AMENDMENT 0003

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 0003 is to incorporate the following:

NHRC/DHAPP is accepting "Concept Papers" for Rwanda as described below through 19 May 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: Voluntary Male Medical Circumcision for HIV Prevention

	Phase 1	Phase 2	Phase 3	Phase 4
CIRC	$1,102,293	$936,949	$796,407	$676,946

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 increase the scale of the RDF Voluntary Male Medical Circumcision (VMMC) program in President's Emergency Plan for AIDS Relief (PEPFAR) VMMC priority districts, particularly among the target age band of 15-29 year olds.

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. Specifically the partner should describe utilization of the RDF organizational structure to strengthen RDF internal capacity to conduct HIV programmatic 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 other PEPFAR prevention partners, 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 Clinic Services Specialist based at the US Embassy and Rwanda Military Hospital, and the DHAPP Headquarters Team. The Grantee is the Implementing Partner and will be referred to as the IP in this document. All phase 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.

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	2,000	34,790	36,790

The IP will ensure that the RDF is following all national guidelines for conducting VMMC. VMMC will be offered through surgical and device-based techniques. The full package of VMMC services will be offered including demand creation/VMMC education, safe sex practices and provision of condoms, provision of two doses of tetanus no sooner than 6 weeks and 2 weeks prior to PrePex device VMMC (or coordination with immunization program), offer of HIV test prior to VMMC, strong referral to HIV treatment program for those who test HIV positive (at least 90% linkage), examination, evaluation, and treatment or referral for sexually transmitted infection, linkage of STI patients back to VMMC once they are treated for their STI, post-VMMC and safe sex education, promotion of 6 week abstinence period post-VMMC, and provision of condoms, at least one follow-up visit in the 14 days post VMMC, effective monitoring and reporting system for VMMC and linked (STI and HIV) programs. The IP will work closely with other IPs to ensure smooth coordination and client linkages. The IP will closely monitor follow up associated with the tetanus vaccination protocol to ensure minimal loss to follow up. The IP will follow all PEPFAR adverse event reporting protocols 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. This includes notifying the PEPFAR Funding Agency POC and the Rwanda PEPFAR Coordinator within 24 hours of the AE occurring. The IP will collaborate with other PEPFAR VMMC implementing partners to ensure VMMC coverage in scale up districts and populations.

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. The IP will track all VMMC clients who test HIV positive and ensure that they are immediately linked into care and treatment (90% linkage rate) by working closely with treatment partners. Emphasis will be made on abstinence from sexual activity for the recommended period after VMMC to allow complete healing of the wound.

VMMC Strategy:

1. Recruits: In an effort to offer 100% VMMC coverage in the RDF in an efficient manner, the IP will support the RDF to routinize the offer of voluntary medical male circumcisions (VMMC) to RDF recruits within the recruit training period The IP will reach out to other militaries who have successfully integrated offer of VMMC in recruit period to learn from their experiences.
2. Civilians: The IP will also support the RDF in conducting VMMC for civilians in PEPFAR VMMC scale-up districts, targeting high-risk males between the ages of 15-29 years old.
3. High risk men. The IP will build strong referral systems to reach and offer VMMC to: a) STI patients (post treatment), b) alcohol risk reduction clients, 3) partners of HIV positive persons, 4) other men who are identified as high risk for HIV.

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 Templates.**