AMENDMENT 0008

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 0008 is to incorporate the following:

DHAPP is accepting "Concept Papers" for Burundi as described below through 11 April 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.

Burundi: Cross Cutting In Military Settings

	Phase 1	Phase 2	Phase 3	Phase 4
HVCT	$150,000	$150,000	$150,000	$150,000
HTXS	$238,515	$238,515	$238,515	$238,515
PDCS	$35,527	$35,527	$35,527	$35,527
PDTX	$31,608	$31,608	$31,608	$31,608
PMTCT	$100,000	$100,000	$100,000	$100,000
HVOP	$422,555	$422,555	$422,555	$422,555
OHSS	$85,000	$85,000	$85,000	$85,000
HLAB	$150,000	$150,000	$150,000	$150,000
HVTB	$50,000	$50,000	$50,000	$50,000
TOTAL	**$1,263,205**	**$1,263,205**	**$1,263,205**	**$1,263,205**

Proposals are requested to support Burundi to reduce the number of new HIV infections and other sexually transmitted diseases among members of the Burundi Defense Forces (BNDF), their families, and the civilian communities served by the BNDF and help the military reach the UNAIDS 90-90-90 goals. The TBD partner will work directly with the BNDF in the military HIV Prevention, Care and Treatment program and increase the BNDF'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 BNDF will focus on the following technical areas: 1) HIV Prevention; 2) HIV Testing Services (HTS); 3)
Prevention of Mother-to-Child Transmission (PMTCT); 4)
HIV/AIDS Care and Treatment; 5) Clinical Laboratory Support; and 6) HIV Clinical Monitoring Systems

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

Technical Area Targets, Year 1				
Indicator	**Label**	**Military Only**	**Civilian**	**Total**
PP_PREV	# of the priority populations (PP) reached with the standardized, evidence-based intervention(s) required	13,775	5,225	19,000

The IP will strategically target sub-populations within the military and other priority populations (ie: AGYW near FSW hotspots and military bases) as defined by the Burundi OU team in the COP process with a written plan for identifying the specific sub-populations.

The intervention package for adults will include the following:
• 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.

Data collection requires reliable tracking systems that are designed to count the number of one-on-one encounters or participation in group interventions and that reduce double-counting of individuals in a reporting period. Data should be collected at every encounter/point of service and aggregated in time for PEPFAR reporting cycles. This indicator only counts those interventions at the individual and/or group level.

HIV/AIDS Testing Services

Technical Area Targets, Year 1				
Indicator	**Label**	**Military Only**	**Civilian**	**Total**
HTC_TST	# of individuals who received HTS services for HIV and received their test results	10,252	12,433	22,685
HTC_TST_POS	# of individuals who received HTS services for HIV and received their positive test results	91	270	362
TB_STAT	Percentage of new and relapse TB cases with documented HIV status	100%	100%	100%
TB_STAT_POS	# of of new and relapse TB cases	0	32	32

	with known and new HIV+ status			

The IP will work closely with the BNDF and DHAPP HQ to 1.) target HIV testing to populations with high risk and high HIV seropositivity; 2.) begin conversations to transition routine, low-risk HIV testing to the BNDF; and 3.) regularly review (weekly) programmatic data in order to constantly inform programming and refine strategy to identify more PLHIV. Ensuring that any positives identified are linked to HIV care and treatment is essential to the success of the BNDF program. Therefore, the IP should work with the BNDF 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 BNDF 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 BNDF 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
    - Utilize a risk screening tool to help identify high-risk individuals for testing
    - Index-case testing/partner notification for spouses and other sexual partners of HIV+ individuals
        - Training healthcare providers on partner notification
    - Index-case testing/partner notification for children under 15 of HIV+ females
    - 100% testing of all TB-infected clients (both military and civilian) treated in military health services
    - Training healthcare providers on HIV self-testing (HIVST) (how to direct assisted and unassisted testing and in what modalities/circumstances it is most effective)
        - Creating HIVST resource package to be distributed with each self-test that has education and linkage information for military facilities
- 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 BNDF HTS including continuous training and mentoring
- Tracking PLHIV from HTS to clinical care and treatment services for same day initiation
- Transition Peace Keeping mission testing which contributes to low yield for military to the BNDF

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)	5,653 (100%)
PMTCT_ART	# of HIV+ pregnant women who received ART to reduce risk for mother-to-child-transmission during pregnancy	40 (100%)
PMTCT_EID	# of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth	40 (100%)

The IP will support all BNDF 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 BNDF clinical services to screen all pregnant women attending military health services for HIV
- Initiating all HIV+ pregnant women on ART; with a focus on adherence and retention during pregnancy and post-partum
- Quality Assurance / Quality Improvement of BNDF 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
- Support PMTCT counseling and ancillary support to include breastfeeding
- Routine opt-out HIV testing for partners (including partner notification options for all sexual partners) of pregnant women to identify HIV serodiscordant couples
- Begin discussions to transfer PMTCT low yield testing to the BNDF

HIV/AIDS Care and Treatment

	Technical Area Targets, Year 1			
Indicator	**Label**	**Military**	**Civilian**	**Total**
TX_NEW	# of adults and children newly enrolled on ART	92	223	315
TX_CURR	# of adults and children currently receiving ART	449	1,495	1,944
TX_RET	# of adults and children known	102	250	352

	to be alive and on treatment 12 months after initiation of ART			
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)	356	1,184	1,540
TX_TB	The proportion of ART patients screened for TB in the semiannual reporting period who are receiving TB treatment.	90/449	299/1,495	389/1,944
TB_ART	The number of HIV-positive new and relapsed TB cases on ART during TB treatment	0	32	32
TB_PREV	The number of ART patients who completed a standard course of TB preventive therapy	305	1,017	1,322
GEND_GBV	# of people receiving post-Gender Based Violence (GBV) clinical services minimum package.	0	10	10
FPINT_SITE	# of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	-	-	8

The IP will work closely with the BNDF to scale-up the HIV Care and Treatment program and increase the BNDF'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 BNDF to continue to provide quality and comprehensive HIV/AIDS care and treatment services at the Kamenge Military Hospital and the Akabanga Clinic in Bujumbura, the Akabanga Clinics in military region #2, 3, 4 and the Mudubugu Peace Keeping Training Center throughout the country. The IP will continue to practice Test and Start (starting ART immediately upon HIV diagnosis) for BNDF military members and for civilians.

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
  - Supporting the BNDF with 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, 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 BNDF to track down and follow enrolled patients that are deployed, to ensure they have their meds and continue to receive regular viral load (SMS VL results and education) and other required lab checks and ensure that they are included in data reporting back to BNDF during deployment (ie: counted as part of TX_CURR cohort, VL result recorded, etc.)
  - Medication adherence and 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
  - Organize a comprehensive training program for HIV curriculum targeting officers from the MDNAC "Ecole Paramédicale Militaire" in the view of enhancing their capacities for addressing HIV prevention, care and treatment activities once hired by Military Hospital and Akabanga clinics
  - Planning, logistics, and monitoring of ART clinics to reach military ART targets
  - Promoting ongoing communication and collaboration between BNDF 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
        - Transitioning first-line ART to Tenofovir Lamivudine Dolutegravir (TLD) in all BNDF facilities
    - Conducting and documenting index patient testing for all HIV-infected clients
        - Index-case testing/partner notification for all sexual partners (not just spouses) and children under 15 of HIV+ women

Clinical Laboratory Support

Clinical laboratories for HIV care and treatment are present at Kamenge Military Hospital and the Akabanga Clinic in Military Region #1. The IP will work with BNDF 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 BNDF laboratory services to other laboratory resources at the district, provincial, and national levels
- Building capacity in the BNDF for BNDF staff to take full ownership of lab functionality
- Working with the military on an aggressive timeline towards full lab accreditation

HIV Clinical Monitoring Systems (Strategic Information)

Successful tracking of patient level data is critical to the success of the BNDF 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 BNDF 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 BNDF to support the collection of patient-level data, the clinical and programmatic use of data, and the reporting of site-level data to DHAPP HQ and the BNDF leadership. All 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 BNDF clinical staff and leadership; and, how the IP will responsibly protect military data from dissemination outside of BNDF and DHAPP.

The IP will be responsible for:

- Staffing support and mentoring of existing BNDF staff for data entry, information technology assistance, data managers, etc. to fill any gaps where the BNDF is unable to provide sufficient staff
- Training and on-the-job mentorship of BNDF 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 BNDF, 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 BNDF and DHAPP without prior approval from BNDF
- Support for data entry, cleaning, reporting, analyzation, and use
- Implementation of clinical monitoring system, including maintenance of network infrastructure (if necessary)

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