate therapeutic feeding protocols as outlined in the 2011 national nutrition guidelines for PLHIV. THE PARTNER will continue to support the ZDF to monitor the consistent supply of weighing scales and height boards, Mid- Upper Arm Circumference (MUAC) tapes and body mass index (BMI) charts, to aid anthropometric assessments. THE PARTNER will support ZDF to leverage NACS services and sustainable livelihood and economic strengthening programs for its clients from other USG NACS and Feed the Future programs (FTF), and the World Food Program (WFP).

THE PARTNER and the ZDF will support TB community-based treatment supporters to intensify TB case finding among PLHIV enrolled in the HBC programs and refer them to facilities for diagnosis and treatment.

THE PARTNER will provide technical assistance to ZDF to integrate cervical cancer screening for female military personnel and civilians into mobile CT services. THE PARTNER will support the ZDF to reach female military personnel and civilians in and around 20 ZDF units with cervical cancer screening services using visual inspection with acetic acid (VIA), provide on-site treatment using cryotherapy and refer advanced lesions to the University Teaching Hospital (UTH) center of excellence for diagnosis and further management. THE PARTNER will provide technical support to the ZDF to integrate routine provider initiated testing and counseling (PITC), rapid syphilis testing, and Gender Based Violence prevention and men involvement in cervical cancer screening and promotion services. THE PARTNER will also strengthen the capacity of Maina Soko Military Hospital (MSMH) to serve as a cervical cancer referral site for loop electrosurgical excision procedure (LEEP). THE PARTNER will support the training of two obstetricians/gynecologists from MSMH in conducting LEEP procedures.

Through the Pink Ribbon Red Ribbon (PRRR) initiative, the partner will support peer educators to disseminate messages on cervical and breast cancer prevention and will support the Ministry of Community Development, Mother and Child Health (MCDMCH) to roll out the human papilloma virus (HPV) vaccination program in 35 schools in ZDF units.

Orphans and Vulnerable Children (HKID) $800,000

The partner will implement OVC programs in 35 ZDF units that focus on strengthening the economic capacity of families and households to provide for the essential needs of children in their care. The partner will support ZDF to integrate evidence-based Household Economic Strengthening (HES) interventions that will empower families to sustainably provide for the educational, nutritional and health needs of their children. The interventions that the partner will support will be child focused and family centered.

The partner will support ZDF to develop a "Strategic Portfolio" to be preceded by an assessment that will identify the most critical needs of children in ZDF units and surrounding communities. Based on that, ZDF context specific interventions will be identified and prioritized for support and implementation. The portfolio will also include other existing potential resources and structures in ZDF that can sustainably support the prioritized interventions. The partner will also continue to support all the ZDF OVC sites to conduct resource mappings in their catchment areas to identify other livelihood, economic strengthening and food security interventions for leveraged support. The partner will pilot social protection interventions, such as cash transfers, and Savings Group (SG) interventions whose success will be measured by families' ability to invest in the education, nutrition and health of its children. Lessons learned and promising practices will be documented and disseminated before scale up.

Through community OVC caregivers, the partner will support ZDF to implement OVC interventions according to ages and stages across the lifespan. For children in the prenatal to three age group, the partner will train and support OVC caregivers to implement community-based child survival and early childhood development (ECD) interventions to reach 10,000 OVC. The partner will also support the lay cadres to refer OVC to facility-and community-based PMTCT, ART, NACS, immunization, and growth monitoring, adherence support and IYCF. The partner will strengthen ZDF ECD centers and support 2,000, especially girls, enrollment in the centers. The centers will also serve as community platforms for PMTCT, ART, immunization, and psychosocial support programs, including disclosure and treatment adherence counseling.

For children in middle years, early and late adolescence, the partner will work with ZDF to support the enrollment of children into formal schools, especially girls. The partner will facilitate the leverage of girls' scholarships from other in-country organizations promoting girls education. The partner will train teachers in 35 schools in integrated GBV and HIV prevention and psychosocial support and support them to create child-friendly, gender-sensitive classrooms. The partner will also train several hundred OVC caregivers to raise awareness on birth registration and succession planning and prevention of child abuse and support them to reach OVC with child protection services. The partner will also support the mobilization of school-based girls mentor groups through which girls will be reached with life skills to enhance their ability to take responsibility for making healthier choices, resisting negative pressures, and avoiding risk behaviors. The partner will strengthen youth friendly services in 30 ZDF health centers. The partner will work with ZDF to place older OVC and out-of-school youth in existing ZDF skills training programs such as the Kitwe ZNS Skills.

Pediatric Care and Support (PDCS) $300,000

The partner will support the ZDF to build and strengthen referral linkages between community-based platforms and 30 ZDF health facilities that are providing early infant diagnosis (EID) and pediatric ART services. The partner will support maternal, neonatal, and child health lay cadres to refer 90 HIV positive and exposed infants and children and infants with underlying HIV infection to EID, ART, and reach them with other community-based pediatric care and support services. To facilitate for this linkage, the partner will support the ZDF to train lay cadres in community-based pediatric care services and support them to deliver services including: testing HIV exposed infant and children through the collection of Dry Blood Spot (DBS) at community and facility level and facility-based rapid antibody testing to establish exposure; reaching the infants' and children's caretakers with

IYCF, exclusive breastfeeding and nutrition counseling and support, and pediatric psychosocial support counseling with emphasis on disclosure; providing treatment and prophylaxis adherence support to HIV positive and exposed infants and children; reaching HIV positive, exposed and negative infants with community case management of childhood illnesses (CCMCI) including the identification of illnesses (diarrhea, pneumonia, HIV, malnutrition, TB and malaria), home-based management and referral to facility-based care for serious illnesses using the MOH protocols. The partner will leverage support from the Zambia Malaria Consortium for insecticide treated mosquito nets (ITN's) and deliver nets to several hundred households with HIV positive, exposed, and negative infants and children. THE PARTNER will support the cadres to work with health care providers to track the delivery of DBS samples to DNA PCR testing centers and take responsibility to deliver the results to the families once they have been sent back to the facilities in a timely manner. The partner will also support the cadres with tools to support and track adherence to treatment, cotrimoxazole and isoniazid prophylaxis. The partner will develop a tracking system for infants and children who are LTFU across the PMTCT-pediatric continuum and support the lay cadres to conduct timely follow ups in the community. The partner will also develop M&E tools to measure retention in treatment and care of the infant-mother pairs under their care. The partner will support the cadres with job aids and anthropometric tools to conduct community-and facility-based pediatric NACS services. A total of 2,000 infants and children from 6-59 months of age accessing MCH, pediatric RT, TB, and community-based OVC services will be assessed for acute malnutrition and those found with severe or moderate acute malnutrition will be referred to therapeutic feeding services offered in ZDF sites and other USG funded NACS programs in the 30 ZDF facilities catchment areas. The caregivers will also be supported to provide breastfeeding counseling and support to mothers/caretakers of infants 0-24 months of age and support HIV positive breastfeeding mothers with adherence counseling to avoid vertical transmission of HIV to their HIV negative and exposed infants. The partner will also support training of health care providers in the 30 ZDF ART in NACS and IYCF to promote the harmonization of messages and care and to facilitate for the continuum of care between the community platform and the facilities.

PREVENTION

Counseling and Testing (HVCT) $340,000

THE PARTNER will support ZDF to implement quality home-based and mobile CT services in all the 52 ZDF units. THE PARTNER will support ZDF to increase CT coverage through the continued integration of innovative approaches, such as cervical cancer screening and treatment. THE PARTNER will support ZDF to integrate rapid syphilis testing into the integrated mobile CT and cervical cancer program. THE PARTNER and the ZDF will reach military personnel and civilians with quality CT services through the home-based and the integrated mobile CT program. THE PARTNER will also support ZDF to place emphasis on couples counseling and the partner and ZDF have planned to reach several thousand couples with couples counseling and testing services through mobile and home-based CT.

To increase demand for CT services, the partner will engage ZDF drama groups to conduct community mobilization in the 52 ZDF units and reach 30,000 men and women with messages on the benefits of couples counseling and testing, cervical cancer and syphilis screening, GBV prevention in relation to service access, and partner disclosure especially among women. THE PARTNER will support the printing of flyers that will contain contact details of lay counselors providing home-based CT services

and will support the printing of mobile CT calendars to be distributed widely in target communities prior to the implementation of services.

THE PARTNER will support the ZDF to train CT health care providers and counselors in integrated CT and rapid syphilis testing and referral to treatment. THE PARTNER will also support the ZDF to train lay counselors in conducting quality HIV counseling and testing using national protocols. The training will also cover topics on couples counseling and testing, partner notification, serodiscordant couple monitoring and referral to ART, and GBV prevention. THE PARTNER will continue to support the ZDF to strengthen and maintain a system and referral tools to track the provision of regular CT services for discordant couples and referral of positive partners to ART services regardless of clinical status as per national guidelines.

THE PARTNER will continue to support the ZDF to maintain and sustain quality assurance and improvement (QA/QI) systems for facility based, mobile and home-based CT through regular joint supportive supervisory visits and program and data quality assessments. THE PARTNER will support ZDF to print CT algorithms and quality assurance protocols to aid QA/QI.

THE PARTNER will continue to support the ZDF to monitor the effectiveness and efficient operation of the referral system between home-based and mobile CT and facility based prevention, ART, PMTCT and community based care and support services and will continue to provide support to refine the referral tools and system as the need arises.

THE PARTNER will support the ZDF to institutionalize a system for HIV test kits and condom supply chain management including strengthening linkages with the Ministry of Health (MOH) national supply chain system.

Condoms and Other Prevention (HVOP) $400,000

THE PARTNER will support ZDF peer educators, chaplains, and drama groups to reach uniformed personnel and civilians (50% estimated to be uniformed personnel only) in and around all the 52 ZDF with a behavior change and communication (BCC) minimum package of interventions: promotion of consistent and correct condom use; Multiple Concurrent Partnership (MCP) risk perception and prevention; alcohol screening and counseling using the World Health Organization (WHO) AUDIT Tool; awareness raising and demand creation for biomedical HIV prevention services including VMMC, antiretroviral therapy (ART) to prevent HIV vertical transmission and sexual transmission to uninfected partners, HTC and couples HTC; and Gender based violence (GBV) prevention and mitigation.

THE PARTNER will support the ZDF peer educators to use platforms most frequented by women and men such as Antenatal Care (ANC) and maternal child health (MCH)/ under-five clinics, the camp mess (pubs), unit ‘indabas’ (large unit level informal meetings), and pre-deployment parades to communicate the BCC messages on HIV behavioral and biomedical prevention and facilitate immediate referral to clinical services. THE PARTNER will also support the ZDF to supervise and mentor drama groups to conduct community mobilization and sensitization on the BCC minimum package and implement intensified campaigns as precursors to mobile HCT and VMMC interventions. THE PARTNER will support ZDF to strengthen existing structures in ZDF units such as women clubs

to diffuse messages on the prevention of GBV and support them to mitigate GBV cases in their units. THE PARTNER will support ZDF to leverage support from the Ministry of Gender and strengthen linkage to the Zambia Police Victim Support Unit (VSU) to provide for a sustainable source of technical and financial support for GBV programs.

THE PARTNER will support the HIV Secretariat to leverage support from the Communication Support for Health (CSH) USG project to adapt and print BCC materials and campaign messages based on the ZDF BCC strategy. THE PARTNER will support the ZDF to use role model couples and opinion leaders, such as the service commanders and their spouses to promote couples counseling. THE PARTNER will support the ZDF to refine and strengthen linkages and referral systems in all the 52 units to maintain and sustain the efficient and effective referral linkages between behavioral interventions and facility-based biomedical interventions such as HCT, ART, PMTCT, and STI screening. THE PARTNER will support the ZDF to monitor and sustain the consistent supply of condoms in all the 52 ZDF units and during mobile CT services.

THE PARTNER will support the ZDF to integrate Positive Health Dignity and Prevention (PHDP) activities among People Living with HIV/AIDS (PLHIV) into routine care both at facility and community levels for pre ART and ART clients. THE PARTNER will support PHPD trained health providers and lay cadres to reach PLHIV with a minimum package of behavioral and biomedical services to improve treatment outcome and reduce HIV vertical and sexual transmission. THE PARTNER will support the facility and community platforms with follow-up systems for pre ART clients to ensure that they are constantly followed up and reached with HIV prevention messages and services and are supported to enroll in ART services as soon as they are eligible.

Mother to Child Transmission (MTCT) $200,000

THE PARTNER will support the ZDF to identify and train lay cadres who will focus on increasing community demand for facility-based PMTCT (Option B+), maternal, neonatal and child health services that will be implemented in 30 ZDF health facilities providing ART services. Male lay cadres will also be targeted for recruitment to increase male acceptance of the services. The cadres will be trained in an integrated community-based ART/PMTCT training focusing on family-centered and home-based HIV counseling and testing, couples counseling and testing, infant and young child feeding (IYCF), and NACS. The trained cadres will be supported to identify HIV positive pregnant women from the community and existing home-based care programs and refer them to facility-based PMTCT/ART services. Through family-centered CT, the cadres will be supported to reach several thousand couples and refer negative male partners in serodiscordant couples to voluntary medical male circumcision (VMCC) services; while positive pregnant partners will be referred to ART services to prevent vertical transmission and HIV sexual transmission to the uninfected partner in line with the "2013 Ministry of Health (MOH) Policy Guidelines for Lifelong Antiretroviral Drugs for all HIV positive Pregnant Women in Zambia."

THE PARTNER will support the cadres to implement task sharing/shifting roles including facility-based CT for women accessing antenatal care (ANC) and maternal and child health (MCH) services and refer HIV positive clients to appropriate treatment, family planning and clinical care services. THE PARTNER will also support the cadres to provide facility- and home-based adherence and

nutrition counseling service, exclusive breastfeeding (for the first six months) and IYCF counseling with intensified adherence counseling for breastfeeding HIV positive women clients. THE PARTNER will support the ZDF to develop tracking systems between the facility and community and support the lay cadres to track clients who are Loss-to-follow-up (LTFU). THE PARTNER will also support the ZDF to develop M&E tools to measure retention of clients in community-and facility-based treatment and care programs. Quality standards and supervisory systems will be developed to ensure and track quality service delivery in community-based programs. THE PARTNER will integrate a remuneration system for the lay cadres to sustain their long-term engagement. THE PARTNER will identify external experts to conduct formative assessments in targeted ZDF sites to inform the development of BCC messages that address contextualized attitudes and socio cultural norms that prevent mother and children from accessing and retaining in treatment and care services.

OTHER
Health System Strengthening (OHSS) $200,000

The partner will train maternal, neonatal, and child health lay cadres in integrated ART/PMTCT community-based care and major modules include ART adherence counseling and support, family-centered home-based HIV counseling and testing including couple CT and referral; IYCF counseling and maternal nutrition, demand creation for facility-based ART, NACS, VMMC, and family planning services; and LTFUs tracing. The partner will also train Safe Motherhood Action Groups in 4 ZDF units on community-based maternal and neonatal care including demand creation for antenatal care and skilled birth attendance.

Strategic Information (HVSI) $200,000
The partner will strengthen the ZDF Strategic Information capacity with a focus on strengthening the capacity of the ZDF M&E unit to collect, analyze, and use timely, reliable data for planning, monitoring, and evaluating progress towards the achievement of program targets. The partner will provide technical support to ZDF to disseminate information from program data to ZDF leaders, ZDF medical directorates, unit commanding officers, unit HIV/AIDS coordinators, service providers, and stakeholders and facilitate evidence-based design, management, and policy making.

The partner will support the ZDF M&E unit to conduct the annual M&E training for 52 unit HIV/AIDS Coordinators and Ward Masters—field officers responsible for data collection and reporting. The training will address challenges and gaps in M&E and/or provide for an opportunity to modify and refine the ZDF performance monitoring plan (PMP) to integrate emerging issues. The partner will support all the 52 ZDF units to move from paper-based reporting to electronic reporting and will continue to strengthen ZDF to sustain the operation of the central data base. The partner will support ZDF to link the HMIS system to the national MOH HMIS system and the national M&E framework.

The partner will support HIV/AIDS Coordinators and Ward masters to develop decentralized and unit-based HIV/AIDS work plans and PMPs. The partner will support ZDF to provide *quarterly* supportive supervision visits to all the 52 units to monitor and track progress towards the implementation of activities in the plan and achievement of indicators in the PMPs. During the supportive visits, the partner will support the ZDF M&E team to conduct service delivery and data QA/QI and validation to ensure quality programming and quality data collection and management. The partner will support

ZDF to refine and sustain the QA/QC monitoring systems integrated into all service delivery program areas and ensure there is a sustainable system for quality programming.

The partner will support ZDF to integrate into the M&E system an on-going sharing and learning process for best practices and lessons learned during program implementation through documentation and sharing of lessons learned and promising practices in-country and across countries and adaptation of promising practices from other programs into their setting.

Central Initiative - Saving Mothers, Giving Lives - $250,000

The PARTNER will strengthen the integration of community-based maternal and neonatal care interventions based on the Saving Mothers, Giving Life (SMGL) initiative in the phase1 SMGL districts in Zambia which include ZNS Luamfumu in Mansa, ZNS Nyimba in Nyimba and ZNS Lumezi in Lundazi districts. The activities will include strengthening the capacity of ZDF to provide quality facility-and community-based maternal and neonatal services, human resource capacity and procured equipment and job aids at facility and community levels to address the three delays—delay in seeking care, delay in reaching care and delay in receiving care, provision of on-site mentorship to trained health care providers. This initiative will be extended to Phase 2 sites which include ZNS Choma in Choma district, Gondar 4ZR in Chipata, ZNS Chiwoko in Chipata and 3ZR Chindwin in Kabwe.

THE PARTNER will train lay cadres, including men, and safe motherhood action groups (SMAG's) to create demand for facility-based deliveries with skilled attendants, recognition of danger signs and provision of home-based emergency first aid and timely referral to facility-based obstetric care, use existing child survival platforms in these facilities including the maternal child health (MCH), PMTCT, and NACS platforms to increase attention to newborns. The partner will train 60 health care providers from Phase 1 and Phase 2 sites in Integrated Management of Childhood Illnesses (IMCI) and Kangaroo mother care (KMC) for preterm and for babies less than 2000 grams in partnership with the MCDMCH's Child Unit. Further, the Partner will strengthen linkages between the ANC, MCH and the PMTCT clinics in the seven ZDF SMGL sites and will ensure that job aids and standard operating procedures are in place to provide routine HIV testing and counseling (HTC) to women accessing ANC and MCH services and HIV positive women are referred to PMTCT services. The Partner will provide tools and strengthen systems to track the referral and retention of the mother/infant pair across the PMTCT continuum, purchase and distribute job aids to the facilities to ensure Early Infant Diagnosis (EID) for HIV exposed infants at six week as per national guidelines, early initiation of treatment for HIV positive infants and provision of Cotrimoxazole prophylaxis. The Partner will strengthen the provision of NACS services to pregnant and lactating women and children from six months and above and refer patients that need, provide ongoing onsite mentorship to trained health care providers to screen pregnant and lactating women for malnutrition, ensure referral to those needing further care. The partner will collaborate with the National Food and Nutrition Commission (NFNC) to provide counseling guides to health care providers. The Partner will support ZDF to foster linkages with the National Malaria Control Center (NMCC) for technical assistance and commodity support in the prevention and management of childhood malaria and malaria in pregnancy. The partner will support the sites to use leveraged support from NMCC to provide and promote use of insecticide treated bed nets (ITNs) for children and pregnant women and case management of childhood malaria and malaria in pregnancy, support the seven sites with community mobilization activities during the

bi-annual child health weeks to increase immunization and Vitamin A supplementation coverage of children. The Partner will provide family planning counseling guides and job aids to health care providers in the seven facilities and support them to provide family planning counseling and methods, including long acting reversible methods as part of the postnatal care package. To ensure systems are strengthened for the provision of sustainable quality MNCH services at facility level, the partner will support the ZDF to strengthen the supply chain for MNCH, family planning, ART and prophylactic commodities, train 20 health care providers and pharmacy technicians in ordering and forecasting for these commodities, conduct a facility assessment to determine the gap in the availability of essential equipment and where the key equipment is lacking, the partner will procure the equipment. The Partner will reproduce birth preparedness plans and distribute them to all the trained SMAG members in the seven sites. The partner will adapt the PMTCT Community Register—that allows for community cohort follow up of the mother infant pair from birth to the child's second birthday—to integrate MNCH, family planning, and malaria service indicators, continue to support the SMAG members to conduct postpartum home visits and ensure that HIV negative and HIV positive or exposed infants and children and their mothers have access to essential home-based and facility-based MNCH, PMTCT, ART, family planning services, and malaria control and management services including household distribution of ITNs in partnership with NMCC. The partner will train SMAG members in Community IYCF and Community NACS and will provide SMAG members with MUAC tapes and nutrition counseling guides to enable them actively identify women and children with malnutrition and refer them to facility-based therapeutic services and counsel lactating women on feeding practices, train SMAG members in the Phase 2 sites in Community Case Management of childhood malaria, pneumonia and diarrhea and will continue to strengthen the capacity of health care providers and systems in all the eight sites to allow for the constant supply of ITNs, antimalarial drugs, Vitamin A, antibiotics, Zinc tablets and Oral Rehydration Solution (ORS) at community level in line with the MCDMNCH Community Case Management of Childhood Illnesses Guidelines. The partner will replicate its Savings Group Women Empowered model and conditional cash transfers (CCT) implemented in 10 ZDF sites to the seven SMGL sites.

At community and facility level, the partner will support ZDF to strengthen communication and emergency transportation networks. The partner will strengthen the capacity of the ZDF HIV Secretariat M&E unit to strengthen the HMIS for MNCH data in the eight facilities and will strengthen the community information management system that will feed into the facility HMIS and will provide data documentation and referral tools to all the trained SMAG members. The partner will work in partnership with the University of Zambia Economic and Social Research (ENESOR) Department, train SMAG members in conducting community verbal autopsies, document and communicate findings to health care providers, support the facilities to conduct routinized maternal death review meetings and will create a feedback loop to ensure lessons from the review meetings are used to improve service delivery. Further, the partner will support the ZDF MNCH mentorship team to conduct quality improvement and quality control mentorship visits and support the ZDF mentorship team to review and revise the mentorship guide to ensure full integration of standards on child health.