AMENDMENT 0002

FUNDING OPPORTUNITY ANNOUNCEMENT (FOA)
Number N00244-17-S-FO02

"FY17 – FY18 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 0002 is to incorporate the following:

NHRC/DHAPP is accepting "Concept Papers" for Rwanda as described below through 13 April 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-FO02, 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.

Rwanda: Cross Cutting In Military Settings

	Phase 1	Phase 2	Phase 3
HTXS	$506,169	$430,244	$365,707
HBHC	$14,069	$11,959	$10,165
PDTX	$2,078	$1,767	$1,502
PDCS	$2,078	$1,767	$1,502
MTCT	$21,793	$18,524	$15,745
HVCT	$28,003	$23,803	$20,233
CIRC	$222,109	$188,793	$160,474
HLAB	$98,777	$83,960	$71,366
HVSI	$12,750	$10,838	$9,212
TOTAL	**$907,826**	**$771,655**	**$655,907**

Proposals are requested to support Rwanda to reduce the number of new HIV infections and other sexually transmitted diseases among members of the Rwanda Defense Forces (RDF), their families, and the civilian communities served by the RDF. The TBD partner will work directly with the RDF to scale-up the military HIV Prevention, Care and Treatment program and increase the RDF's capacity to deliver comprehensive and quality HIV treatment and prevention in a sustainable and cost effective way. Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the RDF will focus on the following technical areas: 1) HIV/AIDS Care and Treatment; 2) HIV Testing Services (HTS); 3) Prevention of Mother-to-Child Transmission (PMTCT); 4) Clinical Laboratory Support; 5) HIV Clinical Monitoring Systems; and 6) Voluntary Male Medical Circumcision.

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 RDF leadership as well as RDF 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 RDF 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 RDF's HIV prevention and health services, as well as the DHAPP/DoD Program Manager based at the US Embassy in Rwanda, the DOD adult and pediatric treatment program manager based at the Military Health Department, and the DHAPP Headquarters Team. The Grantee is the Implementing Partner and will be referred to as IP in this document. Phase 2 and 3 dollar amounts, budget codes, and implementing strategy are subject to change in alignment with the annual Country Operational Plan (COP) process conducted by President's Emergency Plan For AIDS Relief (PEPFAR) each year.

HIV/AIDS Care and Treatment (HTXS, HBHC, PDTX, PDCS)

	Technical Area Targets, Year 1		
Indicator	**Label**	**Military**	**Civilian**
TX_NEW	# of adults and children newly enrolled on ART	89	105
TX_CURR	# of adults and children currently receiving ART	1,000	1,794
TX_RET	% of adults and children known to be alive and on treatment 12 months after initiation of ART	90%	90%
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)	90%	90%
GEND_GBV	# of people receiving post-Gender Based Violence (GBV) clinical services minimum package.	0	10
FPINT_SITE	% of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	100%	100%

The IP will work closely with the RDF to scale-up the HIV Care and Treatment program and increase the RDF's capacity to deliver comprehensive and quality HIV care and treatment in a sustainable and cost effective way.

The IP will work closely with the RDF to continue to provide HIV/AIDS care and treatment services at the Rwanda Military Hospital in Kigali and mobile services to six military clinics (located in the districts of Rusizi, Huye, Muhanga, Nyabihu, Gicumbi, and Ngoma) and three military installations (located in the districts of Nyagatare, Karongi, and Bugesera) throughout the country. The IP will continue to practice Test and Start (starting ART immediately upon HIV diagnosis) for RDF military members (since January of 2016) and for civilians in tandem with the national guidelines (anticipated rollout is July of 2016). The IP will work directly with the RDF at the main military hospital, six clinics and 3 installations to ensure quality and comprehensive care and treatment services.

The IP will be responsible for:

- Enrollment into HIV clinical care and treatment

    - Aggressive enrollment of HIV-infected military personnel nationwide and HIV-infected civilians in scale-up districts into clinical care and treatment
    - Passive enrollment of HIV-infected civilians and dependents into clinical care and treatment in non-scale-up districts.
- Ongoing clinical support for all ART patients
    - Transitioning the RDF protocol to move to multi-month scripting (minimum 3 months)
    - Clinical monitoring of all HIV+ positive patients including CD4 at baseline, viral load at first 6 months and then every 12 months thereafter, hemoglobin, creatinine, tuberculosis screening, screening for other opportunistic infections including cryptococcosis, etc.
    - Positive Health, Dignity, and Prevention (PHDP) services including STI screening and treatment, prevention of unintended pregnancies among women living with HIV, Nutritional assessment Counseling Support (NACS) of HIV+ patients, cervical cancer screening, etc.
    - Cotrimoxazole prophylaxis for HIV positive patients, fluconazole prophylaxis for asymptomatic cryptococcal antigenemia with CD4<100 cells/uL, Isonizaid Preventive Therapy, etc.
    - Universal TB screening using standard TB questionnaire at least every 6 months for 100% of HIV-infected individuals in care
    - Close coordination with RDF to track down and follow enrolled patients that are deployed, to ensure they have their meds and continue to receive regular viral load and other required 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
    - Planning, logistics, and use of mobile ART clinics to reach military ART targets
    - Ensuring best use of the vehicles to be purchased to support the ART mobile activity
    - Linking RDF 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 RDF clinical services and other district/provincial/national level care and treatment programs and/or government entities
    - Ensuring the availability of essential HIV clinical commodities through support for forecasting, responsible use, stock management, and other activities critical to ensuring a secure supply
    - Ensuring HIV+ patients exhibiting immunologic failure on first-line ART are screened for adherence and switched to appropriate second-line therapy (based on available population-level genotypic resistance data) when indicated
    - Referral for hospital admission when clinically indicated

- Conducting and documenting index patient testing for all HIV-infected clients
    - Index-case testing for family members, dependents, and all sex partners of HIV-infected military personnel and civilians
    - Index-case testing for HIV-infected spouse, dependents, and all sex partners of military personnel and civilians

HIV/AIDS Testing Services

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**Civilian**
HTC_TST	# of individuals who received HTS services for HIV and received their test results	947	9,981

The IP will work closely with the RDF and DHAPP HQ to 1.) target HIV testing to geographic locations and populations with high risk and high HIV seropositivity and 2.) transition routine, low-risk HIV testing to the RDF. Ensuring that any positives identified are linked to HIV care and treatment is essential to the success of the RDF program. Therefore, the IP should work with the RDF to create/maintain a system to follow-up and document successful linkages into care, even if the linkage is into the MoH care system. The IP should work to achieve 95% linkage of HIV+ individuals identified for both RDF members and civilians. 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 ensure that all HTS is conducted via finger prick method.

The IP will work closely with the RDF to ensure that all patients with presumptive TB or TB disease receive HIV testing and provide immediate access to ART for patients, with the goal of providing universal ART coverage among HIV-infected TB patients and universal TB screening for all HIV-infected individuals.

The IP will be responsible for:

- Targeted testing to geographic locations and populations with high risk and high HIV seropositivity
    - Index-case testing for family members and dependents of HIV-infected military personnel and civilians
    - Index-case testing for HIV-infected spouses and dependents of military personnel and civilians
    - 100% testing of all TB-infected clients (both military and civilian) treated in military health services
- Provider-Initiated testing and counseling within military health services for both military personnel and civilians who are at high risk with 95% of positives diagnosed through PITC linked to HIV care and treatment services
- Quality Improvement / Quality Assurance for all RDF HTS including continuous training and mentoring
- Tracking PLHIV from HTS to clinical care and treatment services

Prevention of Mother-to-Child Transmission

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)	100%
PMTCT_ART	% of HIV+ pregnant women who received ART to reduce risk for mother-to-child-transmission during pregnancy	100%
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 all RDF ART sites 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 RDF clinical services to screen all pregnant women attending military health services for HIV (902 pregnant women)
- Initiating all HIV+ pregnant women on ART (24 women); with a focus on adherence and retention during pregnancy and post-partum
- Quality Assurance / Quality Improvement of RDF PMTCT services
- Ensuring post-partum neonatal ART prophylaxis per existing Option B+ guidelines
- Routine Early Infant Diagnosis of exposed infants based on existing WHO guidelines to include EID virological testing at 4-6 weeks of age and serologic testing at 9 months of age (24 infants tested)
- Support PMTCT counseling and ancillary support to include breastfeeding
- Partner HIV testing for pregnant women to identify HIV serodiscordant couples

Clinical Laboratory Support

Clinical laboratories for HIV care and treatment are present at RMH and the six clinics, although RMH is the only national referral lab. The IP will work with RDF clinical and laboratory staff in support of all HIV laboratory services.

The IP will be responsible for:

- Inventory control, forecasting, and procurement of laboratory reagents to ensure that laboratory services are uninterrupted
- Training of the laboratory staff on the use of the equipment.

- Monitoring laboratory quality and adherence to quality systems guidelines through routine visits to each of the labs to assess achievements, review/evaluate activities, and provide recommendations with the development of improvement plans to resolve any identified problems.
- Linking RDF laboratory services to other laboratory resources at the district, provincial, and national levels.
- Building capacity in the RDF for RDF staff to take full ownership of lab functionality by the end of this grant.

HIV Clinical Monitoring Systems

Successful tracking of patient level data is critical to the success of the RDF clinical care and treatment program's ability to monitor progress towards epidemic control. The military is a highly mobile population. Clinical HIV monitoring systems, including patient level data, will be required to ensure that RDF clinical staff and program managers at national and subnational levels have access to the right information at the right time in any location the patient may be seen. The IP will work with the RDF to support the electronic collection of patient-level data, the clinical and programmatic use of electronic data, and the reporting of site-level data to DHAPP HQ and the RDF leadership. All electronic medical record (EMR) work should be coordinated and aligned with PEPFAR, MOH/MOD, clinical staff requirements, and national/international standards where they exist. The IP should state what system they intend to use for HIV clinical care and treatment; how the data collected within this system will be accessed by the RDF clinical staff and leadership; and, how the IP will responsibly protect military data from dissemination outside of RDF and DHAPP.

The IP will be responsible for:

- Staffing support and mentoring of existing RDF staff for data entry, information technology assistance, data managers, etc. to fill any gaps where the RDF is unable to provide sufficient staff.
- Training and on-the-job mentorship of RDF clinical staff on the use of any clinical monitoring system at site and national/program levels.
- Ensuring confidentiality and security of data, in line with MOD, MOH, and national guidelines.
- Quality Assurance / Quality Improvement for all data collection, reporting, and use.
- Timely, accurate reporting of all indicators required by the RDF, DHAPP, and PEPFAR disaggregated by military and civilian and all other MER 2.0 required disaggregation.
- Securing all patient-level and site-level data from dissemination outside of RDF and DHAPP without prior approval from RDF.
- Support for data entry, cleaning, reporting, analyzation, and use.
- Implementation of clinical monitoring system, including maintenance of network infrastructure (if necessary).

Voluntary Male Medical Circumcisions

Technical Area Targets, Year 1				
Indicator	**Label**	**Military Only**	**Civilian**	**Total**
VMMC_CIRC	The number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period	200	6,798	6,998

The IP will support the RDF in conducting voluntary medical male circumcisions (VMMC) for RDF members regardless of location and civilians only in VMMC scale-up districts, targeting high-risk males between the ages of 15-29 years old. The IP will ensure that the RDF is following all national guidelines for conducting VMMC, including the tetanus vaccination protocol to reduce or eliminate any tetanus complications associated with VMMC. The IP will follow all PEPFAR adverse event reporting protocol for any notifiable adverse events (AE) occurring during the VMMC procedure or within 30 days following surgical circumcision or device removal from a PEPFAR supported VMMC, which includes notifying the PEPFAR Funding Agency POC and the Rwanda PEPFAR Coordinator within 24 hours of the AE occurring. The IP will offer both surgical and Prepex VMMCs, with an emphasis on the PrePex device whenever appropriate. VMMC activities will be implemented concurrently with other core component activities such as HIV Testing Services, treatment for STIs, promotion of safer-sex practices and condom distribution. Emphasis will be made on abstinence from sexual activity for the recommended period after VMMC to allow complete healing of the wound. RDF health care providers will be trained on VMMC and appropriate infection control practices. IP will collaborate with other PEPFAR VMMC partners to ensure VMMC coverage in scale-up districts and populations.

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 the M&E ones.

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) [HVAB; 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: 12/31, 3/31, 6/30 and 9/30. The Recipient shall provide reports in accordance with the template provided by NHRC
- Reports will follow DHAPP Headquarters and Country Team Templates