AMENDMENT 0011

BROAD AGENCY ANNOUNCEMENT (BAA)
Number DHAPP-BAA-15-002

"FY15 – FY16 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 0011 is to incorporate the following:

NHRC/DHAPP is accepting "Concept papers" for Ethiopia and Tanzania as described below through 28 October 2015.

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

Eligible Applicants are requested to submit **Concept Papers** following the guidelines and format provided in the DHAPP BAA-15-002, 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.

Ethiopia: Ethiopian National Defense Force (ENDF) HVOP

	Phase 1	Phase 2	Phase 3	Phase 4
HVOP	$300,000	$300,000	$300,000	$300,000
TOTAL	**$300,000**	**$300,000**	**$300,000**	**$300,000**

Proposals are requested to support the Ethiopian National Defense Force (ENDF) to reduce the number of new HIV infections and other sexually transmitted diseases among members of the FADM, their families, and the civilian communities served by the ENDF. Activities are to target the priority population of military personnel in Ethiopia, and the key population of local commercial sex workers at civil-military interface settings that impact the epidemic within ENDF. Activities are to be implemented through the Director of the Military Health Department and the HIV/AIDS Focal Point for the Ministry of Defense/Ethiopian National Defense Force, National AIDS Prevention Defense Committee, military relevant physician, and local NGOs and/or local contractors. Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the Military will focus on one OGAC technical area: HIV "Other Prevention". The partner must work in complete coordination with the ENDF's HIV prevention and health services, as well as the DHAPP Program Manager based at the US Embassy in Ethiopia and the DHAPP Headquarters Team. 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 Grantee is the Implementing Partner and will be referred to as IP in this document.

HVOP –HIV Other Prevention - $300,000

Technical Area Targets, Year 1				
Indicator	**Label**	**Military Only**	**Civilian**	**Total**
PP_PREV	Number of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period	3145	0	3145

KP_PREV	Number of key populations (commercial sex workers) reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	0	2340	2340
HTC-TST	Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results			13,900

Ethiopian National Defense Force (ENDF) military personnel are a priority population in Ethiopia and have an increased risk for HIV infection. Results from the 2010 ENDF HIV Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS) will be used to further focus prevention efforts where they are most needed; however, we also know from the Ethiopia HIV/AIDS Behavioral Surveillance Survey (BSS), Demographic Health Survey (DHS) and other surveys that there are geographic and population HIV hotspots in the country which coincide geographically with military bases. As some ENDF members may engage in high-risk activities in these high prevalence areas, HIV prevention activities targeting civilian Key Populations that interact closely with military members (specifically commercial sex workers located near ENDF bases and personnel) will be scaled up. Outreach to high risk military personnel and civilians--including bar owners, bar workers and other customers--has been identified as a gap in the HIV program and will complement the existing prevention activities supported by other partners. Identified hotspot locations are to be selected in geographically prioritized regions of Tigray, Somali, SNNPR, Oromiya, Harari, Benishangul Gumuz, Amhara, Afar and Addis Ababa.

The IP will be responsible for:

- Working with the ENDF to coordinate with local HIV/AIDS Prevention and Control Offices (HAPCO)s, local implementing partners, and current implementing partners to provide evidence-based comprehensive HIV

prevention activities for the military, their families, and local surrounding Key Populations (described above) that interact closely with military in the geographically prioritized regions (listed above).

- In the first year of this effort, the IP will work with the ENDF and other partners to select a few target or "hotspot" locations/sites in geographically prioritized regions (listed above) based on available HIV prevalence data. Sites defined as hotspots include, presence of a military camp with a large number of soldiers, high HIV/STI prevalence, observed high frequency of multiple sex partners, emergence of small towns with venues where soldiers and FSW fraternize, high priority locations for ENDF, 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 STI screening and care, referrals to MC services, provision of HIV risk reduction education, alcohol harm reduction, and condoms. In addition, activities will include mobile HIV testing/counseling and linkage/referral to civilian and military care centers of 100% of positive HIV results.

- Developing a program to increase access and use of a minimum package of HIV prevention services to uniformed services and target group members (FSWs, Civilian employees within the ENDF, family of the military and other civilian community in and around the military camps) at the five previously identified hotspots in the regions of Tigray, Afar, Oromia and Benishangul Gumuz in addition to the newly selected hotspot areas and at all hotspot delivery points. Minimum HIV prevention packages for Uniformed Services include, Health Education, Peer Education, STI prevention, diagnosis and treatment, SBC materials, HCT with linkage to prevention of mother-to-child transmission (PMTCT), and anti-retroviral therapy (ART), condom promotion and provision, workplace policy, post-exposure prophylaxis (PEP). Minimum HIV Prevention Packages for Sex Workers include: Life skills, peer education, condom promotion and distribution, STI diagnosis and treatment, HCT, outreach programs, sex worker-friendly services, sex worker support groups, referral linkages between services, participation of sex workers in HIV prevention programs.

- In collaboration with the ENDF, the IP will be responsible for provide a minimum level of technical support to the 14 sites in the regions of Amhara, Tigray, SNNPR, Addis Ababa, Oromiya, and Somali transitioned in the previous grant where the civil – military alliance task force has already taken over responsibility for activities. Minimum level technical support includes, refresher trainings, quarterly supportive supervision of service providers and delivery points, review meetings with stakeholders on supervision findings, support documentation of best practices for program quality improvement.

- Providing technical assistance and support to the provision of HIV/STI testing and screening to reach targeted group members (female sex workers, civil employees in the military camps, family members of the military and community members around military camps) through mobile/outreach arrangements, paired with venue–based programs. HCT/STI care and treatment services will be provided by trained health care workers assigned from the ENDF and public health facilities. HIV and STI test kits will be provided by the ENDF.

- In support of the condom program, the IP will educate trainers (Master Trainers) on condom availability, correct and consistent use of condoms, and facilitate condom outlets for optimum distribution (including distributing 3,011,000 condoms in Phase 1). Sufficient condom supplies will be provided by DHAPP. Trained Master Trainers will provide training to military personnel, their families, and Key Populations in the surrounding community including bar workers and surrounding civilian society including the local leadership. Knowledge about HIV transmission and risk-behavior mitigation will be improved compared to baseline knowledge assessed in the 2010 ENDF HIV Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS) where applicable.

- Strengthening linkage and referral of >90% of identified HIV positive individuals to HIV care in military and/or public health facilities per national guidelines on continuum of care.

- Providing trainings to build a foundation of ownership of key stakeholders HIV/AIDS Prevention program in the military (primarily ENDF, but also the local HIV/AIDS Prevention and Control Offices /Health Bureaus staffs) in order ensure the military are managing the program, in alignment with the Civil-Military Alliance strategies.

- Documenting and disseminating a report on the project goals, processes, and outcomes to ENDF medical leadership to inform development of future policies and strategies (including geographic and population priorization) within the ENDF for the scale-up of HIV prevention activities at other hotspots around military bases.

- In the first year of this effort, the IP will be responsible for the following indicators (see table above):
    - Reach a targeted number of 3,145 priority population group members (military, civilian employees within the ENDF, family of the military and other community in and around the military camps) with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards requirement.
    - Reach a targeted number of 2,340 most at-risk key population group members at civil-military interface settings (female sex workers) with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards requirement.

- Reach a targeted number of 13,900 individuals with testing and counseling (T&C) services amongst ENDF service members and their families. More than 90% of newly identified HIV positives will be enrolled into care within existing national HIV care system.
- Distribute 3,011,000 condoms procured and provided by DHAPP.
- Create a foundation of leadership and ownership by ensuring a cadre of trained supervisors to enable military to manage the program.

WORK PLAN:

- 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).
- Grantee will complete the DoD_Site-level Excel Accomplishments Spreadsheet (SEAS) for quarterly site level indicator reporting (results and narratives) by Implementing Mechanism, due no later than 30 days after quarter end. DHAPP Ethiopia program manager will review the data prior to sending it to DHAPP or inputting aggregate results into DATIM.
- Grantee with cooperate with and participate in quarterly or annual (depending on PEPFAR mechanism-specific guidance) Site Improvement for Monitoring Systems that will be conducted by DHAPP personnel.
- Reports will follow DHAPP Headquarters and Ethiopia PEPFAR Team Templates as directed by DHAPP Strategic Information team

Tanzania HIV Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS)

	Phase 1
HVSI	$400,000
TOTAL	**$400,000**

Proposals are requested for an (24) month study to conduct an HIV seroprevalence and behavioral study in Tanzania. Department of Defense HIV/AIDS Prevention Program (DHAPP) and Walter Reed Army Institute of Research (WRAIR) programming to support the MOD will focus on strategic information (HVSI). The TBD implementing partner (IP) must work in complete coordination with the MOD and MOD-designated national partners, as well as the DHAPP/WRAIR teams based at the US Embassy in selected countries and the DHAPP/WRAIR Headquarters Team.
The implementing partner will:

1) Perform a HIV Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS) and other HIV clinical and prevention interventions as needed in the context of the SABERS study to include approximately 3000 participants at multiple sites within the military regions of Tanzania.

    a. Offer data collection methods to include electronic ACASI or CAPI.

    b. Include the collection and testing of biological samples including but not limited to HIV, syphilis, gonorrhea, and CD4.

2) Work in collaboration with DHAPP/WRAIR, the Country National Defense Force and current in-country program partners with DHAPP/WRAIR leading the research efforts. The successful bidder will provide technical research support for the projects.

3) Demonstrate HIV research capability to support the development of protocols and IRB documentation, produce and deliver surveys and training manuals, create databases, and provide other support as needed.

4) Order and deliver study materials including testing materials and reagents.

5) Support training for study data collection, data entry, dissemination and other training needs as necessary.

6) Coordinate and support regular email and telephone communication between all stakeholders.

7) Prepare a final activity report in conjunction with DHAPP and WRAIR.

8) Submit proper DHAPP and WRAIR specific Scopes of Work and budget spreadsheets for the duration of the project.

WORK PLAN:

- 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