AMENDMENT 0010

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 0010 is to incorporate the following:

DHAPP is accepting "Concept Papers" for Democratic Republic of the Congo as described below through 8 June 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-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.

Democratic Republic of the Congo: Clinical HIV/AIDS services in the DRC Armed Forces

	Phase 1	Phase 2	Phase 3
HTXS	$830,758	$830,758	$830,758
HBHC	$476,916	$476,916	$476,916
PDTX	$30,768	$30,768	$30,768
PDCS	$61,538	$61,538	$61,538
HVTB	$61,538	$61,538	$61,538
HVCT	$76,922	$76,922	$76,922
MTCT	$195,598	$195,598	$195,598
OHSS	$80,242	$80,242	$80,242
HVSI	$44,579	$44,579	$44,579
HLAB	$53,496	$53,496	$53,496
HMIN	$6,049	$6,049	$6,049
TOTAL	**$1,918,404**	**$1,918,404**	**$1,918,404**

Proposals are requested to support the Democratic Republic of the Congo to reduce the number of new HIV infections and other sexually transmitted infections among members of the DRC Armed Forces (FARDC), their families and the civilian communities served by the FARDC health services and to support the continuum of care and treatment for those infected with HIV/AIDS. The TBD partner will work directly with the FARDC to aggressively scale-up the military ART program to achieve the 95-95-95 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 FARDC will focus on the following technical areas: 1)HIV/AIDS care and treatment; 2) HIV testing services (HTS); 3) Clinical laboratory support and 4) HIV clinical monitoring systems and military health system strengthening.

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 FARDC 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 FARDC 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 FARDC HIV/AIDS and health services, as well as the DHAPP/DoD Program Manager based in the US Embassy in Kinshasa, and the DHAPP Headquarters Team. The partner will also work in coordination with the partner providing community services to ensure linkages between community and clinical services. The Grantee is the Implementing Partner and will be referred to as IP in this document.

HIV Treatment, TB and PMTCT Services

Indicator	Description	Target for Phase 1
TX_NEW	Number of adults and children newly enrolled on antiretroviral therapy (ART)	1,709
TX_CURR	Number of adults and children currently receiving ART	6,905
TX_RET	% of adults and children known to be alive and on treatment 12 months after initiation of ART	1607/1692 (95%)
TB_ART	% of TB cases with documented HIV-positive status who start or continue ART during the reporting period	351 (100 % of the expected TB patients with HIV-positive status.
TB_SCREENDX	% of PLHIV screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	100% of the expected 6,905 on ART patients
TB_PREV	Number of ART patients who completed a course of TB preventive therapy during the reporting period (including those on prolonged or continuous IPT who have completed the first 6 months of Isoniazid Preventive Therapy (IPT))	4,920/6560 (75% of expected eligible patients)
PMTCT_ART	% of HIV-positive pregnant women who received ART to reduce risk of mother-to-child transmission during pregnancy	229
TX_PLVS	% 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	85% (1,639/1,920) for military and 84% (2,403/2,867) for civilians.

The IP will work closely with the FARDC to aggressively scale-up ART coverage in an effort to make progress toward achieving 95-95-95 goals for military personnel. Targets for HIV/AIDS treatment will focus on generating significant progress towards the 2nd and 3rd 95: initiation of 95% of HIV-infected military personnel on ART and 95% viral suppression amongst those military personnel taking ART.

The FARDC currently provides HIV/AIDS care and treatment services at 20 integrated military health facilities. The IP will work directly with the FARDC to quickly scale-up test and start and put in place innovative and evidence-based models of care to improve retention of those who are initiated on ART.

The IP will be responsible for:

- Active initiation on ART of all newly identified patients as well as existing patients not yet started on ART given the delays in full implementation of test and start.
- Ensuring viral load testing of PLHIV taken care of at 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 including STI screening and treatment, prevention of unintended pregnancies among women living with HIV, alcohol screening, adherence and disclosure support, condom provision, risk reduction counseling and partner notification services.
- Cotrimoxazole prophylaxis for HIV-positive patients, fluconazole prophylaxis for those screening positive for cryptococcal antigenemia, etc.
- Universal TB screening using standard TB questionnaire at least every 6 months for 100% of HIV-infected individuals, with initiation on IPT or TB treatment for all PLHIV where needed.
- Close coordination with the FARDC to track down and follow enrolled patients that are deployed to ensure they have their meds and continue to receive regular CD4 or viral load as well as other lab work as needed.
- Retention support including treatment literacy, active tracing and peer support for HIV-positive patients, and other evidence-based retention interventions for adults, children and pregnant women on ART.
- Linking FARDC 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 FARDC clinical services and other district/provincial/national level care and treatment programs and/or other government entities.
- Advocating for a plan to transition to TLD adoption within MoH guidelines
- 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.

HIV Testing Services

Indicator -	Description	Target for Phase 1
HTS_TST (Facility)	Number of individuals who received HIV Testing Services (HTS) and received their test results	Military:12,835 Civilians:24,009
HTS_TST_POS	Number of individuals who received HIV Testing Services (HTS) and received their test results, disaggregate: positive	Military: 667 Civilians: 872
Indicator	Description	Target for Phase 1
HTS_TST (Community)	Number of individuals who received HIV Testing Services (HTS) and received their test results	Military: 3,274 Civilians: 6,620

HTS_TST_POS	Number of individuals who received HIV Testing Services (HTS) and received their test results, disaggregate: positive	Military: 164 Civilians: 96
TB_STAT	Number of new and relapsed TB cases with documented HIV status, during the reporting period	1,649/1,649 (100% of the expected new and relapsed TB cases
PMTCT_STAT	Number of pregnant women with known HIV status (includes those who already knew their HIV status prior to ANC)	11,079/11,305 (98%)
PMTCT_EID	Number of infants who had a virologic HIV test within 12 months of birth during the reporting period.	217 (95% of the expected 229 exposed children)

The IP will work closely with the FARDC to aggressively scale-up HIV testing services in an effort to achieve the 1st 95 for military personnel: 95% of all FARDC 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 targeted PITC and index testing in high HIV-burden military locations.

Provider-initiated testing and counseling (PITC) should continue in clinical sites for those at risk. Ensuring that positives identified are linked to HIV treatment is essential to the success of the FARDC program. The full implementation of an index patient testing program with partner notification services should also be developed and implemented, both for newly diagnosed patients as well as the existing cohort of patients. The IP should work to drastically improve linkage of HIV-positive individuals identified through any testing modality to HIV treatment. Ensuring that positives identified are linked to HIV treatment is essential to the success of the FARDC program. 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:

- Implementing index testing with partner notification services at ART sites.
- Testing for STI and suspected TB cases.
- Other PITC within military health facilities as needed
- Implementation of a quality improvement/quality assurance program for HTS services, including proficiency testing.
- Tracking linkage to treatment services of all PLHIV identified through facility testing modalities.
- Implementing index testing with partner notification services at mobile ART sites
- Implementation of outreach testing to high prevalence geographic areas
- Implementation of a quality improvement/quality assurance program for HTS services, including proficiency testing.

- Tracking linkage to treatment services of all PLHIV identified through facility testing modalities.

Clinical Laboratory Support

Clinical laboratories for HIV care and treatment are present within the DRC Armed Forces health system. However, the capacity of the laboratories including equipment, physical infrastructure and personnel, vary greatly between the sites.

The IP will work with the FARDC to reinforce the quality assurance and capacity building of the military lab network in collaboration with the National AIDS Control program's laboratory and in-country CDC lab advisors.

DoD funded HLAB activities will include:

- Training sessions on lab management for all military laboratory managers
- Provision of personnel protective equipment and waste containers to military laboratories.
- Reproduction and dissemination of laboratory biosafety SOPs/manuals and HIV related test SOPs to all military laboratories supported by PEPFAR DoD
- Ensuring the participation of the military lab network to the proficiency testing or other external quality assessments conducted in the country.
- Conducting assessments for laboratory infrastructure/equipment and lab technicians' capacity building needs.
- Installation, training on use and maintenance of laboratory equipment
- Small scale lab clean up including purchasing materials necessary for a deep cleaning of the lab facilities and minor repairs.
- 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.
- 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
- Linking FARDC laboratory services to other laboratory resources at the district, provincial and national levels.

For HMIN, the IPs activities in this area will include, but not limited to:

- Training of health care workers.
- Production/dissemination of biosecurity and waste management guidance and job aids to be posted in PEPAFR supported military health facilities.
- On site mentorship and supervisory visits.
- Ensuring availability of post exposure prophylaxis drugs or starter packs in all PEPFAR/DoD supported sites.

HIV Clinical Monitoring Systems and Military Health System Strengthening

Successful tracking of patient level data is critical to the success of the DRC Armed Forces 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 the FARDC clinical staff and program managers at the 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 DRC military to fully implement the electronic collection of patient-level data to DHAPP HQ and the FARDC leadership. All electronic medical record (EMR) work should be coordinated and aligned with MoH/MoD, clinical staff requirements, and national/international standards for 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 FARDC clinical staff and leadership; and how the IP will responsibly protect military data from dissemination outside of the military and DHAPP.

The IP will be responsible for:

- Technical support and mentoring of existing FARDC staff for data entry, information technology assistance, data managers, et. To fill any gaps where the FARDC is unable to provide sufficient staff
- Procurement of necessary hardware and software, aligned with national and international laboratory standards and guidelines
- Training and on the job mentorship of FARDC clinical staff on the use of any clinical monitoring system at site and national/program levels
- Logistical support for external training for military medical personnel
- 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.
- Strengthening the technical and logistic capacity of PALS to organize and oversight all HIV-related activities in the military through coordination meetings, supervisory visits and semi-annual and annual review meetings as well as regular communication with military health facilities providing HIV services.

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.

Democratic Republic of the Congo: Community HIV/AIDS services in the DRC Armed Forces

	Phase 1	Phase 2	Phase 3
HVOP	$302,951	$302,951	$302,951
HKID	$218,683	$218,683	$218,683
HVSI	$18,335	$18,335	$18,335
OHSS	$165,011	$165,011	$165,011
TOTAL	$704,980	$704,980	$704,980

Proposals are requested to support the Democratic Republic of the Congo to reduce the number of new HIV infections and other sexually transmitted infections among members of the DRC Armed Forces (FARDC), their families and the civilian communities served by the FARDC health services and to support the continuum of care and treatment for those infected with HIV/AIDS. The TBD partner will work directly with the FARDC to aggressively scale-up the military ART program to achieve the 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) community support to the FARDC will focus on the following technical areas: 1) Orphans and vulnerable children; 2) Priority population prevention and 3) HIV testing services.

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 FARDC 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 FARDC 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 FARDC HIV/AIDS and health services, as well as the DHAPP/DoD Program Manager based in the US Embassy in Kinshasa, and the DHAPP Headquarters Team. The partner will also work in coordination with the partner providing clinical services to ensure linkages between community and clinical services. The Grantee is the Implementing Partner and will be referred to as IP in this document.

Orphans and Vulnerable Children

Indicator	Description	Target for Phase 1
OVC_SERV	Number of beneficiaries served by the PEPFAR OVC programs for children and families affected by HIV/AIDS	2,267
OVC_HIVSTAT	Number of OVC with HIV status reported to implementing partner (including status not reported).	1,950

The IP will work with the military and other partners/organizations to provide a high quality package of OVC services including:

- Improved identification of HIV-affected children using index PLHIV accessing clinical or community services.
- HES: Appropriate HES activities based on vulnerability and PLHIV support groups experience: consumption support, money management, loans and savings groups
- School access and retention for middle-childhood and adolescents via block grants (focus on adolescent girls, sexual/reproductive health and HIV prevention for adolescent OVCs), including youth focused abstinence promotion where appropriate
- Parenting skills building for early childhood development (ECD) and HIV education
- Support for referrals and coordination between local clinical and community service providers
- Capacity building of military social instances and community-based OVC organizations
  - Increase the capacity of military PLHIV association and other community-based OVC organizations to provide and sustain services to vulnerable OVCs.
  - Improve the local organization's capacity and ability to access to small grants and manage HIV-related community activities.
- Promote gender equity and supportive norms and stigma reduction
- Ensuring Quality assurance/quality improvement for all data collection, reporting and use: provision of data collection and reporting tools for community-based activities, technical support to data review/analysis for evidence-based decision.

The IP will use internationally agreed upon and standard case management tools to design and evaluate the package of services provided to HIV-affected children from the military settings.

Prevention (HVOP)

Indicator	Description	Target for Phase 1
PP_PREV	Number of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period	56,054

The IP will work with the DRC military and other priority populations as appropriate to select a few targeted 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, 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 the minimum components:

- 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
- Begin discussions about rolling out PrEP for possible inclusion in future phase years
- Coordinate with clinical implementing partner to offer HIV testing services to those receiving PP_Prev package

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

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