AMENDMENT 0002

FUNDING OPPORTUNITY ANNOUNCEMENT (FOA)
Number N00244-17-S-FO01

"FY17 – FY18 Department of Defense HIV/AIDS Prevention Program: Military Specific HIV/AIDS Prevention, Care, and Treatment Program for Non-PEPFAR (President's Emergency Plan for AIDS Relief) Funded Countries"

The purpose of this Amendment 0002 is to incorporate the following:

NHRC/DHAPP is accepting "Concept Papers" for Togo and Benin as described below through 10 October 2017.

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 N00244-17-S-FO01, Section IV.

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

Togo: Cross Cutting in Military Settings

	Phase 1	Phase 2	Phase 3	Phase 4
HBHC	$45,900	$45,000	$45,000	$45,000
MTCT	$80,156	$80,000	$80,000	$80,000
HKID	$11,656	$12,000	$12,000	$12,000
HVCT	$28,537	$28,000	$28,000	$28,000
HVOP	$49,986	$50,000	$50,000	$50,000
HLAB	$29,000	$30,000	$30,000	$30,000
TOTAL	**$245,235**	**$245,000**	**$245,000**	**$245,000**

Proposals are requested to support the Togolese Armed Forces (FAT) to reduce the number of new HIV infections and other sexually transmitted diseases among the military, members of their families, and the civilian communities served by the FAT health services. The TBD partner will work directly with the FAT to aggressively scale-up the military ART program to achieve 90-90-90 goals for HIV epidemic control within the military over the life of this project. Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the FAT will focus on the following technical areas: 1) HIV/AIDS Care and Treatment; 2) Prevention of Mother to Child Transmission; 3) Orphans and Vulnerable Children; 4) HIV Testing Services; 5) HIV Prevention Interventions; and 6) Clinical Laboratory Support.

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 FAT leadership as well as FAT 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 FAT 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 FAT's HIV prevention and health services, as well as the DHAPP/DoD Program Manager based at the US Embassy in Lomé, and the DHAPP Headquarters Team. The Grantee is the Implementing Partner and will be referred to as IP in this document.

HIV/AIDS Care and Treatment (HBHC: $45,900)

Technical Area Targets, Year 1		
Indicator	**Label**	**Target**
TX_CURR	# of adults and children currently receiving ART	1496
TX_NEW	# of adults and children newly enrolled on ART	200
TX_RET	% of adults and children known to be alive and on treatment 12 months after initiation of ART	95%
TX_PVLS	% of ART patients with a viral load result documented in the medical record and/or laboratory information systems (LIS) within the past 12 months with a suppressed viral load (<1000 copies/ml)	80%
TB_STAT	% of registered new and relapsed TB cases with documented HIV status	95%
TB_SCREEN	% of PLHIV in HIV clinical care who were screened for TB symptoms at the last clinical visit	100%
TB_ART	% of registered new and relapse TB cases with documented HIV+ status who are on ART during TB treatment	100%

The IP will be responsible for:

- Enrollment into HIV clinical care and treatment
  - Aggressive enrollment of HIV-infected military personnel into clinical care and treatment
  - Passive enrollment of HIV-infected civilians and dependents into clinical care and treatment
  - Ongoing clinical support for all ART patients
  - Clinical monitoring of all HIV+ patients including viral load 6 months after initiation and then every 12 months (as it becomes available in country), creatinine, tuberculosis screening, screening for other opportunistic infections including cryptococcosis. Note: due to the recent installation of viral load testing machines in Togo, the IP is expected to attain an 80% target for ART patients with a suppressed viral load, rather than the 90% target outlined in the 90-90-90 goals.
  - Positive Health, Dignity, and Prevention (PHDP) services for PLHIV, including STI screening and treatment, prevention of unintended pregnancies, Nutritional Assessment Counseling Support (NACS), alcohol screening, adherence support, condom provision, etc.
  - Cotrimoxazole prophylaxis for HIV positive patients, fluconazole prophylaxis for those screening positive for cryptococcal antigenemia, and treatment of cryptococcal meningitis, to include appropriate monitoring of intracranial pressure using lumbar puncture opening pressure measurement.

    - Universal TB screening using standard TB questionnaire at least every 6 months for 100% of HIV-infected individuals in care
    - Close coordination with the FAT to track down and follow enrolled patients that are deployed, to ensure they have their meds and continue to receive regular lab checks.
    - Retention support including treatment literacy, active tracing and peer support for HIV+ patients, and other evidence-based retention interventions for adults, children, and pregnant women on ART
- Coordination of HIV clinical care and treatment services
    - Ensuring HIV+ patients exhibiting immunologic failure on first-line ART are screened for adherence and given adherence support
    - Referral for hospital admission when clinically indicated
- Key trainings and capacity building for FAT clinicians and support staff
    - Trainings for 20 FAT clinicians on clinical management of HIV and ARV prescribing
    - Training for key FAT staff in monitoring and evaluation practices and use of the PLHIV Excel database to provide better follow up and active tracing of patients

Prevention of Mother to Child Transmission (MTCT: $80,156)

Technical Area Targets, Year 1		
Indicator	**Label**	**Target**
PMTCT_STAT	% of pregnant women with known status (includes women who were tested for HIV and received their results)	95%
PMTCT_ART	% of HIV+ pregnant women who received ART to reduce risk for mother-to-child-transmission during pregnancy	95%
PMTCT_EID	% of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth	100%

The IP will support the FAT clinical facilities to ensure that 1) all pregnant women are aware of their HIV status; and 2) all HIV+ pregnant women are initiated and retained on ART to reduce risk for mother-to-child transmission during pregnancy.

The IP will be responsible for:

- Supporting the FAT to continue ensuring all women receive a complete package of treatment and care after diagnosis that includes STI screening and treatment, provision of cotrimoxazole, regular laboratories, and psychological and support services as needed
- Providing training and mentorship to PMTCT service providers
- Improving adherence and retention in care for mothers through consistent tracking of mother/infant cohorts

- In coordination with FAT clinicians, conduct regular reviews of Option B+ data and strengthen maternal cohort monitoring to further enhance maternal ART retention
- Increasing male partner involvement in PMTCT, including male partner index contact tracing
- Supporting monthly group meetings to provide support and counseling to at least 250 HIV+ women in the PMTCT program
- Providing nutritional support as necessary to women and infants in the PMTCT program

Orphans and Vulnerable Children (HKID: $11,656)

Technical Area Targets, Year 1		
Indicator	**Label**	**Target**
OVC_SERV	Number of beneficiaries served by OVC program for children and families affected by HIV	50
OVC_HIVSTAT	Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner (including status not reported)	100%

The IP will serve 50 orphans and vulnerable children, strategically targeting children infected or directly affected by HIV (including HIV exposed infants) and children of soldiers. Using the standardized case management model, OVCs will receive and be linked to quality services that will support a transition to graduation from vulnerability.

The IP will be responsible for:

- Implementing a standardized case management model to improve layering of services and linkage to quality interventions that will support and track a transition to graduation from vulnerability
- Assess all HIV+ children, HEI, children with HIV+ siblings, and caregivers and enroll those eligible into the OVC program
- Support disclosure, adherence and viral suppression among OVC living with HIV through family counseling and peer groups
- Provide mentorship and support to FAT clinicians to ensure high quality clinical monitoring of all HIV+ children enrolled in the program
- Provide nutritional support as needed to HIV+ OVCs

HIV/AIDS Testing Services (HVCT: $28,537)

Technical Area Targets, Year 1		
Indicator	**Label**	**Target**
HTC_TST	# of individuals who received HTS services for HIV and received their test results	12,000
HTC_TST_POS	# of HIV positive individuals identified through HTS services	300

The IP will work closely with the FAT to aggressively scale-up HIV Testing Services in an effort to achieve the 1st 90 for military personnel: 90% of all FAT PLHIV know their status. Outreach testing for military will focus on high HIV-burden military locations. Provider-Initiated Testing and Counseling (PITC) will continue in the fixed sites for both the military and civilian cohorts. Ensuring that any positives identified are linked to HIV care and treatment is essential to the success of the FAT program. The IP should work to achieve 90% linkage of HIV+ individuals identified through PITC and 85% of HIV+ individuals identified through outreach testing to HIV clinical care and treatment. The IP will monitor HIV testing yield; modifying strategies or locations that are not identifying and/or linking significant numbers of HIV positive persons to HIV care and treatment.

The IP will be responsible for:

- Outreach HTS to military bases and facilities
- Index-case testing for family members and dependents of HIV-infected military personnel
- Index-case testing for HIV-infected spouses and dependents of military personnel
- Provider-Initiated testing and counseling within military health services for both military personnel and civilians with 90% of positives diagnosed through PITC linked to HIV care and treatment services
- Quality Improvement / Quality Assurance for all FAT HTS including continuous training and mentoring
- Tracking PLHIV from HTS to clinical care and treatment services

Other Prevention (HVOP: $49,986)

Technical Area Targets, Year 1		
Indicator	**Label**	**Target**
PP_PREV	Number of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period	20,000

The IP will support the FAT to continue HIV education and outreach activities for recruits, units deploying on PKO and internal deployment, and other high risk units or groups in high prevalence areas. The IP will work with the Military and other partners to select a few target or "hotspot" locations/sites in geographically prioritized regions based on available HIV prevalence data. Sites defined as hotspots include but are not limited to; presence of a military camp with a large number of soldiers, high HIV/STI prevalence, observed high frequency of multiple sex partners, emergence of small towns with venues where soldiers and FSW fraternize, high priority locations for Military, places with poor access to prevention services for new recruits, and sites with a combination of families and FSW. Proposed activities to reduce HIV risk at the selected locations will include STI screening and care, provision of HIV risk reduction education, alcohol harm reduction, and condoms. In addition, activities will include mobile HIV testing/counseling and linkage/referral to civilian and military care centers of 100% of positive HIV results.

The IP will be required to ensure that materials being used are up-to-date with the most current information and international considerations tailored to the military context.

Clinical Laboratory Support (HLAB: $29,000)

The IP will support recommendations from previous assessments of the current laboratory capacity to work with the FAT clinical and laboratory staff in support of their laboratory services.

The IP will be responsible for:

- Purchase of small laboratory equipment, aligned with the national and international laboratory standards and guidelines as well as consumables
- Inventory control, forecasting, and procurement of laboratory reagents as needed to ensure that laboratory services are uninterrupted
- Repairs and procurement of service maintenance contracts for laboratory equipment when applicable)
- Supporting training for the FAT laboratory staff
- Establish relationship linkages from FAT laboratory services to Ministry of Health laboratory resources at the district, provincial, and national levels

Work Plans

The IP or Grantee must submit annual, programmatic and financial, work plans to DHAPP Program Manager and DHAPP HQ (Budget breakdown per activity and for program management is required). Work plans include activities implementation timeline, including the M&E ones. Funding amount in year 1 is related to start-up costs need to initially build the program. All materials and equipment purchased for this grant will be turned over to the HCM at the completion of the period of performance.

Reporting

- Quarterly Fiscal Reports: IP or Grantee must submit quarterly programmatic and financial reports to DHAPP in order to monitor expenditures according to the program areas (HVOP, HVCT, HBHC, HLAB, and OHSS). The report template will be provided by DHAPP. Reports will be submitted 30 calendar days after each reporting period (3/31, 6/30, 9/30, and 12/31).
- Interim Progress: Indicator Report: This report shall summarize progress in relation to the approved Work Plan as well as monitor grant deliverables. The Grantee shall submit quarterly indicator reports in accordance with the format provided by the Program Office within 45 calendar days following the end of the reporting period: 12/31, 3/31, 6/30 and 9/30. The IP shall provide reports in accordance with the template provided by NHRC.
- Reports will follow DHAPP Headquarters and Country Team Templates.
- The IP will be expected to submit strategic information reports on quarterly basis for all activities that are being conducted under this grant.

Benin: Benin Military HIV Prevention Support

	Phase 1	Phase 2	Phase 3
HVOP	$ 40,000	$ 40,000	$ 40,000
HVCT	$ 40,000	$ 40,000	$ 40,000
HBHC	$ 50,000	$ 50,000	$ 50,000
HLAB	$ 60,000	$ 60,000	$ 60,000
OHSS	$ 75,000	$ 75,000	$ 75,000
TOTAL	**$265,000**	**$265,000**	**$265,000**

Proposals are requested to support the Benin military's efforts to prevent new HIV infections and other sexually transmitted diseases, among members of the Benin Military (Forces Armees Beninoises or FAB), their families, and the civilian communities served by the FAB, while providing care to those infected with HIV. The TBD partner will work directly with the FAB's existing HIV program to strive towards the 90-90-90 goals in HIV testing, HIV care, and viral suppression within this population over the course of this grant.

Department of Defense HIV/AIDS Prevention Program (DHAPP) funds will be used to support the FAB in the following technical areas: 1) Targeted HIV education and prevention activities (HVOP) for high risk individuals; 2) HIV Testing Services (HVCT) to targeted troops, including index patient testing with partner notification services; 3) HIV patient care (HBHC) for those who have been linked to care after diagnosis; 4) Clinical laboratory support (HLAB) for improving lab services and supply logistics; and 5) Health system strengthening (OHSS) within the FAB's HIV services in order to assist with training logistics, and to provide routine financial and monitoring reports to the DHAPP/DoD Program Manager.

The TBD partner's program should include capacity building to the FAB across all activities. This program should document and demonstrate how its capacity building activities has evolved over the life of this grant. All proposals should explain how the partner will engage the FAB's leadership and FAB's medical personnel in relation to this effort.

The partner must work in complete coordination with the FAB's existing HIV prevention program and medical services, as well as with the DHAPP/DoD Program Manager based at the US Embassy in Cotonou and the DHAPP Headquarters Team. The Grantee is the Implementing Partner and will be referred to as IP in this document.

HIV Prevention (HVOP: $40,000)

The IP will support the FAB to continue its HIV prevention activities targeting high risk individuals/populations including troops near border towns, sex workers, new recruits, units deploying internally and on peace keeping operations (PKOs). The IP will be required to ensure that materials being used are up-to-date with the most current information and is in context with the FAB military.

Prevention activities should include a comprehensive package:

- Promotion of relevant prevention and clinical services and demand creation to increase awareness, acceptability, and uptake of these services.
- Information, education, and skills development to: reduce HIV risk and vulnerability; correctly identify HIV prevention methods; adopt and sustain positive behavior change; and promote gender equity and supportive norms and stigma reduction.
- Referral to or provision of HIV testing; facilitated linkage to care and prevention services; and/or support services to promote use of, retention in, and adherence to care.
- Condom and lubricant (where feasible) promotion, skills building, and facilitated access to condoms and lubricant (where feasible) through direct provision or linkages to social marketing and/or other service outlets.

The IP will be responsible for:

- Supporting the FAB to continue its HIV education program for deploying personnel, and at least 2 awareness campaigns targeting high risk populations within each calendar year.
- Maintain all training materials and curricula are current and up-to-date with the most recent guidelines and recommendations for HIV prevention, and HTS.
- Achievement of PP_Prev target: 1,200
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HIV/AIDS Testing Services (HVCT: $40,000)

Technical Area Targets, Year 1		
Indicator	**Label**	**Military Only**
HTS_TST	# of individuals who received HTS services for HIV and received their test results	5,000

The IP will work closely with the FAB to provide HIV Testing Services (HTS) in targeted military groups in an effort to achieve the 1st 90 for military personnel: 90% of all FAB persons living with HIV/AIDS (PLHIV) know their status. Commonly, military PLHIV only access treatment when they are symptomatic. In an effort to reach these men and women before they become symptomatic, HTS will focus primarily on tests targeting military groups that have typically demonstrated to have higher prevalence. These groups will be older men, and those that will be defined by a seroprevalence study that will be conducted in late 2017. Facility based Provider-Initiated Testing and Counseling (PITC) will continue for both the military and civilian cohorts.

Those identified as HIV positive will be linked to care. The IP will work to achieve 100% linkage of HIV+ individuals identified to HIV clinical care. The IP will monitor HIV testing yield; modifying strategies or locations that are not identifying significant numbers of HIV positive persons.

The IP will be responsible for:

- Supporting HTS on military bases and facilities
  - Linking those diagnosed to HIV care services.
  - Index-case testing for family members and dependents of HIV-infected military personnel.
  - Index-case testing for HIV-infected spouses and dependents of military personnel.
- Provider-Initiated testing and counseling within military health services for both military personnel and civilians with 100% of positives diagnosed through PITC linked to HIV care services
- Assisting with Quality Improvement / Quality Assurance for all HTS including proficiency testing, refresher training, and mentoring.
- 100% tracking of PLHIV from HTS to clinical care services.

HIV/AIDS Care (HBHC: $50,000)

The IP will support the FAB in an effort to achieve the second of the 90-90-90 goals for military personnel, and monitor the third 90 as possible (initiation of 90% of HIV-infected military personnel in care, and 90% viral suppression among military personnel taking ART).

The IP will be responsible for supporting:

- Enrollment of patients into HIV clinical care
  - Aggressive enrollment of HIV-infected military personnel into clinical care at military sites.
  - Passive enrollment of HIV-infected civilians and dependents into clinical care at military sites.
- Ongoing clinical support for all Pre-ART and ART patients
  - Support Positive Health, Dignity, and Prevention (PHDP) services including STI screening and treatment, partner/index patient notification and testing, prevention of unintended pregnancies among women living with HIV, Nutritional assessment Counseling Support (NACS) of HIV+ patients, cervical cancer screening and diagnosis of opportunistic infections to include cryptococcal meningitis
  - Support universal TB screening using standard TB questionnaire at least every 6 months for 100% of HIV-infected individuals in care.
  - Retention support including active tracing and peer support for HIV+ patients, and other evidence-based retention interventions for adults, children, and pregnant women in care.
- Coordination of HIV clinical care services
  - Promoting ongoing communication and collaboration between the FAB clinical services and other district/provincial/national level care and treatment programs and/or government entities to track and monitor military personnel not enrolled in the military health care structure.

- Monitor and augment the availability of essential HIV clinical commodities through supply management, forecasting, promoting responsible use, and using activities to ensure a secure supply.

Clinical Laboratory Support (HLAB: $60,000)

The IP will support recommendations from the FAB laboratory director, FAB medical staff, as well as input from GSS Health in order to maintain and improve clinical laboratory and diagnostic services.

The IP will be responsible for:

- Purchase of small laboratory equipment, aligned with the national and international laboratory standards and guidelines as well as consumables, and supplementation of HIV rapid test kits.
- Inventory control, forecasting, and procurement of laboratory reagents to ensure that laboratory services are uninterrupted.
- Installation of equipment, procurement of service maintenance contracts (when applicable), and training of the laboratory staff on the use of the equipment.
- Establish relationship linkages from HCM laboratory services to Ministry of Health laboratory resources at the district, provincial, and national levels.

Other Health System Strengthening (OHSS: $75,000)

The IP will support activities that will improve the FAB's HIV prevention program through coordinating education and training activities; assisting with capturing data for reporting; supporting monitoring and evaluation activities; and support with an electronic medical record system.

The IP will be responsible for:

- Train 60 peer educators using training materials and curricula that are current and up-to-date with the most recent guidelines and recommendations for HIV prevention, and HTS.
- Train 60 nurses so they are able to improve their ability to provide HIV/AIDS patient care.
- Monitoring services and providing assistance with overseeing services at 2 HTS centers.
- Provide organization and logistics for education sessions, workshops, and training activities.
- Assist a FAB health facility make progress towards its ability to use an electronic medical record system.

Work Plans

The IP or Grantee must submit annual, programmatic and financial, work plans to DHAPP Program Manager and DHAPP HQ (Budget breakdown per activity and for program management is required). Work plans include activities implementation timeline, including the M&E ones. Funding amount in year 1 is related to start-up costs need to initially build the program. All materials and equipment purchased for this grant will be turned over to the HCM at the completion of the period of performance.

Reporting

- Quarterly Fiscal Reports: IP or Grantee must submit quarterly programmatic and financial reports to DHAPP in order to monitor expenditures according to the program areas (HVOP, HVCT, HBHC, HLAB, and OHSS). The report template will be provided by DHAPP. Reports will be submitted 30 calendar days after each reporting period (3/31, 6/30, 9/30, and 12/31).
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- Reports will follow DHAPP Headquarters and Country Team Templates.
- The IP will be expected to submit strategic information reports on quarterly basis for all activities that are being conducted under this grant.