AMENDMENT 06

FUNDING OPPORTUNITY ANNOUNCEMENT (FOA)
Number N00244-19-S-F002

"FY19 – FY20 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 06 is to incorporate the following:

DHAPP is accepting "Concept Papers" for Dominican Republic: DHAPP--FFAARD Partnership for Sustainable HIV Epidemic Control in Border Region as described below through 01 August 2019:

NOTE: Each narrative is a standalone effort and should not be combined with another narrative and all the program elements (tasks) in each specific narrative must be addressed in that concept paper submission.

E-mail address for submission of Concept Papers: usn.nhrc.dhapp@mail.mil

The full solicitation is available at: http://www.grants.gov/

Eligible Applicants are requested to submit **Concept Papers** following the guidelines and format provided in the N00244-19-S-F002, Section II, D.

All respondents must demonstrate the support of the in-country military and the DoD representative in the corresponding U.S. Embassy in the planning and execution of their proposals. The selected Grantee is the Implementing Partner and will be referred to as IP in this document.

Dominican Republic: DHAPP--FFAARD Partnership for Sustainable HIV Epidemic Control in Border Region

Introduction

The HIV/AIDS epidemic has been devastating and negatively affected many militaries and other uniformed organizations worldwide by reducing military readiness, limiting deployments, causing physical and emotional decline in infected individuals and their families, posing risks to military personnel and their extended communities, and impeding peacekeeping activities. As HIV management improves, many of these impacts are disappearing; however, militaries now need to sustain life-long HIV treatment for their HIV-infected beneficiaries in addition to other long-term chronic disease management issues.

The US Government has a long history of international collaboration and partnerships in the fight against HIV/AIDS, providing funding, technical assistance, and program support. These collaborations are all contributing to HIV epidemic control.

Over the years, the United States Department of Defense (DOD) HIV/AIDS Prevention Program (DHAPP) has successfully engaged over 80 countries in an effort to control the HIV epidemic among their respective military services. DHAPP is the DOD implementing agency collaborating with the US Department of State, the Health Resources and Services Administration, Peace Corps, US Agency for International Development (USAID), and the Centers for Disease Control and Prevention (CDC), in the US President's Emergency Plan for AIDS Relief (PEPFAR). DHAPP receives funding for its programs from two sources: a congressional plus-up to the Defense Health Program (DHP) and funding transfers from the Department of State for PEPFAR. Working closely with DOD, U.S. Unified Combatant Commanders, Joint United Nations Programme on HIV/AIDS (UNAIDS), university collaborators, and other nongovernmental organizations (NGOs), DHAPP's mission is to build capable military partners through military-specific, culturally focused, HIV/AIDS cooperation and assistance.

In the Defense Security Cooperation Agency guidance, the US Secretary of Defense has identified HIV/AIDS in foreign militaries as a national security issue. Pursuing HIV/AIDS activities with foreign militaries is clearly tied to security interests, regional stability, humanitarian concerns, counterterrorism, and peacekeeping efforts due to the impact of HIV/AIDS as a destabilizing factor in developing societies. DHAPP employs an integrated bilateral and regional strategy for HIV/AIDS cooperation and security assistance. DHAPP implements bilateral and regional strategies in coordination with respective Combatant Commands (COCOMs) and Country Support Teams to offer military-to-military HIV/AIDS program assistance using country priorities set by the U.S. Under Secretary of Defense for Policy and by the Office of the Global AIDS Coordinator. DHAPP provides strategic information and supports defense forces in HIV prevention, care, and treatment for HIV-infected individuals and their families.

On October 1, 2013, DOD established the Defense Health Agency (DHA) as part of the U.S. Military Health System governance reform. DHA is a joint, integrated Combat Support Agency that enables the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to COCOMs in both peacetime and wartime. In July 2014, the Deputy

Secretary of Defense approved the realignment of medical Executive Agent organizations to DHA, including DHAPP. The transition to DHA from the Secretary of the Navy was completed on August 20, 2017. DHAPP is now a division under the Research and Development (J-9) Directorate and continues to be cornerstone of the global health engagement portfolio delivering solutions to COCOMs. The DHAPP headquarters office remains at Naval Base Point Loma in San Diego, California.

In 2014, PEPFAR moved from an "emergency" response to a strategy focused on sustainable control of the HIV epidemic. In doing so, PEPFAR adopted the United Nations Programme on HIV/AIDS (UNAIDS) global 90-90-90 goals that state by 2020: 90% of people with HIV are diagnosed, 90% of them are on ART and 90% of them are virally suppressed. DHAPP shifted with PEPFAR in how Monitoring, Evaluation, and Reporting (MER) indicators are collected and reported to efficiently use data to drive decision-making and focus HIV programming in the right geographic areas. DHAPP collects MER indicator results on a quarterly and semi-annual basis, and data is reported at the site level. This data allows DHAPP to understand the gaps in programming and needs for shifts to reach our shared goals. Due to security sensitivities regarding military site locations and troop movement, all site-level data is analyzed at DHAPP headquarters and summary data is collected by the Office of the Global AIDS Coordinator so each USG country team can review military program results at the national level.

In fiscal year (FY) 2017, DHAPP supported 56 national HIV programs, mainly through direct military-to-military cooperation in addition to support from contracting external organizations and academic institutions to assist with specific aspects of proposed programs. Partners in FY17 included 54 NGOs and universities working in 55 countries.

Budget

	Phase 1	**Phase 2**	**Phase 3**	**Phase 4**	**Total**
Health Systems Strengthening	175,000	175,000	175,000	175,000	700,000
OHSS- Health Systems Strengthening	150,000	150,000	150,000	150,000	600,000
HVSI- Strategic Information	25,000	25,000	25,000	25,000	100,000
TOTAL	**175,000**	**175,000**	**175,000**	**175,000**	**700,000**

Approaches to Reaching Sustainable Epidemic Control

Proposals are requested to support the Armed Forces of the Dominican Republic to reach sustainable control of the HIV/AIDS epidemic through the pillars of transparency, accountability, and impact.

The TBD partner's program should emphasize capacity building across all activities and technical areas. All proposals should detail how the partner will engage the partner military

leadership as well as 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 military to conduct these activities. Within the proposal the partner will need to demonstrate transition of programmatic capabilities and capacity to the military over the life of the grant.

The partner must work in complete coordination with the partner militaries' HIV prevention and health services, as well as the DHAPP/DOD Program Manager based at the US Embassies in these countries, the DOD adult and pediatric treatment program manager based at the Military Health Department, other DHAPP supported implementing partners working in these countries, other bilateral and multilateral agencies with similar objectives and the DHAPP Headquarters Team. The Grantee is the Implementing Partner and will be referred to as IP in this document.

Targets

Progress towards epidemic control will be successfully measured, in part, through an effective strategic information framework that not only monitors program outputs, but also key outcomes and programmatic impact.

Collection and use of disaggregated data that characterizes the populations served in the lowest geographic areas where HIV services are being provided is critical in understanding current program performance and planning for future performance. Consequently, the Monitoring, Evaluation, and Reporting (MER) indicators continue to evolve in order to reflect the progression of U.S. government (USG) support and global HIV response guidelines. Measuring the impact of support at national and regional above-site levels down to direct services at the site-level is paramount to DHAPP's program implementation and monitoring approach.

MER indicators are not an exhaustive list of all metrics that should be monitored by DHAPP-supported programs. These programs should continually monitor and assess any acute programmatic issues and collect additional data to inform program improvement.

The indicators listed below strives to drive program monitoring to a more patient-centered approach. Per the 2017 WHO Consolidated Guidelines on Person-Centred HIV Patient Monitoring and Case Surveillance, person-centered monitoring refers to a shift from monitoring measuring services (e.g., the number of individuals tested or people on treatment) to monitoring people at the center of their access to linked HIV and health services. In essence, this marks a shift to better support the clients accessing services by focusing more on their individual health outcomes.

The proposal will address approaches to reaching the following targets for military and civilian populations.

Technical Narrative

The IP will address the technical approach to each area. The IP will be responsible for providing the following in close collaboration with other DHAPP-funded implementing partners and the host military.

Health System Strengthening

The IP will support the FFAARD HIV Program at an above-site level to improve quality of HIV services and removal of barriers to service uptake for all at-risk military as well as the communities served by the military health services, including MSM, FSW, TW and migrants. The IP will achieve these goals through the following interventions:

- Assist militaries with updating of HIV policies to adhere to WHO and MOH guidelines, especially the inclusion of test and start, same day initiation, index testing, , differentiated models of care such as multi-month scripting, transition to Dolutegravir-based ART and appropriate viral load testing.

- Stigma and Discrimination:

  1) Using existing qualitative and quantitative assessment tools, the IP will conduct baseline assessment to determine the impact of stigma on prevention, testing, and treatment activities in the military health system (respondents will include: military members, military leaders, military HIV lead, health care providers, people who work in health facilities, and patients receiving services in military health systems, especially patients who are Haitians living in the Dominican Republic).

  2) The IP will conduct analysis and disseminate findings to military leadership and military health workers. Baseline program evaluation will identify barriers to the uptake of services by military members and Haitians living in the Dominican Republic (Target Population, or TP). Once specific stigma related barriers are identified; the IP will work closely with the military and the DHAPP HQ SMEs to customize a multi-component comprehensive military specific program to address the barriers.

  3) The IP will facilitate multi-level stigma and discrimination reduction workshops expanding upon the previously-held ToT workshop (4-days) with military leadership, military healthcare workforce, and non-healthcare military personnel who interact with the TP, such as CESFRONT. Activities will be coordinated with DHAPP HQ S&D SMEs. IP will use evidence based materials already created and adapted to the military context along with TP-specific modules developed in close collaboration with DHAPP HQ SMEs and FFAARD. Participants of the workshops will apply knowledge acquired to reducing barriers to healthcare for TP and other PLHIV in their daily activities and health facilities will provide stigma free services. Previous ToT participants will have the opportunity to practice facilitating stigma-reduction activities and develop a plan for S+D activity sustainability. Participants will develop a draft Code of Conduct and an Action Plan to be reviewed, approved, and launched by the military healthcare and border protection leaders. Participants will also review existing health related policies to determine if they are discriminating and make recommendations to military leadership for policy changes.

  4) The IP will work closely with the military leadership to establish a working group/committee comprised of ministry of defense, military services (e.g. Army, Navy, Air

Force, CESFRONT), and military health care providers to review current military policies related to HIV and to steer the draft Code of Conduct and Action Plan through the appropriate review and approval process to final launch. The committee will revise and or develop non-discriminatory policies using current public health and WHO guidelines focused on human rights and stigma and discrimination elimination and steer these through the appropriate review and approval process.

5) The IP will conduct quantitative and qualitative follow-up assessment to determine the change (reduction) of stigma and discrimination and their impact on prevention, testing, and treatment activities in the military health system (respondents will include: military members, military leaders, military HIV lead, health care providers, people who work in health facilities, and patients receiving services in military health systems). The IP will conduct analysis of assessment, write up final program report, and disseminate findings. The follow-up program evaluation will identify impact of comprehensive S&D reduction interventions in relation stigma related barriers and the uptake of prevention, testing, and treatment services to military members in the military health system.

6) The IP will continue to monitor and mentor the ToT attendees and track follow-up training.

- Strategic Information: The IP will support the FFAARD in improving the sustainability and efficacy of their program through improving local capacity and standard practices for data use utilizing the following activities:
    - HIV and STI Monitoring and Evaluation: Collection and analysis of military-wide data, adapting PEPFAR MER indicators to include data from non-PEPFAR sites for above-site analysis to inform strategic direction
        - IP will assist the militaries in assessing and modifying data collection tools to ensure all appropriate data points and disaggregates are collected. This includes training and mentoring of 1-2 military-appointed data entry personnel at military hospitals in proper utilization of MOH Health Information System.
        - IP will assist the militaries analyzing and visualizing collected data to inform policy and planning decisions.
    - Above-site assistance to militaries for the quarterly review of treatment cascade

- Forecast ARV, condoms, laboratory commodities and HIV rapid test kits: IP will assist the military in aligning procurements with MOH procurements through planning and tracking commodity needs and provision, this will be done through training and mentoring, such that capacity is built for these activities within the FFAARD, and only minimal mentoring would be required after year one.

Site Improvement through Monitoring System (SIMS)

The purpose of SIMS is to provide a standardized approach and set of tools for monitoring program quality at DHAPP-supported sites and entities that guide and support service delivery.

SIMS assessment results are used to strengthen alignment with global and national standards and facilitate program improvement as a component of an overall quality management strategy. SIMS is also used to identify performance issues that may impact patient outcomes or the integrity of reporting for MER targets or disaggregates. Low final scores (reds and yellows) from these core essential elements (CEEs) highlight potential issues with service delivery, site performance or oversight, and/or documentation of patient results. Site-level triangulation of MER and SIMS data can be used to contextualize performance and could be useful to determine if performance challenges at a site are due to issues related to the underlying quality of service provision.

Site Improvement through Monitoring System (SIMS) aims to: (1) facilitate improvement in the quality of DHAPP-supported services and technical assistance, (2) ensure accountability of U.S. government investments, and (3) maximize impact on the HIV epidemic.

For this grant, the Implementing Mechanism will collaborate closely with DHAPP and the FFAARD to utilize a paper-based SIMS tool, adapted for use by militaries to monitor their own program sites. The IM will work with DHAPP to train the FFAARD in SIMS implementation, as well as accompany them in monitoring HIV testing and treatment sites at the 2 main military hospitals and the development of improvement plans.

SIMS assessment results confirm compliance to minimum quality assurance standards and identify areas where improvements in programs can be made.

Programs should conduct SIMS assessments in accordance with DHAPP guidance and implementing partners are responsible for taking corrective action for items within the IP SOW and per discussion with DHAPP USG staff. Identified corrective action not within the IP SOW will be the responsibility of the FFAARD to address.

Data Monitoring

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

The IP will be responsible for:

- Staffing support and mentoring of existing partner military staff for data entry
- Ensuring confidentiality and security of data, in line with MOD, MOH, and national guidelines
- Timely, accurate reporting of all indicators required by the partner military and DHAPP.
- Securing all patient-level and site-level data from dissemination outside of the partner military and DHAPP without prior approval from the partner military.
- Support for data entry, cleaning, reporting, and use.

Data Quality

Measuring the success of HIV/AIDS initiatives requires strong monitoring and evaluation (M&E) systems that produce high quality data. Efforts to ensure data quality, therefore, are not singular events occurring randomly. Rather, these processes need to become institutionalized as part routine data management processes. Once achieved, data quality helps to ensure that limited resources are used effectively, progress toward established goals are accurately monitored, and that decisions are based on strong evidence. Attention to data quality ensures that target-setting and results reporting are informed by valid and sensitive information, and that all partners are thinking about and collecting and organizing this information in the same manner. In this way, attention to data quality leads to improved program performance and to more efficient resource management.

Data quality has always been a focus of global HIV monitoring and reporting efforts. Specifically, all countries conducting programming supported by DHAPP are expected to have a data quality strategy in place. For example, data quality assessments should be conducted routinely and action should be taken as a result of these DQAs. If errors are identified in data, these should be remediated at the point of service delivery as well as in the DHAPP and host-country reporting systems as soon as possible. Standard operating procedures for routine data quality review should also be in place. Data should be routinely reviewed for errors before submission to ensure that the data passes the data quality checks outlined within the guidance and the Data Review Tool available in DATIM.

Work Plans

The Grantee must submit annual, programmatic and financial, work plans to the DHAPP Program Manager and DHAPP HQ (budget breakdown per activity and for program management is required). Work plans should include an activities implementation timeline as well as monitoring and evaluation timeline.

Reporting

- Quarterly Fiscal Reports: The grantee must submit quarterly programmatic and financial reports to DHAPP in order to monitor expenditures according to the program budget codes. The report template will be provided by DHAPP. Submit data within 30 calendar days following each reporting period (3/31, 6/30, 9/30, and 12/31).
- Interim Progress/Monitoring, Evaluation, and Reporting (MER) Report: This report shall summarize progress in relation to the approved work plan as well as monitor grant deliverables. The Grantee shall submit quarterly indicator reports in accordance with the format provided by the Program Office within 45 calendar days following the end of the reporting period: 12/31, 3/31, 6/30 and 9/30. The Grantee shall provide reports in accordance with the template provided by DHAPP
- Reports will follow DHAPP Headquarters and Country Team Template