AMENDMENT 0003

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 0003 is to incorporate the following:

DHAPP is accepting "Concept Papers" for Guinea Bissau as described below through 7 March 2018.

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.

Guinea Bissau: Comprehensive HIV/AIDS activities in the Guinea Bissau Armed Forces

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
HTXS	$50,000	$50,000	$50,000	$50,000	$50,000
HVCT	$35,000	$35,000	$35,000	$35,000	$35,000
HVOP	$35,000	$35,000	$35,000	$35,000	$35,000
HLAB	$65,000	$65,000	$65,000	$65,000	$65,000
TOTAL	**$185,000**	**$185,000**	**$185,000**	**$185,000**	**$185,000**

Proposals are requested to support Guinea Bissau reduce the number of new HIV infections and other sexually transmitted diseases among members of the Guinea Bissau Armed Forces (GBAF), their families, and the civilian communities served by the GBAF health services. The TBD partner will work directly with the GBAF 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) support to the GBAF will focus on the following technical areas: 1) HIV/AIDS Care and Treatment; 2) HIV Testing Services (HTS); 3) HIV prevention interventions; and 4) 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 GBAF leadership as well as the military 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 GBAF 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 Grantee is the Implementing Partner and will be referred to as IP in this document. The IP will work under the direction of the DHAPP/DoD Program Manager based at the US Embassy in Senegal, and must work in complete coordination with the GBAF HIV/AIDS and health services. The DHAPP Headquarters Team will provide policy guidance, as well as administrative and technical support as required.

HIV/AIDS Care and Treatment (HTXS: $50,000)

Technical Area Targets, Phase 1		
Indicator	**Label**	**Target**
TX_NEW	Number of adults and children newly enrolled on antiretroviral therapy (ART)	100
TX_CURR	Number of adults and children currently receiving ART	246
TX_RET	% of adults and children known to be alive and on treatment 12 months after initiation of ART	80%
TX_PVLS	% of adult and pediatric patients on ART with suppressed viral load results (<1,000 copies/ml) documented in the medical records and/or supporting laboratory results within the past 12 months	90%

The IP will work closely with the GBAF to aggressively scale-up ART coverage in an effort to achieve 90-90-90 goals for military personnel. Targets for HIV/AIDS care and treatment will focus on generating significant progress towards the 2nd and 3rd 90s: initiation of 90% of identified HIV-infected military personnel on ART and 90% viral suppression amongst military personnel taking ART.

At present, all PLHIV identified are not directly enrolled on ART as the country has not fully moved to TEST and START. The IP will work directly with the GBAF to develop and implement a military policy for TEST and START. The IP will also work with the GBAF to quickly roll out TEST and START and put in place innovative and evidence-based models of care to improve retention of those who are initiated on ART treatment.

The IP will be responsible for:

- Enrollment on ART of all pre-ART cohort of patients.
- Active initiation on ART of all newly identified patients.
- Ensuring viral load testing for those on ART whose care is in military treatment facilities as per the national guidelines and viral load and EID scaling plan: putting in place effective viral load sample transportation and results transmission network.
- Positive Health, Dignity, and Prevention (PHDP) services to all PLHIV, which includes STI screening and treatment, prevention of unintended pregnancies, Nutritional assessment Counseling Support (NACS), alcohol screening, adherence support, condom provision, partner notification/disclosure, etc.

- Cotrimoxazole prophylaxis for HIV positive patients, fluconazole prophylaxis for those screening positive for cryptococcal antigenemia.

- Close coordination with the GBAF to track down and follow enrolled patients that are deployed, to ensure they have a regular supply of medication and appropriate follow-up, including VL testing.

- Retention support including treatment literacy, active tracing and peer support for PLHIV and other evidence-based retention and adherence interventions for adults, children, and pregnant women on ART.

- Linking GBAF personnel, including clinical staff, to other local HIV clinical care and treatment resources provided by the MOH, PEPFAR IPs, or other relevant entities.

- Promoting ongoing communication and collaboration between GBAF clinical services and other district/provincial/national level care and treatment programs and/or government entities: regularly scheduled leadership and clinician meetings, case conferences, logistics coordination, laboratory collaboration.

- Ensuring a Differentiated Model of Care is provided to HIV patients in accordance with their clinical needs.

HIV/AIDS Testing Services (HVCT: $35,000)

Technical Area Targets, Phase 1		
Indicator	**Label**	**Target**
HTS_TST	Number of individuals who received HTS services for HIV and received their test results	3,000
HTS_POS	Number of individuals who received HTS services for HIV, received their test results, and the result is positive for HIV	246

The IP will work closely with the GBAF to aggressively scale-up HIV Testing Services in an effort to achieve the 1st 90 for military personnel: 90% of all GBAF PLHIV know their status. Commonly, military PLHIV only access treatment at the military ART facility when they are symptomatic. In an effort to reach these men and women before they become symptomatic, HTS will focus primarily on outreach testing to larger, high HIV-burden military locations. Outreach testing should be closely linked to the mobile ART clinic schedule, ideally with both services provided concurrently to maximize linkage. 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 GBAF program. The IP should work to drastically improve linkage of PLHIV identified through PITC and outreach testing to HIV clinical care and treatment, ensuring same-day initiation. The IP should also promote partner notification as a means of encouraging voluntary testing. 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 camps.
- Client-initiated HTS.
- Partner notification and 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 linked to HIV care and treatment services.
- Coordination of outreach HTS with ART clinic activities.
- Quality Improvement/Quality Assurance for all GBAF HIV testing facilities including continuous training and mentoring.
- Tracking PLHIV from HTS to clinical care and treatment services.

Prevention (HVOP: $35,000)

Technical Area Target, Phase 1		
Indicator	**Label**	**Military Only 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	1,500

The IP will work with the Guinea Bissau military 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, 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 1) STI screening and care; 2) alcohol harm reduction; and 3) condom promotion and distribution. In addition, activities will include mobile HIV testing/counseling and linkage/referral of 100% of PLHIV identified to military treatment centers.

Clinical Laboratory Support (HLAB: $65,000)

The IP will support recommendations from previous assessments of the current laboratory capacity to work with the GBAF 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.
- Ensuring the availability of essential HIV clinical and laboratory commodities through support for forecasting, responsible use, stock management, 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 GBAF laboratory staff including regular proficiency testing.
- Establish relationship linkages from GBAF laboratory services to Ministry of Health laboratory resources at the district, provincial, and national levels.

WORK PLANS

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 for M&E.

REPORTING

- Quarterly Fiscal Reports: Grantee must submit quarterly programmatic and financial reports to DHAPP in order to monitor expenditures according to the program area(s) [HTXS; HVOP; etc]. The report template will be provided by DHAPP. Submit 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 (3/31, 6/30, 9/30, and 12/31). The Recipient shall provide reports in accordance with the template provided by NHRC.

- Reports will follow DHAPP Headquarters and Country Team Templates.