AMENDMENT 0007

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 0007 is to incorporate the following:

NHRC/DHAPP is accepting "Concept Papers" for Liberia as described below through 21 August 2015 for first round consideration.

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.

Liberia Program Support

	BAA Y1	BAA Y2	BAA Y3
HVCT	$60,000	$60,000	$60,000
HBHC	$60,000	$60,000	$60,000
HVOP	$70,000	$70,000	$70,000
TOTAL	**$190,000**	**$190,000**	**$190,000**

Narrative

Proposals are requested for continued support of the Armed Forces of Liberia (AFL) to reduce the number of new HIV infections and other sexually transmitted infections among members of the AFL, their families, and the surrounding civilian communities served by the AFL's health care services. The TBD partner will work directly with the AFL to provide

services including: 1) support of the existing HIV Testing and Counseling (HTC) program; 2) care and support to HIV positive patients; and 3) HIV prevention.

The TBD partner should address how it plans to build the AFL's capacity in these areas. The proposal should also explain how the partner will engage the AFL leadership and its personnel in this work. The partner should also briefly discuss how it will monitor its usefulness through its activities.

HVCT ($60,000)
The TBD partner will support the existing AFL HTC services through providing backup personnel during major education and testing campaigns (sporting events, recruit screenings). The partner will work with the AFL to ensure an appropriate linkage to care and treatment for HIV positive clients by working closely and following up with AFL counselors. The partner will provide refresher training and periodic updates on appropriate testing, confidentiality, safety procedures, and on overall HTC performance as necessary. The partner will include military dependents in their testing and counseling services. This should also include the prevention of neonatal mother to child transmission (PMTCT) by testing women of childbearing age, identifying positive mothers, providing them with their status so that they can access appropriate care and treatment for their unborn infant, and addressing their anticipated stigma. HVCT should also include positive health, dignity, and prevention (PHDP) services for the prevention for people living with HIV (PLHIV) by encouraging access to couple's testing and counseling services by the partner of a HIV positive patient.

HBHC ($60,000)
The TBD partner will provide care and support visits to HIV positive patients in the AFL and to their dependents (including the nearby civilian community if served by the AFL). They will support prevention interventions with PLHIV to reduce their risk of HIV transmission. They will promote healthy outcomes by improving access to quality medical care, by following up with service providers, and by providing basic nutritional support. This care will also include visits to pregnant HIV positive women, and to HIV positive women with newborn infants.

HVOP ($70,000)
The TBD partner will promote the correct and consistent use of condoms in the AFL. Implement education/sensitization activities among soldiers, their sexual partners, and surrounding communities (especially the youth in these communities), to provide education, and promote safer sexual behaviors. The TBD partner should also include activities that can empower women, especially young women. Prevention activities should include PMTCT activities such as reaching out to women of childbearing age, preventing unintended pregnancies among women with HIV, and identifying mothers who are HIV positive. Other beneficial activities could address HIV stigma and discrimination, HIV/AIDS prevention trainings that target the AFL leadership, education sessions for discordant couples, family planning services that promote access to contraceptive methods, drug and substance abuse awareness, sexual and gender based violence awareness, and prevention of sexual harassment education. PHDP activities among PLHIV to reduce the risk of transmission would also be beneficial.