



REQUEST FOR INFORMATION No.: RFI-674-17-00001-f

Issuance Date: October 13, 2016

Comments Due Date: November 7, 2016; 8:00 AM Pretoria, South Africa local time

Subject: Input into USAID/SA's PEPFAR Program Planning

The U.S. Agency for International Development's Mission to Southern Africa (USAID/SA) is in the process of designing its next phase of activities in South Africa in furtherance of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). It is anticipated that these activities will be implemented over a period of approximately five years from 2018-2023. USAID seeks to incorporate feedback from a wide range of sources in its planning process with the aim of optimizing the resultant program designs for the greatest impact in curbing the epidemic.

To that end, USAID requests input from all interested parties to provide evidence-based suggestions in support of USAID/SA's future HIV/AIDS care and treatment, HIV prevention, gender-based violence (GBV) response and prevention, orphans and vulnerable children and health system strengthening programs funded by PEPFAR in South Africa. Background information on USAID's PEPFAR programming in South Africa to date, as well as some specific questions into which USAID seeks input, are provided in the attachment to this notice.

This request for information is issued solely for planning purposes and is published in accordance with FAR Part 10 and FAR 15.201(e).

This is not a solicitation or call for proposals. Any proposals submitted in response to this request will not be considered.

Responses to this notice must be received by no later than the due date and time stated in this notice. All information provided will become the property of USAID and will not be returned. USAID reserves the right to use information provided by respondents for its purposes. Proprietary information must not be sent.

USAID/South Africa seeks input into each of the four Program Areas described in the attached document. Specific questions for each area have been identified for each Program Area. Individuals and Organizations that wish to provide input to USAID **must** utilize the following electronic questionnaires developed for this purpose:

To provide input into USAID's planning for **Program Area A: Care and Treatment**, respondents must utilize this link: <https://goo.gl/forms/hnBSOR9qPZHpFiZD3>

To provide input into USAID's planning for **Program Area B: HIV Prevention**, respondents must utilize this link: <https://goo.gl/forms/CPLwcWFqLPZOUh9n2>

To provide input into USAID's planning for **Program Area C: Orphans and Vulnerable Children**, respondents must utilize this link: <https://goo.gl/forms/P8naV5IIGCtuhec02>



To provide input into USAID's planning for **Program Area D: Health Systems Strengthening**, respondents must utilize this link: <https://goo.gl/forms/bpllzVoBvaDsGe6g1>

Responses to each question are optional and a respondent may select to which questions it chooses to respond. Responses must be succinct, specific, clear, and written in English. Responses to specific questions should be directly related to that particular query. General feedback may be provided at the end of the survey. Respondents can only submit ONE response per program area.

USAID will not pay for information submitted nor will it reimburse for costs incurred by an organization that elects to respond to this request. All costs associated with responding to this request will be solely at the respondent's expense. USAID is in no way obligated to utilize submitted information or issue a solicitation as a result of this request. USAID is not obligated to procure any of the services described herein, nor should the release of this request be construed as such a commitment on the part of USAID.

The issuance of this request will not restrict the Government's ultimate approach, if any. Respondents are advised that USAID is under no obligation to acknowledge receipt of the information, answer questions or provide feedback to respondents with respect to any information submitted. Any information submitted in response to this notice is voluntary. Not responding to this request does not preclude participation in any future solicitation, if any is issued.

USAID/Southern Africa PEPFAR Program Background Information and Questions

Epidemiology of South Africa's HIV and AIDS Epidemic

The HIV epidemic in South Africa is largely driven by heterosexual transmission, with a number of underlying behavioral, socio-cultural, economic, and structural factors that influence risk for HIV transmission. These include mobility and migration; race, economic and educational status; alcohol and drug use; early sexual debut; sexual violence; low prevalence of male circumcision; lack of knowledge of HIV status; intergenerational sex; multiple and concurrent sexual partners; discrimination and stigmatization; and inconsistent condom use, especially in longer-term relationships and in pregnancy/post-partum. In particular, gender dynamics and unequal power relations between men and women play a significant role in heterosexual HIV transmission. Approximately 54 percent of HIV-infected adults are women, with the demographic of African women aged 25-49 having the highest prevalence at 32 percent and highest incidence at 4.54 percent. Women also make up the vast majority of rape survivors, with approximately 65,000 women reported as being raped annually.

Tuberculosis (TB)/HIV

Despite the steady decline in the number of TB cases reported in South Africa since 2012, TB continues to be the driver of morbidity and mortality among people living with HIV. In 2014, a total of 318,193 TB cases were notified in South Africa, 93 percent of whom had a known HIV status (Global TB Report, 2015). The TB/HIV co-infection rate remains high at 61 percent. South Africa has made significant strides in ensuring that HIV positive TB patients are initiated on ART, from 66 percent in 2013 to 79 percent in 2014 (Global TB Report, 2015).

For a more detailed background on the USG PEPFAR's analysis of the HIV/AIDS epidemic, please refer to the USG PEPFAR South Africa Country Operational Plan 2016 (COP16), which can be found here: https://za.usembassy.gov/wp-content/uploads/sites/19/2016/08/COP16_SDS_-8June2016_Public-Version.pdf. The website also includes the Partnership Framework Implementation Plan, which indicates the structures for the bilateral partnership and engagement across multiple South Africa government departments (National Department of Health, Department of Social Development, Department of Basic Education, and others).

USAID/SA's Approach to Addressing the HIV/AIDS Epidemic in South Africa under PEPFAR

In accordance with the [PEPFAR 3.0 strategy: Blueprint for Creating an AIDS-free Generation](#), USAID/SA works in collaboration with the South African government, civil society and other stakeholders to achieve greater impact on and control of the epidemic in South Africa. The PEPFAR 3.0 strategy in South Africa focuses financial resources and programmatic inputs into 27 districts to improve the efficiency and effectiveness of technical assistance and direct service delivery. PEPFAR 3.0 seeks to support the Government of South Africa to achieve the following targets by 2020 in South Africa: 90 percent of all people living with HIV know their status, 90 percent of all people diagnosed with HIV infection receive antiretroviral therapy, and 90 percent of all people receiving treatment have viral suppression. These targets are referred to as "90-90-90," and are in line with the Joint United Nations Program on HIV/AIDS (UNAIDS) "90-90-90" targets. In addition, PEPFAR 3.0 focuses on improving linkages and program planning between prevention, treatment and orphans and vulnerable children activities at the community and facility levels.



In response to PEPFAR 3.0, USAID/SA and its implementing partners under PEPFAR have provided technical assistance to support the Government of South Africa's development of District Implementation Plans (DIPs) and ensure that all implementing partner activities within each district have been aligned to the DIP. USAID/SA envisions that systems strengthening technical assistance will continue to play a central role to support "90-90-90". In addition to DIPs and "90-90-90", other priorities envisioned over the coming five years include: focus on adolescent girls and young women and their male partners, key populations (sex workers, men who have sex with men, people who inject drugs, and transgender people); closure of service gaps; addressing stigma and discrimination; addressing GBV; addressing substance and alcohol abuse, particularly the effects of alcohol on treatment adherence and GBV; and integration of HIV programs into the health system, given the roll-out of National Health Insurance.

Vulnerable youth are at increased risk of HIV infection. Efforts to increase access to HIV testing services, enrollment into care and treatment services and adherence monitoring are critical to achieving "90-90-90" and epidemic control. However, while imperative, HIV testing and treatment will not be sufficient to address the epidemic among youth in South Africa. Evidence shows that social and structural deprivation is negatively impacting the capacity of youth to protect themselves and others. For people infected and affected by the epidemic, HIV is not only a medical experience. It is also a social and emotional experience that profoundly affects their lives and their futures. Programming for children and youth made vulnerable by HIV/AIDS contributes to the achievement of an AIDS-free generation by responding to the social (including economic) and emotional consequences of the disease on children, their families, and communities that support them. By addressing the underlying socioeconomic factors that determine the uptake of healthcare services and behavior, OVC programs reduce the likelihood of children and youth moving from being affected by the epidemic to becoming infected. Studies show that the integration of social and economic interventions has high acceptability and reach and that it holds powerful potential for improved HIV, health and development outcomes.

South Africa is currently developing a National Strategic Plan for HIV/AIDS for the 2017 to 2022 period. Concurrently, USAID/SA is developing a new five-year Country Development Cooperation Strategy for 2017–2022. Priorities for PEPFAR programming will align to both strategic documents as well as to South Africa's National Development Plan.

For more about USAID/SA, refer to <https://www.usaid.gov/south-africa>

The following outlines the four program areas that USAID/SA proposes to include in the next five years of its activities, as well as questions related to each area for which USAID/SA seeks information and input.

USAID globally includes a focus on science, technology, innovation and partnerships (STIP); responses in these areas, as well as local solutions, will be welcome. Recommendations to enhance program integration across these areas also would be welcome.

Program Area A: Care and Treatment

USAID/SA's anticipated goals and objectives for *Program Area A: Care and Treatment* are:

- Provide technical assistance (TA) and/or direct service delivery (DSD) to improve the scale-up and quality of HIV and TB/HIV services delivered in healthcare facilities; scale up high-impact HIV service delivery to targeted populations; and strengthen the Government of South Africa's

capacity in HIV and TB/HIV service delivery at all levels, including community and facility-based services.

- Support the Government of South Africa in achieving the UNAIDS “90-90-90” targets for HIV control and the STOP TB “90-90-90” targets for TB control; improved efficiency and effectiveness of targeted TA and/or DSD for general populations, priority populations, pediatric, adolescents, and key populations; sealing leakages in the clinical cascade; ensuring appropriate transition from child to adolescent care; and creating a comprehensive package of services for vulnerable adolescent girls and young women (AGYW).
- Support the Government of South Africa to implement and strengthen innovative service delivery models that will improve service delivery in the following areas: adherence support; continuum of HIV service delivery in the context of “90-90-90”; Test and Treat (TandT) treatment strategy; differentiated care service delivery models; linkage from HIV testing to enrollment in care; retention in care; task shifting and task sharing; service decentralization; integrating and linking services at and between community and facility; improving the quality of HIV services; managing co-infections and co-morbidities (prevention, screening and management of co-morbidities); and improved focus on and attention to drug resistance.
- Strengthen health systems (at national, provincial and district levels) and community systems through targeted TA that will strengthen DIP management at all levels of the Department of Health (DOH); strengthen health systems and community systems including community health workers’ capacity building and deployment; strategic information to inform data service delivery; improve the quality of HIV services; strengthen procurement and supply management systems for HIV health products; laboratory diagnostic services; and ART clinic and community distribution.

USAID/SA seeks input into the following questions related to ***Program Area A: Care and Treatment:***

1. What are potential game-changing interventions that could be supported at the national, provincial, district, facility and community level?
2. What may be the most optimal way to ensure service delivery (through TA and/or DSD) at all levels of DOH facilities?
3. What may be the “gold standard” for TA and/or DSD at primary health clinics, community health clinics, district hospitals, and tertiary hospitals at the district, provincial and national level?
4. What may be the most efficient and effective modalities to urgently address leakages in the HIV and TB cascades, including strengthening the health system?
5. What components of the current USAID/SA program should be maintained? What components of the program should be eliminated? What components of the program should be replicated or expanded?
6. Where are the gaps in the current USAID/SA program? What areas may require additional investment to attain the “90-90-90” targets?

7. Are there any new components or innovative game-changers that would be of significant benefit to USAID/SA to support the attainment of the “90-90-90” targets that should be introduced in future care and treatment activities?

To provide input into USAID’s planning for **Program Area A: Care and Treatment**, respondents must utilize this link: <https://goo.gl/forms/hnBSOR9qPZHpfIZD3>

Program Area B: HIV Prevention

USAID/SA’s anticipated goals and objectives for **Program Area B: HIV Prevention** are:

- Integrate behavioral HIV prevention and behavior change to promote uptake of clinical prevention and HIV testing and treatment.
- To the extent possible, support structural interventions that are evidence-based and cost-effective.
- Ensure that behavioral prevention addresses the particular needs of key and priority populations. Key and priority populations are those at higher than average risk/vulnerability for acquiring or transmitting HIV infection.
- Continue to strengthen government capacity to provide appropriate care for key and priority populations.
- Ensure that government systems are strengthened to ensure sustainable support and management of community-based programming.
- Support introduction of WHO approved and cost-effective biomedical interventions (jointly with the SA government).

USAID/SA seeks input into the following questions related to **Program Area B: HIV Prevention**:

1. What are the most optimal innovations that may be successfully implemented in the South Africa context, including effective behavior change communication strategies? What could be game-changers for prevention?
2. How could key and priority populations best be reached through prevention interventions and successfully linked to testing, care and treatment services?
3. What may be the most effective strategies to focus on and elevate human rights and gender issues?
4. What are the optimal approaches to use to ensure that services are supportive of key populations (female sex workers, men who have sex with men, transgender people, and people who inject drugs)?
5. How might structural interventions be scalable and sustainable?



6. How might biomedical interventions be introduced and scaled up (e.g., Pre-exposure prophylaxis, or PrEP, and others)?
7. What evidence-based alcohol reduction programs can promote treatment adherence and reduce GBV?
8. What service delivery gaps need to be filled in responding effectively to GBV, especially sexual violence?
9. What innovative community approaches reduce GBV?
10. What programs targeting men or women (or both) shift patriarchal gender norms and reduce GBV?

To provide input into USAID's planning for **Program Area B: HIV Prevention**, respondents must utilize this link: <https://goo.gl/forms/CPLwcWFqLPZOUh9n2>

Program Area C: Orphans and Vulnerable Children

USAID/SA's anticipated goals and objectives for **Program Area C: Orphans and Vulnerable Children** are:

- Improve health and resilience of infected and affected children and their families through the provision of social services.
- Increase case finding for HIV+ children, adolescents and caregivers through high quality home visiting programs.
- Increase capacity of OVC staff/home visitors in HIV knowledge and counselling skills, referral for testing/treatment and guidance on treatment adherence and monitoring.
- Strengthen linkage to the clinical cascade with specific focus of promoting HIV status knowledge through increased access to HIV testing and other health services.
- Target adolescent girls and young women who are most vulnerable to HIV infection through rigorous assessments and providing interventions addressing issues specific to adolescent girls (e.g., Teen clubs, linking to testing and treatment, and providing platform for sharing ideas and solutions).
- Target adolescent boys through male specific interventions such as fatherhood and role modelling programs such as Brothers For Life, voluntary male medical circumcision (VMMC), increased HIV knowledge, risk reduction and support on consistent condom use for both genders, etc.
- Promote supportive supervision of the social service workforce to maintain high quality, evidence-based interventions.
- Reduce GBV, especially violence against children (focus on the most vulnerable children with disabilities, LGBTI and children of sex workers).

- Strengthen linkages to GBV-specialized services.

USAID/SA seeks input into the following questions related to *Program Area C: Orphans and Vulnerable Children*:

1. What new components should be introduced in future OVC activities?
2. How can the most vulnerable children in high OVC burden districts be reached with community services in a resource-limited environment? What innovative tools are being used to identify, assess, and enroll the most vulnerable children? How can OVC programs use case management tools and systems to reach the most vulnerable children? Can case management tools be used to ensure that children are moving from vulnerable to stable and graduating from support? How can case management tools be used to flag and easily identify highly vulnerable populations, so community-based cadres can better monitor them?
3. How can home visitor programs be better utilized to assess children and their families for signs of violence (emotional, physical and sexual), risky sexual behavior, alcohol and drug use?
4. How can community based programs such as OVC programs, prevent and respond to gender-based violence and child sexual abuse? What assessment tools can be used at the household and community level?
5. How can we increase the number of OVC (particularly adolescent girls) between the ages of 0-17 years old that receive a comprehensive package of evidence-based interventions to mitigate the impact of HIV/AIDS at the household level?
6. How should we best strengthen the capacity of OVC caregivers and families to communicate and address key issues facing children affected by HIV/AIDS, including sexual risk behavior and prevention of neglect, violence and exploitation?
7. How can we support OVC programs to support the layering approach, to ensure OVC receive comprehensive services?
8. How can we improve the health and economic security of vulnerable youth by addressing the socioeconomic factors to mitigate the impact of HIV and AIDS? What structured support can be provided during their transition to becoming healthy, educated and socially well-adjusted adults?
9. How can we increase the number of youth between the ages of 18-24 years old who receive a package of evidence-based socioeconomic interventions that equip them with the assets and skills they need to negotiate livelihood choices and health behaviors that lead to better health outcomes and mitigate the impact of HIV/AIDS?
10. How can we improve the wellbeing of the households of vulnerable youth by increasing their ability to better prevent and cope with shocks (social, health, and economic) and mitigate the impact of HIV/AIDS?

11. How would we work to advocate and mobilize community support and resources to increase youth access to information, networks, new technologies, and new forms of communication that build linkages to professional and community networks and reduce social exclusion?

To provide input into USAID's planning for **Program Area C: Orphans and Vulnerable Children**, respondents must utilize this link: <https://goo.gl/forms/P8naV5IIGCtuhec02>

Program Area D: Health Systems Strengthening

USAID/SA's anticipated goals and objectives for **Program Area D: Health Systems Strengthening** are:

- To enable the health system to achieve an AIDS-free generation and universal health coverage.

USAID/SA seeks input into the following questions related to **Program Area D: Health Systems Strengthening**:

1. What national/provincial primary health care interventions should be prioritized by USAID/SA to advance an AIDS-free generation?
2. What district/sub-district/site level primary health care interventions should be prioritized by USAID/SA to advance an AIDS-free generation?
3. What national/provincial human resources for health (HRH) interventions (e.g., human resource development, human resource planning, human resource information systems) should be prioritized by USAID/SA to enable South Africa to better implement Test and Treat and new models of service delivery (e.g., Adherence Clubs; Pick-Up Points; General Practitioner Contracting)?
4. What district/sub-district/site level HRH interventions should be prioritized by USAID/SA to enable South Africa to better implement TandT and new models of service delivery?
5. What national/provincial strategic information interventions (e.g., Health Information Systems, Routine Monitoring, Research) should be prioritized by USAID/SA to facilitate adaptive management of the HIV response by the South African government and USAID/SA?
6. What district/sub-district/site strategic information interventions (e.g., Health Information Systems, Routine Monitoring, Research) should be prioritized by USAID/SA to facilitate adaptive management of the HIV response by the South African government and USAID/SA?

To provide input into USAID's planning for **Program Area D: Health Systems Strengthening**, respondents must utilize this link: <https://goo.gl/forms/bpllzVoBvaDsGe6g1>