AMENDMENT 0003

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 0003 is to extend the concept papers due date to **18 January 2015 for Ivory Coast (CI), El Salvador, Malawi, and Namibia**.

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.

Ivory Coast (CI):

Year 1: HVOP, HMIN, HLAB, OHSS: $410,000
Year 2: HVOP, HMIN, HLAB, OHSS: $410,000
Year 3: HVOP, HMIN, HLAB, OHSS: $410,000
Year4: HVOP, HMIN, HLAB, OHSS: $410,000

Proposals are requested to implement activities targeting the priority population of military personnel in Ivory Coast and their families. Activities are to be implemented through the Director of the Military Health Department and the HIV/AIDS Focal Point for the Ministry of Defense of Ivory Coast National AIDS Prevention Defense Committee military relevant physician, local NGOs and/or local contractors. Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the FRCI will focus on four OGAC funding areas: 1) HIV "Other Prevention", 2) Injection Safety, 3) Laboratory, and 4) Health System Strengthening. The partner must work in complete coordination with the military's HIV prevention and health services, as well as the DHAPP/DoD Program Manager based at the US Embassy in Abidjan 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 –Prevention - $70,000

The MoD of Côte d'Ivoire has a Training School for Military Doctors and Nurses (CISSA – Centre d'Instruction des Services de Santé des Armées), based at the Akouedo Military Base in Abidjan. The school provides an annual training of 3 months (January to March) to Military Doctors and Nurses before they start their practice within the military context. In average of 25 physicians are trained each year. Including a strong curriculum on HIV/AIDS is of extreme importance to increase the capacity to identify and refer the military population and their families into follow up and care as needed.

The IP will be responsible for:

- Developing and implementing, working with the HIV/AIDS MoD Focal Point, a complete *curriculum* on HIV/AIDS to be included into the training of the Military Doctors and Nurses. The *curriculum* must be aligned with the National and International HIV/AIDS Guidelines, as well as with the PEPFAR and other international guidelines for HIV/AIDS, and must cover all relevant areas with a comprehensive package for health professionals including prevention, diagnosis, patient referral, care and treatment, positive health dignity and prevention, follow up, retention, etc.
- Providing training on the new HIV/AIDS *curriculum* to 40 professors and mentors to grant harmonized integration into the existing teaching *curriculum* and implementation of a standard teaching approach.
- Monitoring the accurate implementation of the *curriculum* during the full period of the grant, by doing site visits, including during the training periods, and adequate M&E.

The IP will work with CISSA, the HIV Focal Point, the MoD Health Directorate, and any other key players, so the CISSA HIV/AIDS *curriculum* is ready for implementation in December 2015, to be first used in the training of January to March 2016.

Country: Cote d'Ivoire

HLAB – Laboratory - $200,000

The Akouedo Medical Center, in Abidjan has been recently inaugurated after renovation with the support of DHAPP/DoD. An important component of the DHAPP support to the Akouedo Medical Center is the support of laboratory services.

IP will be responsible for:

- Procurement of remaining needs in laboratory equipment, aligned with the national and international laboratory standards and guidelines.
- Installation of equipment, procurement of service maintenance contracts (when applicable), and training of the Akouedo laboratory staff on the use of the equipment;
- Training 6 laboratory staff on technical Standard Operating Procedures (SOPs) and support their implementation;

IP will be responsible for:

- Organizing and implementing "on-the-job, hands-on" training on laboratory quality systems (ISO 15189) for 18 laboratory staff of 2 laboratories: Akouedo Medical Center and the Military Hospital of Abidjan.
- Monitoring implementation and adherence of those laboratories to the quality systems guidelines by doing monthly visits to each of the labs to access achievements, review/evaluate activities and provide recommendations, supporting development of improvement plans to correct identified problems.

HMIN- Injection Safety - $70,000

Waste management plays a critical role at Akouedo Medical Center as in any other medical facility.

IP will be responsible for:

- Procurement of a PEPFAR approved incinerator and appropriate service maintenance contract
- Installation of the incinerator and
- Training a minimum 15 health professionals on adequate and safe manipulation of the incinerator and waste management.

IP will also support DHAPP, MoD and MoH to strengthen coordination in the area of waste management referral services, including incineration, in an effort to have MoD medical facilities fully integrated with MoH facilities in a overall health waste management system, maximizing resources in CI.

OHSS – Health System Strengthening - $70,000

To support strengthening the military health system in Côte d'Ivoire, the IP will be responsible for implementing:

- Two, 4 to 5 days, Workshops on HIV/AIDS Stigma and Discrimination for Military and Gendarmes in 2 different military zones; Each workshop must train 20 Military and/or Gendarmes Regional Leaders; The work shops will be also used to inform and disseminate the recently developed MoD HIV/AIDS Policy as well as the Resolutions

1820, 1888, 1960, of the United Nations Security Council; and the deployment of HIV positive military/gendarme personnel according to their physical and psychological health status and further disseminate the National MoD HIV/AIDS Policy previously developed

- Two, one week workshops, on Positive Health, Dignity and Prevention; The training will be provided by the Military Staff previously supported by DoD to attend a Training of Trainers in this matter; Each workshop will target 25-40 military/gendarme trainees;

- One, 4 days, programmatic Workshop for 20 Senior Level people – MoD Officers of the Military HIV/AIDS Program, relevant stakeholders of MoH and USG, representatives of the IP – to identify appropriate data driven prevention and other intervention strategies (based on SABERS results). Costing exercises and partner leveraging and sustainability planning will be included in the workshop.

- One to Two Workshops to train military/gendarme health personnel on the HIV/AIDS National Training Modules including Prevention, Care and Treatment; This activity aims to train a minimum of 40 health military/gendarme personnel;

- One, 3 days, Advocacy/Coordination Meeting to promote the synergy and standardized work approaches between Espoir FANCI and AEMCI-AEGCI, two military related NGO's. This activity aims to target around 25 people both from MoD and the NGOs involved.

- One, 2-3 days, Advocacy Meeting to promote the creation of Units of Awareness against Stigmatization and Discrimination in all the Training Facilities; This activity aims to target a minimum of 25 Military Leadership personnel;

The impact of the leadership and advocacy workshops will be measured by addressing MoD HIV work plans and activities on the addressed areas: increased in activities on Stigma and Discrimination, application of the developed National MoD HIV/AIDS Policy, data-driven strategies and work plans with appropriate budget estimations included; addressing coordination and synergy of different stakeholders within MoH HIV/AIDS operational plans and finally addressing the issuing of official notes that determine the implementation of creation of Units of Awareness against Stigmatization and Discrimination.

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:

- Grantee must present quarterly programmatic and financial reports to the DHAPP Program Manager in Country; Quarterly Reports are due on the 10th of the first month of the next quarter.
- Grantee must submit PEPFAR Semi Annual Progress Report and the Annual Progress Report to DHAPP Program Manager in CI and DHAPP Headquarters – following the dates established by OGAC and the PEPFAR Team in Country;
- Reports will follow DHAPP Headquarters and Cote d'Ivoire PEPFAR Team Templates.

El Salvador

Year 1: HVCT: $115,000
Year 2: HVCT: $115,000
Year 3: HVCT: $115,000
Year 4: HVCT: $115,000

Proposals are requested to work with the Armed Forces of El Salvador in strategic and operational planning for implementation of HIV counseling and testing of military personnel. The TBD partner will work with the military in identifying key geographical, occupational, and situational factors contributing to risk-taking behavior in the selection of military bases and/or military units for voluntary HIV counseling and testing activities. Bases or military units should be carefully selected based on available sub-national and military HIV/STI epidemiological surveillance data as well as gaps or lack of access to HIV counseling and testing for such pre-identified, high-risk groups. Within the provision of counseling and testing of key military personnel, the TBD partner will also work with the military to identify key entry points and opportunities for simultaneous delivery of key prevention messages tailored specifically to each target military population.

HVCT: $115,000

The TBD partner will screen previously trained facilitators and counselors according to a predefined set of selection criteria for their level of desire and ability in delivery of a tailored combination prevention package for behavior change. The TBD partner and military will tailor the prevention package based on both specific needs identified and the time available, which will likely vary in length depending on the situation. The TBD partner will coordinate HIV testing in the co-identified locales with the trained military facilitators and counselors delivering a tailored comprehensive prevention package and pre and post-test counseling. The military personnel selected will receive training in a combination prevention package which includes key elements such as: targeted risk assessment and risk reduction counseling and education to correctly identify HIV prevention methods, reject misconceptions about HIV transmission and accurately gauge and personalize risk for HIV infection, condom promotion, demonstration and practice (including correct and consistent condom use messaging and minimizing stigma surrounding accessing condoms), gender equitable principles including addressing harmful norms related to sex and gender and gender-based violence, BCC activities to reduce alcohol related inhibition, and active referral to specific services where appropriate (facilitated access to condoms, VICITS STI clinics, HCT, and substance abuse treatment services).

The partner will insure that the voluntary counseling and testing portion follows the gold standard of HIV testing and counseling, obtaining informed consent, ensuring confidentiality, assigning a unique identifier code, individualized pre and post-test counseling, provision of same day test results, and complete and proper documentation of procedures for each individual tested.

The partner will create a data tracking system and train the selected military facilitators and counselors on the data collection forms and tracking system and unique identifier codes. The

partner should provide technical assistance to the military in record keeping of both participant participation in the HIV prevention package and HIV testing and results for utilization within personnel health records. The TBD partner should explain how they plan to document and monitor progress at each military site in data collection, registration, and reporting. Partners should keep copies of the de-identified data via a unique identifier code for PEPFAR reporting purposes and for monitoring and reporting during the course of the project; however, the original data should be kept with the military for their records and promotion by the partner for safe storage and use in program monitoring, and patient tracking.

The TBD partner will also work with the military in Provider Initiated Testing and Counseling (PITC), including patient referrals, tracking, and registration of individuals receiving their test results and post-test counseling.

Program activities will seek to secure military leadership endorsement and support of interventions addressing important topics such as alcohol and substance abuse, gender norms, and gender based violence. Technical assistance and on-site mentorship will be provided to key military medical personnel in program monitoring and use of strategic information for program evaluation including progress towards the achievement of the *Armed Forces of El Salvador's Strategic Plan for HIV/AIDS, STIs, and Reproductive Health: 2013-2017* goals.

Quality Assurance and Improvement of this project will include technical assistance in the development of strategies to encourage staff retention, performance and promotion of trained counselors. The TBD partner should clearly explain how they will train key military leadership in quality assurance for monitoring sites via the implementation of quality assurance tools as well as how they will measure site performance and demonstrate a gradual transition of these supportive supervision, site performance improvement, and quality assurance activities to the Armed Forces of El Salvador.

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 M&E.

REPORTING:

- Grantee must present quarterly programmatic and financial reports to the DHAPP Program Manager in Country; Quarterly Reports are due on the 10th of the first month of each quarter.
- Grantee must submit PEPFAR Semi Annual Progress Report and the Annual Progress Report to DHAPP Program Manager in Malawi and DHAPP Headquarters – following the dates established by OGAC and the PEPFAR Team in Country

Malawi:

Year 1: CIRC: $450,000
Year 2: CIRC: $450,000
Year 3: CIRC: $450,000
Year 4: CIRC: $450,000

Proposals are requested to target male military personnel and male civilian community members who utilize MDF VMMC service provision to build capacity in Malawi Defense Force (MDF) in the VMMC program. The partner must work in complete coordination with the military's HIV program leadership and military NGO partners, as well as DoD representatives from the US Embassy Libreville and DHAPP headquarters so that all MC services are one fluid program. Within the proposal the partner will need to demonstrate transition of programmatic capabilities and capacity to the military over the life of the grant.

CIRC –$450,000

- The goal is to have 5000 males circumcised through the VMMC program each year for four years. The objective of this program is to support the provision of safe and comprehensive VMMC services at static and outreach sites. This objective will be achieved by providing a complete VMMC package with emphasis on the use of MOVE efficiencies. This comprehensive package includes: HIV education, testing and counseling; promotion of correct and consistent use and provision of male and female condoms; treatment and management of sexually transmitted infections; and promotion of safer sexual practices, such as avoidance of penetrative sex post-operative for six weeks. As well as provision of antiretroviral treatment for people living with HIV whom are eligible for treatment should also be considered as part of a combination prevention package to reduce HIV transmission in couples where one partner has HIV. Informed consent from patients, appropriate post-operative care, timely risk reduction counseling. Furthermore, partner will ensure that VMMC services actively link men who test positive to HIV care and treatment. The prospective partner will assist the MDF and DHAPP to coordinate and implement the following activities:

  1) Partner will train 16 VMMC providers and orient 14 Commanding Officers from all the barracks on VMMC. The providers are primarily from the four static sites, with a few from sites offering services on an outreach basis. DHAPP HQ to review all training materials prior to training for input.

  2) Partner will train 15 nurses in post-operative care VMMC service to reach 2500 patients.

  3) Partner will train 60 HTC counselors in VMMC counseling and generating demand and conducting one intensive VMMC campaign to reach 5000 men.

  4) Partner will achieve safety, quality, and compliance of programs with clinical standards of care, international best practices, by following PEPFAR Policy Guidance *and PEPFAR's Best Practices for Voluntary Medical Male Circumcision Site Operations: A Service Guide for Site Operations*. Partner will assist the MDF to adopt and adhere to WHO, UNAIDS recommended VMMC guidelines and PEPFAR VMMC technical considerations into their ongoing VMMC programming.

Country: Malawi

5) Partner to provide support of the four established VMMC sites for VMMC service delivery through ensuring appropriate and adequate training for health care workers and non-clinical staff providing VMMC services and include mechanisms for assuring initial and continued competency post-training. Health care providers designated to provide a higher volume of services or services at a fixed frequency should be prioritized for training.

6) Partner will provide ongoing technical support through mentoring and quarterly supportive supervision and coaching to the personnel at the four static sites and to the MDF as a whole to ensure quality services. Partner should monitor how many VMMCs are actually conducted by each provider trained following his/her training. Those performing a "low" number in specific periods and/or cumulatively, as determined in conjunction with the training programs, may be prioritized for supportive supervision, competency assessment, or retraining.

7) Partner will coordinate with the MDF and DoD to implement proven monitoring and evaluation (M&E) methods. This will ensure timely data collection efforts are streamlined using national standards. This will be ensured through supervision and data quality assessments on a quarterly basis. Partner must include systems for monitoring and reporting of VMMC indicators so that progress towards established targets can be tracked. (For more information, please see the *PEPFAR Guidance for Monitoring and Reporting VMMC Indicators*, the *PEPFAR Monitoring, Evaluation and Reporting Operational Guidance* and *PEPFAR's Best Practices for Voluntary Medical Male Circumcision Site Operations: A Service Guide for Site Operations)*.

8) The partner, in collaboration with the MDF, will visit all static sites and at least 25% of mobile outreach services to observe the trained providers, provide technical assistance, supervision and coach them accordingly. The partner will identify service providers in need of one-to-one mentoring in order to improve their skills. Partner will identify, in collaboration with the MDF, those providers in the static sites who are experts in VMMC service provision. Those experts will be coached to become VMMC mentors to fellow VMMC service providers.

10) Partner and MDF will also conduct supportive supervision and coaching for the HTC counselors who have recently been oriented to VMMC. This supervision and coaching will be done alongside supervision of service providers to ensure continuum of care.

11) Partner will support the MDF through procurement and distribution of MC supplies to all static and outreach sites.

12) Partner will emphasize appropriate infection prevention (IP) practices throughout the entire process (5000 procedures).

13) Partner will collaborate with other partners working with the MDF to utilize existing IEC materials and tools for reproduction. Partner will assist the MDF in actively engaging in demand creation within the MDF and with the civilian community utilizing VMMC service provision.

Country: Malawi

14) Support the MDF to include circumcision screening and appropriate referrals as part of the entrance exam for new MDF recruits. Partner must develop systems to monitor their activities to assure that newly recruited patients are well-informed about the risks and benefits of VMMC and have not been pressured to attend the program.

15) Support the MDF to provide a minimum of 15 outreach VMMC services using the mobile unit.

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 M&E.

REPORTING:

- Grantee must present quarterly programmatic and financial reports to the DHAPP Program Manager in Country; Quarterly Reports are due on the 10th of the first month of each quarter.

- Grantee must submit PEPFAR Semi Annual Progress Report and the Annual Progress Report to DHAPP Program Manager in Malawi and DHAPP Headquarters – following the dates established by OGAC and the PEPFAR Team in Country;

Namibia

Year 1: HVOP: $700,000
Year 2: HVOP: $700,000
Year 3: HVOP: $700,000
Year 4: HVOP: $700,000

Proposals are requested to implement activities targeting the priority population of military personnel in Namibia and their families. Activities are to be implemented through the Ministry of Defense/Namibian Defense Force and the U.S. Department of Defense HIV/AIDS Prevention Program (DHAPP) program. Support will focus on HIV "other prevention."

The partner must work in complete coordination with the military's HIV prevention and health services, as well as the DHAPP/DoD Program Manager based at the US Embassy in Windhoek and the DHAPP Headquarters Team in San Diego, California. 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.

Objective: IP will assist the MoD/NDF in condom procurement and distribution and the provision of HIV risk reduction education and outreach to support HIV testing and counseling. Support HIV education as a linkage to other HIV services. Develop monitoring and tracking system.

Target population: Military members at 23 installations, targeting new recruits (young men and women) and older populations never tested.

Geographic focus: Erongo, Kavango, Khomas, Oshana, Oshikoto, Otjozondjupa, Zambezi for all activities except condom promotion. Condom promotion and distribution should target all regions.

Activities:

1. Procurement and distribution of 3,000,000 camouflage condoms to all regions
2. Provide MOD with technical assistance in developing a forecasting and distribution plan for military condoms to all bases in the country
3. Strengthen linkages to HIV services, e.g. VMMC, HTC, TB, care and support to decrease loss to follow-up
4. Develop referral and tracking system for all HIV related services at 13 bases in seven priority regions
5. Production and distribution of 90 training manuals for HIV educators
6. Training of 80 HIV educators to deliver a tailored standard package of HIV prevention interventions to include prevention messages, condom demonstration and distrobution,

linkages to HTC, etc. at 13 bases in seven priority regions (Average of 6 HIV educators per base and 1 training per region)

7. Conduct monthly supervision of the 80 HIV educators providing a tailored standard package of HIV prevention interventions to reach 6,000 members (once a month at 13 bases) in group settings
8. Provide technical assistance, management and supervision to HIV/AIDS Unit coordinators on collection and reporting of applicable PEPFAR, U.S. DoD and national indicators to relevant authorities. Provide technical assistance on the use of data for program planning, targeting and implementation.

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 activities to monitor and evaluate.

REPORTING:

- Grantee must present quarterly programmatic and financial reports to the DHAPP Program Manager in Country; Quarterly Reports are due on the 10th of the first month of the next quarter.
- Grantee must submit PEPFAR Semi Annual Progress Report and the Annual Progress Report to DHAPP Program Manager in CI and DHAPP Headquarters – following the dates established by OGAC and the PEPFAR Team in Country.
- Reports will follow DHAPP Headquarters and PEPFAR Team Templates.