AMENDMENT 0006

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 0006 is to incorporate the following:

DHAPP is accepting "Concept Papers" for Cameroon as described below through 05 February 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.

Cameroon: Cross Cutting in Military Settings

	Phase 1	Phase 2	Phase 3	Phase 4
HBHC	$335,029	$335,029	$335,029	$335,029
HTXS	$335,028	$335,028	$335,028	$335,028
HVCT	$263,159	$263,159	$263,159	$263,159
HVOP	$131,100	$131,100	$131,100	$131,100
HVSI	$250,000	$250,000	$250,000	$250,000
MTCT	$16,985	$16,985	$16,985	$16,985
PDCS	$13,183	$13,183	$13,183	$13,183
PDTX	$13,183	$13,183	$13,183	$13,183
TOTAL	**$1,357,667**	**$1,357,667**	**$1,357,667**	**$1,357,667**

Narrative

Proposals are requested to support the *Cameroon Armed Forced* (CAF) to prevent and control HIV infections and other sexually transmitted diseases among members of the CAF, their families, and the civilian communities served by the CAF. The TBD partner will work directly with the CAF 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.

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 CAF leadership as well as CAF 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 CAF 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 coordination with the CAF's HIV prevention and health services, as well as the DHAPP/DoD Program Management staff based at the US Embassy in Cameroon, and the DHAPP Headquarters Team. The Grantee is the Implementing Partner and will be referred to as IP in this document.

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

COP17 Targets; October 1, 2017- September 30, 2018		
Indicator	**Label**	**Target**
TX_NEW	# of adults and children newly enrolled on ART	2,162
TX_CURR	# of adults and children currently receiving ART	5,639
TX_RET	% of adults and children known to be alive and on treatment 12 months after initiation of ART	85% (Numerator: 1,212; Denominator: 1,426)
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)	80% (Numerator: 692; Denominator: 860)
TX_TB	% of ART patients who were screened who are receiving TB treatment	2% (Numerator: 91; Denominator: 5,075)
FP_SITE	% of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	100% (32)

The IP will support the CAF to achieve a target 2,162 new ART enrollments in FY18 at 15 military sites. The IP will aggressively target military PLHIV for ART enrollment and program retention in order to reach the 90-90-90 goals within the CAF.

The IP will be responsible for:

- Ongoing clinical support for all Pre-ART and ART patients
    - Clinical monitoring of all HIV+ positive patients including viral load 6 months after initiation and then every 12 months, hemoglobin, creatinine, tuberculosis screening, STI screening, and 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
    - Partner Notification and index patient testing
    - 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 treatment
- Close coordination with CAF to tailor differentiated service delivery models to the military context, track down and follow enrolled patients that are deployed, to ensure they have their ARVs and continue to receive viral load and other required laboratory tests
- 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
- Quarterly supportive supervision conducted jointly with the District and CAF Health teams at supported sites and monthly performance reviews to identify gaps and institute corrective actions.

- Improving quality of adolescent and pediatric HIV care and treatment services
  - Increase coverage of adolescent friendly services
  - Support establishment of peer support groups as well as adolescent clinics or clinic days
  - Provide psychosocial support for disclosure, adherence, retention, and eventual transition to adult services
  - PHDP services
  - Partner notification and index patient testing
  - Support linkages between the care and treatment
  - Ensure non-suppressed children and adolescents are identified and provided with enhanced adherence counseling and other support as necessary
- Family planning services
  - Provide mentorship, supportive supervision, and QI for FP/HIV integration as a core component of site-level support
  - Ensure staff receive the required USG FP compliance training

HIV/AIDS Testing Services (HVCT)

COP17 Targets; October 1, 2017- September 30, 2018		
Indicator	**Label**	**Target**
HTS_TST	# of individuals who received HTS services for HIV and received their test results	33,343
HTS_TST_POS	# of HIV positive individuals identified through HTS services	2,685

The IP will work closely with the CAF to aggressively scale-up HIV Testing Services (HTS) for military personnel. A 2011 bio-behavioral study showed an elevated prevalence among military service members compared to the general population. Programmatic data from Fiscal Year 2016 shows higher prevalence in military personnel who have been in service for more than five years, suggesting an increased incidence in this subpopulation, all of whom were seronegative for HIV on recruitment.

The IP will be responsible for:

- Testing at key service delivery points including ANC, pediatric wards, in-patient wards, TB clinics, VCT, other PITC, index (facility- and community-based), OPD, and mobile, ensuring at least 80% linkage to ART for those diagnosed in a health facility
- Deploying the HIV eligibility screening tool at all OPD sites to increase testing yield and reduce commodity wastage
- Conducting and documenting partner notification and 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
- Outreach HTS to military bases and facilities, ensuring at least 85% of those diagnosed are linked to HIV treatment services
- Support linkage facilitators and service providers to track, analyze, document and report individuals identified and linked into care on a monthly basis
- Quality Improvement / Quality Assurance for all CAF HTS with at least quarterly mentorship and supervision visits
- Support proficiency testing program for CAF HTS sites
- Monitoring 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.

Tuberculosis Diagnostics and Treatment (HVTB)

COP17 Targets; October 1, 2017- September 30, 2018		
Indicator	**Label**	**Target**
TB_STAT	% of registered new and relapsed TB cases with documented HIV status	100% (571)
TB_SCREEN	% of PLHIV in HIV clinical care who were screened for TB symptoms at the last clinical visit	90% (4,049)
TB_ART	% of registered new and relapse TB cases with documented HIV+ status who are on ART during TB treatment	90% (178)
TB_IPT	% of PLHIV newly enrolled in HIV clinical care who start IPT	100%

The IP will work closely with the CAF in all 15 current ART sites to ensure that all patients with presumptive TB or TB disease receive HIV testing and are provided immediate access to ART, 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:

- 100% HIV testing of all patients with presumptive TB or TB disease with linkage to ART for TB/HIV co-infected patients
- Support integration of TB/HIV care and treatment to ensure linkage and retention; ensure appropriate TB treatment if separate TB clinical services are not locally available
- Expand TB treatment capability to all UPDF ART sites
- Implement universal TB screening among PLHIV
- Support the provision of isoniazid preventive therapy (IPT) for 100% of PLHIV in care who do not have active TB disease
- Support referral of household TB contacts for screening
- Support sputum collection and transportation to hubs
- Strengthen coordination between the TB clinics and laboratories in order to improve documentation and accuracy of reports
- Support the use, maintenance, and commodities required for GeneXpert MTB/RIF assays at sites where available with appropriate specimen referral for mycobacterial sensitivity testing for suspected multi-drug resistant cases
- Quarterly supportive supervision visits conducted jointly with District Health Teams and CAF Health Teams.

Prevention of Mother-to-Child Transmission (MTCT)

COP17 Targets; October 1, 2017- September 30, 2018		
Indicator	**Label**	**Target**
PMTCT_STAT	% of pregnant women with known status (includes women who were tested for HIV and received their results)	100% (3,389)
PMTCT_ART	% of HIV+ pregnant women who received ART to reduce risk for mother-to-child-transmission during pregnancy	100% (136)
PMTCT_EID	% of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth	100% (136)

The IP will support the CAF clinical facilities 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:

- Demand creation and PITC at all entry points for pregnant and breastfeeding mothers
- Male partner notification through family testing
- HIV retesting as part of confirmatory testing upon ART initiation
- Same-day ART initiation
- Intra-facility and inter-facility linkages using appointment and linkage logbooks

- SMS reminders on ART pickup
- In-service training, monthly mentorship, and supportive supervision visits for PMTCT service providers
- Supporting the CAF to ensure adequate supplies of ARVs exist at ANC/MCH sites
- Viral load testing during pregnancy and annually thereafter for stable patients and the use of “Bikers for Health” for HIV sample transport
- Monitoring outcomes for HIV exposed infants and the mother-infant pair on ART
- Working with peer mothers and family support groups to support facility-community referral linkages/mechanisms
- Strengthening community-facility linkages through active defaulter tracing programs, home visits, and psycho social support group programs
- Improving adherence and retention in care
- In coordination with CAF, conducting weekly data reviews and strengthening maternal cohort monitoring to further enhance maternal ART retention
- Conducting quarterly data validation and annual DQAs in collaboration with UPDF to improve and address data quality issues
- Testing all children <15 years old of positive mothers ensuring documentation

Clinical Laboratory Support

COP17 Targets; October 1, 2017- September 30, 2018		
Indicator	**Label**	**Target**
LAB_PTCQI	Number of laboratories: A. Engaged in Continuous Quality Improvement (CQI) activities B. Audited and achieved accreditation C. Performing an HIV-related test and participating in and passing Proficiency Testing (PT)	 2

The IP will provide technical assistance to 2 CAF laboratories in Continuous Quality Improvement activities in FY18.

The IP will be responsible for:

- Supporting 2 laboratories to participate in the SLMTA program
- Supporting 1 laboratory to achieve accreditation
- Provide a service delivery package consisting of the following:
    - training & mentorship in bio-safety, laboratory quality management systems, capacity building to implement laboratory information management systems; sample transportation, management & result

transmissions for improved turnaround time and sample integrity, and a laboratory logistics strengthening program

- Coordinate with the US Centers for Disease Control (CDC) implementing partner to support the CAF to perform implement quality improvement measures, including but not limited to Proficiency Testing (PT)
    - Ensuring 100% response rate for HIV rapid testing and a 100% pass rate
    - Facilitate lab focal persons and other quality assurance personnel to follow up with facilities that have failed and to implement corrective actions
    - Work with the UPDF to ensure certification of HIV testing sites and individual testers following the national guidelines
- Support quality improvement of TB testing and diagnostics
    - Work with district TB supervisors and laboratory focal persons to collect and examine TB slides (blinded slide re-checking) from routine testing laboratories in the CAF facilities
    - Ensure 100% follow up of the 3facilities that conduct TB AFB smears and ensure a minimum of an 80% pass rate per quarter with timely reporting of results
    - Provide capacity building to staff in use of Gene Xpert, ensuring 100% response rate to all panels that are sent with timely reporting of PT results and follow up on failures through management review meetings, root cause analysis and lab auditing

HIV Clinical Monitoring Systems

The IP will work with the CAF to support the clinical and programmatic use of data, and the reporting of site-level data to DHAPP HQ and the CAF leadership.

The IP will be responsible for:

- Supporting CAF HIV directorate to conduct quarterly performance, data validation, and data use workshops;
- Conducting DQAs & strengthening CQI processes at the facilities
- Supporting facilities to employ unique identifiers to accurately identify and report the number of clients across the clinical cascade
- Supporting facilities to submit monthly and quarterly reports to DHIS2
- Weekly performance reporting on key indicators to assess field performance and make timely decisions. Key indicators include: HTC; yields, linkage; monthly tracking of no-shows for ART pickups; and institution of LTFU campaigns

HIV Clinical Monitoring Systems (HVOP)

COP17 Targets; October 1, 2017- September 30, 2018		
Indicator	**Label**	**Target**
PP_PREV	Number of the priority populations reached with standardized HIV prevention intervention(s) that are evidence-based	6,048

The IP will work with CAF to provide high quality prevention and other services to 5,648 military and 400 adolescent girls and young women (AGYW). Military personnel will include 2,648 new recruits who had recently tested negative on recruitment and have known status. Offering prevention services to new recruits will enhance their knowledge on how to remain HIV negative. In addition, AGYW aged 15-30 years, who live within military barracks, will be targeted in a bid to prevent new infections and empower them with positive life skills and adoption of seeking medical services to know their HIV status or other health related issues.

The IP will be responsible for:

- Supporting CAF to offer a combined prevention package including promotion of testing to military service personnel in order to promote awareness and avert new infections. The prevention package will include:
    - Continuous sensitization on HIV
    - Referral to HIV testing services and enhanced education for participants to encourage them to seek medical attention in health facilities
    - Education on correct condom use and distribution of condom to all military personnel, especially those going on deployment
    - Alcohol and substance abuse use
    - Gender equality training and sensitization on issues of gender identity and sexual orientation
    - Positive Health, Dignity and Prevention (PHDP) for HIV positive participants
    - Referrals to health facilities for participants presenting symptoms of TB or STIs
- Mobile testing to target barracks situated near commercial sex work hot spots or during training of military groups
- Actively testing active duty military personnel who have been in service for more than 5 years and ensuring linkage to treatment services
- Encouraging and providing new military recruits and AGYW with HIV testing referral slips, if their last HIV result dates older than 6 months
- Supporting community linkage agents to actively link those tested HIV positive to facilities using the triplicate linkage forms developed by PEPFAR Cameroon
- Supporting lay counselors to provide adherence education, psychosocial support, nutritional counseling, and family planning to improve treatment adherence and retention in communities and facilities

- Continuing lost-to-follow-up campaigns that started in Fiscal Year 2016 and SMS reminders two days before ART pick up
- Testing of families or sexual partners of index cases will be used at different entry points

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.