

Modification No. 1 to APS 674-08-003

SPECIFIC CHANGES TO THE APS AS FOLLOWS:

Page 2 Third Paragraph: “three rounds” is replaced by “two rounds”

Page 6 PREVENTION: This section is replaced by the following:

PREVENTION

Prevention of sexual transmission is funded under two separate program areas, "Abstinence and Be Faithful" (AB) and "Condoms and Other Prevention" (OP). PEPFAR/South Africa recognizes that many populations require some mix of "AB" and "OP" messages, and that the appropriate balance of AB and OP approaches will vary depending on the populations/individuals and their behaviors. Accordingly, applicants are encouraged to submit concept papers and full proposals that provide complementary and comprehensive approaches across the AB and OP program areas, with the mix and balance of approaches tailored to the specific target populations. (Reference and link here to the ABC Guidance on the PEPFAR website.)

1. Engaging and building the capacity of partners to support sustainable prevention efforts targeting both adults and youth;
2. Supporting NGOs, CBOs and FBOs to work at both the national and community level to generate public dialogue and to promote normative change relating to high rates of multiple and concurrent partnerships, sex partner turnover and casual sex;
3. Supporting a coordinated, systematic effort to expand coverage of and intensify prevention education and services targeting migrants, mobile populations and their partners in both sending and receiving communities; and
4. Giving priority to HIV prevention among orphans and other vulnerable children, who are at substantially increased risk of early sexual activity, pregnancy and HIV.
5. HIV and AIDS education and prevention among:
 - a. youth;
 - b. women;
 - c. professionals;
 - d. prison populations;
 - e. mobile workers;
 - f. commercial sex workers;
 - g. men who have sex with men;
 - h. injection drug and alcohol using populations;
 - i. others at high risk for infection; and
 - j. most at risk populations.
6. HIV and AIDS prevention activities targeting older populations, and relationships consisting of older men/younger women;
7. HIV and AIDS prevention activities targeting persons newly infected with HIV as part of a Prevention with Positives package;
8. HIV and AIDS prevention programs through appropriate promotion of safe medical male circumcision;

9. HIV and AIDS prevention programs in identified areas of high HIV prevalence, such as peri-urban areas and informal settlements;
10. Condom promotion and provision, especially in non-traditional settings;
11. Projects addressing the role of alcohol abuse in HIV prevention as part of a package of prevention services; and
12. Conducting new and innovative behavioral change campaigns in underserved areas.
13. Focusing on geographic localities currently served by PEPFAR Track 1.0 partners dealing with Abstinence and Behavior Change for Youth (ABY) activities in South Africa, since central funding for current partners is anticipated to end in 2009 and other areas with unmet needs in youth prevention;

Please see Annex 7 for additional details on illustrative activities and services in Prevention.

Annex 7 is added

Page 17: Added under address: All application packages must be clearly marked on the outside: Concept Paper **APS-674-08-003**.

Page 18: Bullet 6 "Project has duration of one year" is removed from paragraph "Concept papers meeting the following criteria will be reviewed:".

Page 24: Implementation Plan (10 points)

Bullet 2 is replaced with "Work plans with inputs and outputs that are realistic and achievable within proposed budget and timeframe, and reflect a grasp of necessary steps to ensure rapid , effective start-up and execution of program activities."

Page 27: Added under address: All application packages must be clearly marked on the outside: Concept Paper **APS-674-08-003**.

Following are the questions received by email:

1.Q. Page 18 provides instructions that "concept papers should be developed using the following format:3. Description of strategies and activities, including partnerships (if applicable) and implementation plan for the duration of the project". Please provide guidance as to what level of detail the implementation plan is supposed to have?

A. *Please refer to page 24 under Annex 2, Application Evaluation Criteria Section B Implementation Plan for the criteria on which organizations will be evaluated. Please keep in mind the concept paper page limit.*

2.Q Page 18 stipulates, "concept papers meeting the following criteria will be reviewed project has a duration of one year...." . However, reference is made elsewhere to the fact that funding can be up to five years (p. 2). Please confirm that

proposed strategies, illustrative activities and proposed budget should be for the first year only.

**A. Please refer to page 2 of the APS that states:
Agreements for the APS will be funded in two categories:**

- **Category 1: Not less than \$250,000 and not more than \$1 million in the initial year. Requests for funding in this category can be for up to five years of funding.**
- **Category 2: Not less than \$1 million and not more than \$25 million in the initial year. Requests for funding in this category can be for up to five years of funding.**

Proposed strategies, illustrative activities and proposed budget should cover the length of the proposed project for up to five years. In order to categorize submissions, the first year budgets between \$250,000 and \$1 million will be evaluated under Category One and first year budgets between \$1 million and \$25 million will be evaluated under Category Two. Subsequent year funding amounts need not be within these two category ranges.

Page 18: Bullet 6 “Project has duration of one year” is removed from paragraph “Concept papers meeting the following criteria will be reviewed.”.

3.Q. Page two of the APS states that agreements will be funded for up to five years. However on page 18, in the section starting with “Concept papers meeting the following criteria will be reviewed” it states that “the project has a duration of one year”. On page 23 in the technical approach review criteria: Application indicates an ability to reach a significant number of individuals with services within the 12 months of the program.

Please clarify whether you are seeking concept papers and budget for one year only or for up to five years during Tier 1.

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Proposed strategies, illustrative activities and proposed budget should cover the length of the proposed project for up to five years. In order to categorize submissions, the first year budgets between \$250,000 and \$1 million will be evaluated under Category One and first year budgets between \$1 million and \$25 million will be evaluated under Category Two. Subsequent year funding amounts need not be within these two category ranges.

Regardless of the number of years proposed or the category of submission, the Application Evaluation Criteria in Annex 2, Section B should read “Application indicates an ability to reach a significant number of individuals with services within the first 12 months of the program.”

Page 18: Bullet 6 “Project has duration of one year” is removed from paragraph “Concept papers meeting the following criteria will be reviewed:”

4.Q. I am seeking clarification of the following criteria in the SA PEPFAR APS:

- Category 1: Not less than \$250,000 and not more than \$1 million in the initial year. Requests for funding in this category can be for up to five years of funding.

I interpret this to mean that the proposal can be up to \$1 million for the first year but that the total funding for this proposal if it is for three years is still \$1 million. Is that correct?

A. *An organization may submit a funding request in any amount between \$250,000 and \$25 million for the first year, however, in order to categorize submissions, the first year budgets between \$250,000 and \$1 million will be evaluated under Category One and first year budgets between \$1 million and \$25 million will be evaluated under Category Two. Subsequent year funding amounts need not be within these two category ranges.*

5.Q. Is the solicitation a new partner initiative? Meaning if an organization has received PEPFAR funding for South Africa in the past you are not eligible for funding under this opportunity?

Is there a benefit in applying for the first round of funding? For example is the funding source split equally between the two round or is more along the lines of first round funds X amount of projects and whatever funding is leftover will go towards round two projects.

A. *As stated under section I of The Annual Program Statement, the APS is a solicitation for funding to support implementation of the United States President’s Emergency Plan for AIDS Relief (PEPFAR) in South Africa. Any organization meeting the eligibility criteria listed in Section V may apply. Current, past or present PEPFAR recipients meeting the eligibility criteria may apply.*

All awards under this APS are contingent on the availability of funding, approved Country Operational Plans (COP) and a reauthorization of PEPFAR. PEPFAR has not identified a targeted number of new projects or partners in any submission round. The number of awards will depend upon the quality of the proposals. The Application Evaluation Criteria is listed in Annex 2. Your organization may apply in any submission round.

The New Partner Initiative is a separate funding mechanism through PEPFAR. For further information please review the website for this program.

6.Q. How does USAID/OGAC define "social mobilization." (Note: "social mobilization" is mentioned as first of two activities in the "Prevention" section of the APS.)

A. *Social Mobilization is a process of bringing together people (including decision and policy makers, professional and religious groups, media, private sector, communities, individuals, etc) to raise awareness of, and demand for a particular program (in this case HIV prevention) to strengthen community participation for sustainability and self reliance. Prevention activities refer to Abstinence, Being Faithful, and Consistent and Correct Condom use.*

Please see Annex 7 as part of the modification related to Prevention activities.

7. Q. The APS notes that multiple submission are allowed: is it allowable to make multiple submission on the same program topic/issue if the submission are in different funding categories (i.e. category 1 of "not less than \$250,000," and category 2 of "not less than \$1,000,000 and not more than \$25,000,000 in the initial year."?)

A. *Yes.*

8.Q. If a concept paper is rejected in first round (January 22nd deadline), can it be resubmitted after revision in subsequent rounds?

A. *Yes.*

9.Q. Please clarify the dates for the three submission rounds listed on page 2 of the APS document? It is stated that concept papers will be reviewed in three rounds, but only two rounds were listed (01.22.08 and 05.05.08).

A. *There will only be two submission rounds.*

- *Round One Review: Concept papers should be received no later than Tuesday January 22, 2008 at 12:00 noon (South Africa time).*
- *Round Two Review: Concept papers should be received no later than Monday May 5, 2008 at 12:00 noon (South Africa time).*

Page 2 Third Paragraph: "three rounds" is replaced by "two rounds"

10.Q. Can existing partners apply if it is within a new area (e.g. we receive support for HIV prevention but would like to apply for funding to do OVC) ?

A. *Please refer to Section V of the APS on Eligibility. Existing PEPFAR partners may apply for funding in any program area of the APS as long as the organization meets the eligibility criteria. All eligible applications will be evaluated based on the Application Evaluation Criteria in Annex 2.*

11. Q. Can existing partners apply as sub-partners with a new partner as the lead?

A. *Please refer to Section V of the APS on Eligibility. Existing PEPFAR partners may apply as sub-partners with a new organization submitting an*

application. The organization submitting the application must meet the eligibility criteria. All eligible applications will be evaluated based on the Application Evaluation Criteria in Annex 2.

12.Q. Can an existing partner currently receiving funding for regional activities (South Africa, Lesotho and Swaziland) be eligible under the conditions of this APS?

A. *Please refer to Section V of the APS on Eligibility. Existing PEPFAR partners may apply for funding as long as the organization meets the eligibility criteria. All eligible applications will be evaluated based on the Application Evaluation Criteria in Annex 2.*

13.Q. Are you expecting organizations to submit a full 5 years implementation plan or just for the first year of the project?

A. *Implementation plans should cover the length of the proposed project for up to five years. Please refer to page 24 under Annex 2, Application Evaluation Criteria Section B Implementation Plan for the criteria on which organizations will be evaluated. Please keep in mind the concept paper page limit.*

14.Q. Could you please confirm that concept papers submitted now should only cover the period Jan 2008 - Sept 2009, and not a full 5 years?

A. *Concept papers should cover the proposed time frame of project not to exceed five years.*

15.Q. The Secretariat Office aims to submit a national concept paper (under "Organization A" Southern Africa), and a number of Centres have requested to submit concept papers for either provincial or local projects (under their own structure name eg "Organization B" Johannesburg). Each concept paper would, therefore, be submitted by a different structure of the same Organization. Would this process be acceptable to USAID and, if so, would this process jeopardise the opportunity for possible funding for the national concept paper (as our priority concept paper)?

A. *Please refer to Section V of the APS on Eligibility. All organizations submitting concept papers who meet the eligibility criteria will be reviewed.*

16.Q. Please clarify – if Implementation plan should be for the initial first year only – although concept paper is developed for 5 years.

A. *Implementation plans should cover the length of the proposed project for up to five years. Please refer to page 24 under Annex 2, Application Evaluation Criteria Section B Implementation Plan for the criteria on which organizations will be evaluated. Please keep in mind the concept paper page limit.*

Annex 7 is added

END OF MODIFICATION

Annex 7

Please note that these examples are not exhaustive nor are they necessarily targeted for funding.

The Prevention activities targeting a largely adult population will emphasize mutual fidelity and partner reduction, together with more comprehensive education about consistent and correct condom use. Proposed activities will build the capacity of municipal governments to undertake workplace HIV prevention programs.

Activities could consist of development of workplace HIV Prevention Education for adults at industries including municipalities. Mandatory employee participation in HIV and AIDS education programs could be key element of the program. A set of behavior change interventions that can be adapted to the current stage of their HIV programming, and the circumstances and capacity of each municipal workplace. USG will encourage partners to utilize evidence and theory-based, best practice models for behavior change. The target audiences need to be helped to personalize the risks associated with multiple and concurrent partners, and the protective benefits of partner limitation in the context of knowing both their own and their partner's HIV status. Gender norms that contribute to male risk behavior and to women's vulnerability should be addressed as part of educational activities.

Complementary education should be provided on consistent and correct condom use. The role of alcohol and substance abuse in risky behavior should also be integrated into prevention education. Strategies to reduce stigma directed towards PLHIV should be incorporated in partnership with municipal leaders. Close referral linkages should be established to HIV counseling and testing, with referrals for care and treatment, prevention counseling and supported disclosure provided to those who test positive.

The main outcomes should focus on the provision of support to municipal employees to assist them in reducing their personal risk of HIV; and the development of capacity within municipal governments to implement HIV prevention education. Increased understanding of risk factors and strategies for personal risk reduction, adoption of safer sexual behaviors, and referral/counseling to other HIV services are important expected results.

Activities will encourage municipal employees to obtain access to HIV prevention and care services, including elements of the preventive care package such as abstinence and being faithful, but mainly focused on other prevention methods, such as condom use. Activities should also offer psychosocial support and stigma reduction strategies for people living with HIV (PLHIV). This includes counseling and referral for HIV testing services, disclosure support, HIV prevention messaging and access to condoms, nutritional care and appropriate child survival and child care interventions. Strategies to reduce stigma directed towards PLHIV should be integrated in partnership with municipal leaders.

Some of the goals for this APS include establishment and operation of multi-disciplinary centers to provide comprehensive services to women and children rape or assault survivors to prevent the acquisition of HIV and AIDS among victims of rape and sexual violence. This activity could be linked to the USAID Governing Justly and Democratically (GJD) office's program to support the Sexual Offences and Community Affairs (SOCA) Unit of the National Prosecuting Authority (NPA) of the Department of Justice and Constitutional Development (DoJCD) in its endeavor to eradicate all forms of gender-based and sexual violence against women and children, especially

the crime of rape. Services could include primary emphasis on post-exposure prophylaxis (PEP), with secondary emphases on HIV and AIDS counseling and testing, and referral to HIV care and treatment services.

The activities through this APS could include (1) social mobilization with an emphasis on faithfulness and partner limitation for adults; and (2) youth prevention with a focus on abstinence and faithfulness. The first component will support new and innovative social mobilization approaches, at both the national and community levels, to address high rates of multiple and concurrent partnerships among young adults.

A cross-cutting objective is to engage and build the capacity of partners to support sustainable prevention efforts targeting both adults and youth. Both adults and youth are a high priority for HIV prevention in South Africa. Prevalence peaks among women in their late twenties and men in their thirties. Young women in their twenties have by far the highest HIV incidence. While incidence rates are higher in 15-24 year olds, adults over age 25 account for two-thirds of all recent infections, owing to their larger numbers, underscoring the need for prevention efforts targeting older persons. In a context with such high background risk, abstinence and delay of first sex are important strategies for HIV prevention among young people, although complementary messages are needed for youth who cannot or will not abstain.

Experience suggests that establishing healthy patterns early in life is easier than changing risky behaviors after they have begun. Young people therefore need to be reached before they begin having sex, with education and skills to support abstinence, partner reduction, and adoption of safer behaviors. The findings show that concurrent sexual partnerships are common among this age group in South Africa, where casual sex is readily available in clubs, bars and shebeens. These partnerships reflect the complex intersection of social, economic and cultural forces, together with individual psychological factors relating to self esteem and fatalism. At the same time the elevated risks of acquiring HIV through these behaviors are not well recognized. However given the understanding of the profile of the epidemic in South Africa, significantly more attention to partner reduction in the adult population would be appropriate in the prevention portfolio, there should be a youth-adult balance in the prevention portfolio. The PEPFAR South Africa prevention portfolio has highlighted the need to sharpen risk perception regarding multiple partners and concurrency. Partners will also help target audiences personalize the risks associated with multiple and concurrent partners, and the protective benefits of partner limitation in the context of knowing both their own and their partner's HIV status.

Activities would include support for NGOs, CBOs and FBOs to work at both the national and community level to generate public dialogue and to promote normative change relating to high rates of multiple and concurrent partnerships, sex partner turnover and casual sex. The purpose of such dialogue should be to increase understanding of the risks associated with multiple partners and concurrency; encourage mutual monogamy and partner limitation; challenge male norms that continue to reinforce multiple partnerships and power relations; as well as reduce alcohol use that increases risk behavior.

Nationally, this initiative will seek to enlist leadership from national civil society organizations and the faith-based sector to actively and strategically engage in promoting partner reduction in the adult population. Support will be provided to groups seeking to generate highly visible discourse about multiple and concurrent partnerships, through a variety of public fora, media and other activities. Illustrative activities might include recruiting national sports and artistic figures and faith leaders to serve as role models and speak out about these issues; supporting campaigns

that utilize a variety of media to reinforce and normalize fidelity/partner reduction; and training national print, radio and television journalists to initiate national dialogue on safer adult behavior through various media vehicles, including popular talk shows. Other activities might include development and distribution of simple informational materials for low-literate populations to support the dialogue on safer behaviors at the community level. At the community level, this initiative will support NGOS, FBOS, and CBOs in helping local communities mobilize to address norms relating to multiple concurrent partners.

In order to promote community ownership and culturally appropriate responses, partners will be encouraged to engage respected faith and traditional networks with the moral authority to mobilize communities in support of safer behaviors. Illustrative activities may include organization of community fora and events to generate discussion about the risks of multiple concurrent partners and casual sex; public recognition of men in the community who commit to faithfulness to protect themselves and their families from HIV; training of local faith, community and traditional leaders in publicizing the risks of these behaviors; and "small" media, such as drama and puppetry, to help community members personalize the risks involved in these behaviors.

Proposed activities may include coordinating development of a common set of "messages" about multiple and concurrent partnerships to be applied through various communication channels. Based on existing qualitative research, these messages are likely to include: manage your HIV risk by managing your relationships; recognize that more partners increase risk of HIV; avoid one-night stands and overlapping partnerships that increase your risk of HIV; and go for HIV testing with, and be mutually faithful to, your "main" partner.

This APS will identify several partners to implement HIV prevention programs for adolescents and young adults aged 10-24 through schools, church youth groups and other youth-serving settings. The geographic focus will include localities currently served by Track 1.0 partners and other areas with unmet needs in youth prevention. The APS objectives will be to delay first sex, increase "secondary abstinence," and promote safer behaviors, including mutual fidelity and partner reduction, among young people. The APS will provide support to NGOs, FBOs and CBOs for:

- Scale-up of skills-based HIV education, especially for younger youth and girls;
- Community mobilization to promote norms that support healthy behaviors among young people;
- Reinforcement of the role of parents and other protective influences in HIV prevention;
- Prevention of sexual coercion and exploitation of young people.

The APS will seek partners to work in adolescent and young adult prevention with a focus on abstinence and faithfulness. This activity is intended as a country-funded successor activity to the centrally-funded "Track 1.0" ABY agreements, which have filled important youth prevention needs in disadvantaged townships in South Africa since 2004, but are scheduled to end in 2009. Additional activities under the APS could include HIV prevention among orphans and other vulnerable children, who are at substantially increased risk of early sexual activity, pregnancy and HIV. Activities could incorporate a strong emphasis on the vulnerability of girls and young women to HIV, and include strategies to meet their unique prevention needs, for example, explicitly addressing sexual coercion, transactional sex, and sex with older partners. Partners will be requested to propose behavior change approaches that are evidence and theory-based, such as rigorous, interactive curriculum-based HIV education that reflects internationally recognized best practices, and to tailor these approaches to each specific setting.

Expansion of HIV prevention activities for migrant workers and other mobile populations in both receiving and sending communities, in order to reduce sexual risk behaviors and HIV transmission among these populations is another area of illustrative activities under the APS. This activity could build the capacity of indigenous organizations to implement effective prevention interventions for these populations. The scope of this activity could include the mining, transport, commercial farming, and informal trading sectors. Another major new initiative that should target HIV prevention messages in the 11 "high transmission" districts, with a focus on adult male behaviors and the vulnerability of young women. Currently, migration appears to contribute to the epidemic primarily by increasing the vulnerability of mobile populations to high-risk sexual behavior. Migrants have greater numbers of sex partners in receiving communities, while their long-term partners in rural areas may also have higher rates of partner change. Since the end of apartheid, the volume of both international and internal migration has significantly increased. The environments in which migrant workers and mobile populations live and work often facilitate higher risk behavior. Informal trade has grown significantly both within South Africa and with other countries in the region. Single-sex hostels are also common outside the mining industry. The prevalence of commercial sex and alcohol-related business in mining and border areas and along major truck routes render surrounding communities susceptible to infection as well. Many commercial sex workers in mining and other high risk areas are themselves migrants from rural areas in South Africa or neighboring countries. Each population of migrant workers has different vulnerabilities and levels of risk. USG South Africa will consider support for a coordinated, systematic effort to expand coverage of and intensify prevention education and services targeting migrants, mobile populations and their partners in both sending and receiving communities. The purpose of this activity is to increase consistent condom use and reduce sexual risk behaviors and HIV transmission among migrant populations.

Additional activities could include an assessment that could include mapping of mobility, social connectivity and sexual networks to identify sector-specific risks and vulnerabilities. Mapping could also include current interventions funded by the SAG, other donors and the private sector, and size estimation of various target populations. Additional formative research should be carried out to fill gaps in information about specific groups, e.g. migrant farm workers and border traders, and about specific settings, e.g. sending areas.

Proposed activities should develop, test and scale up innovative new intervention models. Generic interventions appear to have had limited impact in migrant settings and situations of high mobility. The challenge therefore will be to tailor approaches to the distinct needs of different sectors and groups of migrants, and to be sensitive to the modalities of mobile people, including their divided households, and target both sending and receiving areas. Activities will be closely coordinated to ensure systematic, comprehensive coverage of migrant populations. Proposed assessments should build on the research on mobile populations and HIV in the Southern Africa region carried out by the International Organization for Migration with funding from the Swedish government.

Applicants should design interventions to reduce high risk sexual behavior based on existing research on migrant populations. Applicants should provide HIV education that is culturally appropriate, in languages relevant to foreign migrant workers.

Strong referral linkages should be established to HIV counseling and testing, and to affordable health services such as treatment of sexually-transmitted infections (STIs). Those who test

positive should receive intensive prevention counseling together with referrals to care and treatment. For each group, coverage of interventions will be tracked. To enhance sustainability, the USG may consider various partnerships including but not limited to the private mining and trucking sectors and owners of commercial farms.

Applicants under the APS should consider initiatives that will target the 11 "high transmission" districts, with a focus on adult male behaviors and the vulnerability of young women. Intervention design will draw on recent qualitative research on the drivers underlying multiple partnerships. Behavioral messages should emphasize partner limitation and consistent and correct use of condoms as key strategies for risk reduction.

Applicants should consider activities that focus on the development of a strategic and systematic framework to deliver HIV Prevention to Persons Engaged in High-Risk Behaviors (PHPEHRB). Groups that are acknowledged to be core transmitters in South Africa, even within a generalized epidemic, are: migrant populations, persons engaging in commercial and transactional sex, members of the uniformed services and persons working along transport corridors. Activities should aim to develop a strategic and systematic framework to deliver HIV prevention messages to these target groups. Applicants could consider facilitation of the development of national referral networks and linkages focusing on HIV counseling and testing, behavior change interventions and referral to treatment, care and support services for commercial sex workers (CSWs), men who have sex with men (MSMs) and alcohol abusing population of South Africa.

Applicants under the APS may consider a mapping activity that could assist in a comprehensive strategy focused on providing sufficient coverage of at risk populations will be developed. Development of a systematic framework in collaboration with other donors, the National and Provincial Department of Health, the PEPFAR PHPEHRB Technical Working Group, and non-governmental organizations (NGOs), A national plan that addresses challenges in implementation of HIV prevention to at risk populations could be developed. The framework/national plan could focus on the implementation of behavior change interventions, and the development of networks and linkages suitable for most-at-risk populations. In order to develop the systemic framework, a national consultative forum could take place to identify groups working with PHPEHRB. Expanding coverage and intensifying HIV prevention programs for migrant populations, persons engaging in commercial and transactional sex, injection and non-injection drug users, men who have sex with men, members of the uniformed services and persons working along transport corridors.

The APS seeks to award the development of interventions that will promote responsible drinking and the adoption of HIV preventive behavior. Drinking venues (bars, taverns, shebeens) are identified as ideal venues in which to implement such interventions, since they are locations in which: (a) casual sexual partners are met; (b) sexual risk behaviors are initiated and/or take place; and (c) patrons are a "captive audience" for health promotion and similar interventions. In addition, activities could address gender, because shebeen/tavern "culture" is often associated with interpersonal and gender-based violence and sexual assault, some of which is associated with HIV infection. HIV and alcohol interventions Alcohol abuse has been identified as a substantial risk factor for HIV transmission. Recognizing that irresponsible alcohol use can contribute to a range of social harms, including sexual risk behavior that can lead to HIV infection.

Public-private partnerships provide an opportunity for businesses to leverage the diverse

resources of another organization and generate value above and beyond what the individual organization could generate on their own. A particular focus of the prevention education could be on the "Be Faithful" message as it is assumed that many employees are engaged in relationships and there is a need to focus on faithfulness within relationships. Peer educators in SMEs and the health and education sector could receive ongoing training on prevention (especially abstinence and being faithful), PMTCT, stigma and discrimination, counseling and testing, palliative care, and access to treatment. The goal of the peer education is to increase workers' knowledge about HIV and AIDS prevention, care and treatment with the purpose of changing their attitudes and practices and modifying behavior to prevent HIV infections and reduce violence and coercion.

Activities could mobilize male workers and solicit their involvement in prevention, care and support and also address male norms and behavior which contribute to the transmission of HIV. Female workers could be encouraged to use PMTCT, and be empowered around condom negotiation skills, sexual decision making.

This APS may support activities aimed at HIV risk reduction and prevention program targeted at young workers, aged 20-34 through the Young Workers' Campaign through a year-long life skills based education and leadership development program. The program would help to build self-esteem and confidence among young workers to adopt and sustain risk reduction practices, modify male norms and behaviors and focus on partner reduction. Young people living with HIV and young workers living with HIV could be actively engaged throughout the life skills based education program as facilitators to reinforce educational efforts and to battle stigma and discrimination.

The APS process will be used to identify several partners who are well positioned to work with young women and adult men in the high transmission areas. Applicants will be requested to design their interventions based on recent qualitative research on sexual networks and the drivers underlying high risk behaviors; to utilize evidence and theory-based, best practice, behavior change intervention models to the extent feasible; and to tailor their approaches to the risks and vulnerabilities of each specific setting

Organizations could focus on building capacity to implement specific evidence based interventions aimed at reducing HIV infections amongst young women aged 20-30 and adult men in the 11 high transmission areas.